In the diagnosis of atopic eczema (atopic dermatitis), the criteria established by Hanifin and Rajka [1] are those most often referred to. However, besides full-blown cases of atopic eczema, there are minor or atypical disease manifestations. The description of these forms can be attributed primarily to French authors in the mid-1960s and early 1970s [2–6] and to Herzberg [7–9] in the German-speaking sphere. Special credit is due to this author for having alluded to atopic eczema found usually in two but occasionally even in three and four generations of patients, based on his clinical observations and skin reaction studies.

These special forms and minimal variants may occur alone, together, or alternate with the more typical eczematous, lichenoid, pruriginous, and seborrheic forms whose occurrence is related to age, individual predisposition, and disease duration, and is indicative of their status as atopic skin manifestations [1]. When occurring alone, without the major features of atopic eczema, and without other atopic manifestations, such as allergic rhinitis, allergic asthma, or food allergy, their classification as a minimal form of atopic eczema may be disputable, especially in the intrinsic type or in non-IgE-associated atopic eczema/dermatitis syndrome in which no demonstrable sensitization to atop- ic allergens exists [10–15]. Thus, the diagnosis can only be finally accepted on the basis of a family and personal history, progress monitoring, further clinical features related to other stigmata of the atopic constitution, positive skin reactions (e.g., white dermography), exclusion of a contact allergy to haptens, and histology, which demonstrates eczematous, inflammatory changes.

Some of these variants attract attention because of the particular morphological characteristics, others because of the particular location, such as the eyelids, lips, nipples, vulva, finger pads and toes.

### 8.1 Localized Minimal Variants of Atopic Eczema

Such localized variants include:

- Lower lid eczema, frequently occurring in the spring as a pollinosis equivalent [11] (Figs. 8.1, 8.2)
- Exfoliating cheilitis with perlèche (Figs. 8.3, 8.4)
- Earlobe rhagades or retroauricular intertrigo (Figs. 8.5, 8.6)

- Rhagades of the nasal orifices, often with chronic nasal obstruction as the expression of a perennial allergic rhinitis

Fig. 8.3. Exfoliating cheilitis with perlèche (6-year-old boy)

Fig. 8.4. Cheilitis with perioral eczema (8-year-old girl)

Fig. 8.5. Earlobe rhagades (6-year-old boy)

Fig. 8.6. Retroauricular intertrigo (20-year-old man)