Atopic Dermatitis

**Assessment:** The patient presents with dry, itchy, and inflamed skin, primarily affecting flexural areas (e.g., elbows, knees), with a history of flare-ups. The differential diagnosis includes atopic dermatitis, contact dermatitis, psoriasis, seborrheic dermatitis, and nummular eczema.

**Plan:** Educate the patient about atopic dermatitis, emphasizing the importance of skin hydration and avoiding known triggers (e.g., irritants, allergens). Recommend a skincare routine that includes the use of emollients (e.g., thick creams or ointments) applied liberally and frequently. For treatment, prescribe topical corticosteroids (e.g., hydrocortisone 1% or higher, as appropriate) to be applied to affected areas twice daily during flare-ups. Consider adding topical calcineurin inhibitors (e.g., tacrolimus) for sensitive areas if needed. Schedule a follow-up in 4-6 weeks to reassess the condition and adjust treatment as necessary. If symptoms persist, discuss potential systemic therapies or referral to a dermatologist. Instruct the patient to report any signs of infection or if symptoms worsen despite treatment.