Atopic dermatitis (AD) is now recognized as a condition comprising various endotypes, rather than being a homogeneous disease. One of these distinctions lies in the intrinsic and extrinsic forms of AD, which are pathogenetically different but exhibit subtle clinical differences. Limited knowledge is available regarding the comparison of clinical features between the two endotypes in paediatric populations and individuals with skin of colour. The aim of this study was to compare the frequency of occurrence of different demographic parameters and clinical features of AD between intrinsic and extrinsic AD. Consecutive children with AD, all under the age of 18 years, were enrolled. A comprehensive examination of their medical history and clinical assessment was conducted. Serum IgE levels were utilized to distinguish between extrinsic AD (characterized by high IgE) and intrinsic AD (associated with normal IgE levels). Additionally, assessments for food-allergen-specific IgE (with seven food allergens) and skin prick tests were performed. Out of the 200 children who were recruited, 181 (90.5%) had high IgE levels. The group with extrinsic AD showed a positive association with a personal history of atopy ($P = 0.005$), involvement of the dorsum of the hands and feet ($P = 0.01$), orbital darkening ($P = 0.01$), and prurigo-like lesions ($P = 0.02$). Conversely, the group with intrinsic AD exhibited a significant association with the presence of ichthyosis ($P = 0.01$). A moderate correlation (correlation coefficient, $r = 0.48$) between Scoring Atopic Dermatitis and IgE was observed, which was statistically significant ($P < 0.001$). According to the radioallergosorbent test, the most common food allergen was wheat (46.4%), followed by peanut (39.7%). In skin prick tests, the most common allergens were house dust mites, specifically *Dermatophagoides pteronyssinus* (52.4%) and *Dermatophagoides farina* (38.1%), followed by wheat dust (23.8%), whole egg (19%) and *Blomia* mites (19%). However, no significant association was found between either endotype and allergen testing. The findings highlight the clinical differences, disease course and associated factors between these subtypes, which can aid in accurate diagnosis, management, and personalized care for individuals with AD.