

COMMON CHILDHOOD SKIN DISEASES

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COMMON CHILDHOOD SKIN DISEASES

- ▶ Rashes
- ▶ Infections And Infestations

RASHES

- ▶ Dermatitis- Inflammation of the skin
 - ▶ Eczema- Atopic Dermatitis
 - ▶ Psoriasis
 - ▶ Pityriasis Alba
 - ▶ Perioral Dermatitis
 - ▶ Seborrheic Dermatitis (dandruff)

ECZEMA

Starts in infancy

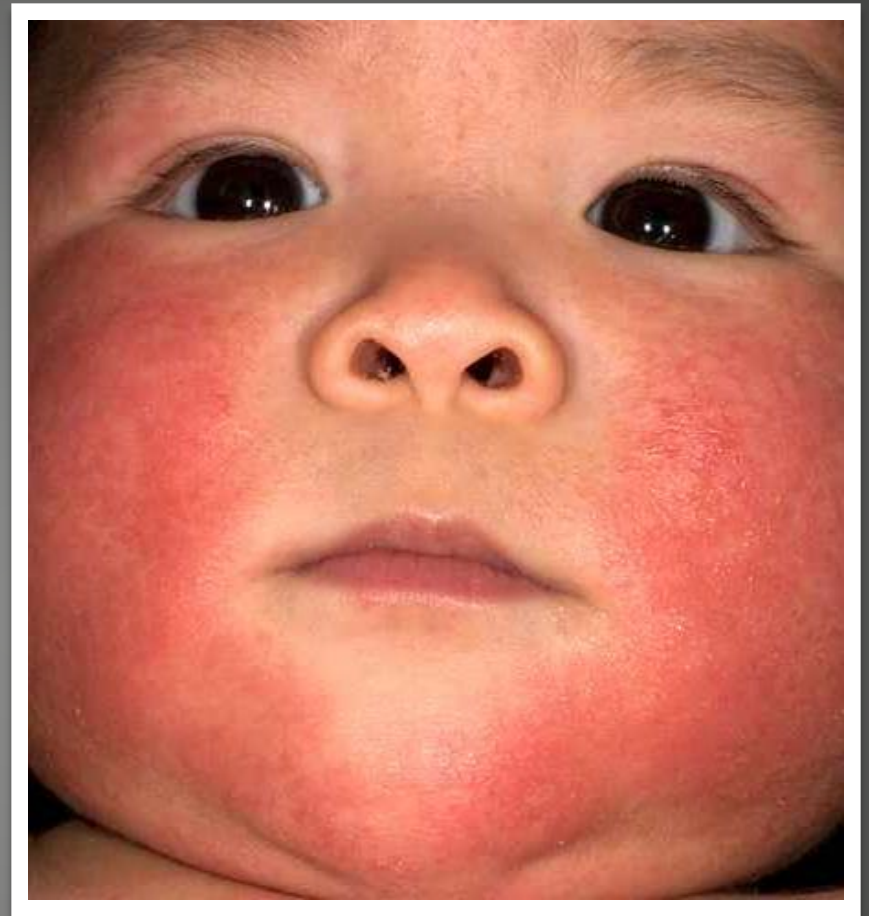
10% of children

Assoc. with Asthma and
Allergies

Infants- face, scalp

Children- creases arms
and legs

Adults- eyelids, hands



ECZEMA

Childhood



ECZEMA

Adults



ECZEMA

- ▶ Causes:
 - ▶ Irritants: over-drying, over-washing, under-moisturizing
 - ▶ Soap, hot water, pools and hottubs
 - ▶ Allergens
 - ▶ Fragrances, plants, metals, foods...
- ▶ Treatment
 - ▶ Topical anti-inflammatories: Steroids, Protopic, Eucrissa
 - ▶ Antibiotics for secondary infection- bleach water baths
 - ▶ Antihistamines: Zyrtec, Claritin, Benadryl
- ▶ Prevention
 - ▶ Gentle cleansers- Dove
 - ▶ Moisturizer- Cetaphil, CeraVe, Vaseline

ECZEMA



ECZEMA- COMPLICATIONS

Staph infection



Eczema Herpeticum



PSORIASIS

Ages 7-107 (rarely infants)

1:400 Americans

Genetic prevalence

Scalp, elbows, knees, trunk

Inverse Psoriasis- axilla,
under breasts, groin



PSORIASIS VULGARIS

- ▶ Causes:

- ▶ Genetics
- ▶ Infection- Strep throat (guttate psoriasis)

- ▶ Treatment:

- ▶ Topical steroids
- ▶ UV therapy
- ▶ Oral meds: Methotrexate, Soriatane, Otezla, NOT Prednisone
- ▶ Biologics: Humira, Enbrel, Stelera, Taltz...

PSORIASIS VULGARIS



PSORIASIS VULGARIS



PSORIASIS VULGARIS



PSORIASIS VULGARIS

Tinea Amiantacea



PSORIASIS- COMPLICATIONS

Erythroderma



Pustular Psoriasis



PITYRIASIS ALBA

- ▶ Children and teens
- ▶ Mild eczema of face and arms
- ▶ Hypopigmentation
- ▶ Spring and summer
- ▶ Worse in darker skin types



PITYRIASIS ALBA

- ▶ Causes: form of eczema
- ▶ Treatment: low potency steroids (OTC Cortisone) and moisturizers
- ▶ Color normalizes in winter as tan fades

PITYRIASIS ALBA



PITYRIASIS ALBA VS VITILIGO



PERIORAL DERMARTITIS

Children and Adult Women

Around the mouth and
sometimes eyes

Red papules with scale

Spares the vermillion border

Resistant to topical steroids,
anti-fungals and most
antibiotics



PERIORAL DERMATITIS

- ▶ Causes: Unknown

- ▶ Treatment:

 - Children: topical or oral Erythromycin

 - Adults: Doxycycline

 - Must treat for 6 weeks

Topical steroids (cortisone) worsens disease

PERIORAL DERMATITIS



SEBORRHEIC DERMATITIS

- ▶ Infants to Adults
- ▶ Scalp, eyebrows, ears, nasolabial folds, beard, and chest in men
- ▶ Erythema with yellow “greasy” scale



SEBORRHEIC DERMATITIS

▶ Causes:

- ▶ Increased Sebum (oil) Production
- ▶ Malassezia- abundant normal skin yeast

▶ Treatment:

- ▶ Gentle cleansers to remove oil and dead skin
- ▶ Low potency topical steroids
- ▶ Topical antifungals- Ketoconazole, Naftifine, Ciclopirox
- ▶ Topical sulfonamides
- ▶ Topical Calcineurin inhibitors (pimecrolimas, tacrolimas)

SEBORRHEIC DERMATITIS



SEBORRHEIC DERMATITIS



URTICARIA- HIVES

- ▶ All ages
- ▶ Red itchy welts
- ▶ May get more welts with scratching
- ▶ Can be associated with Angioedema- can be Life Threatening



URTICARIA

- ▶ Welts that come and go- individual lesion must be gone in 24 hours
- ▶ Can be Medical Emergency if involves airway swelling
- ▶ Causes:
 - ▶ Medications
 - ▶ Viral Illness
 - ▶ Foods

Treatment

Antihistamines

Epi-pen; if involves angioedema and airway compromise

URTICARIA



URTICARIA

ANGIOEDEMA



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INFECTIONS AND INFESTATIONS

- ▶ Impetigo (MSSA and MRSA)
- ▶ Tinea Infections
- ▶ Molluscum Contagiosum
- ▶ Scabies
- ▶ Lice

IMPETIGO

- ▶ Children and Adults
- ▶ Face common- especially around nose
- ▶ Secondary infection in patients with eczema
- ▶ Sores with Honey-colored crusting
- ▶ Contagious



IMPETIGO

- ▶ Causes: Predominantly *Staphylococcus Aureus*, sometimes *Streptococcus* species
 - MSSA- Methicillin-Sensitive *Staphylococcus Aureus*
 - MRSA- Methicillin-Resistant *Staphylococcus Aureus*
- ▶ Treatment- Antibiotics and Cleanliness

IMPETIGO



TINEA INFECTION

- ▶ Fungal Infection “Ringworm”
- ▶ Capitis- head
- ▶ Corporis- body, arms and legs
- ▶ Faciei- face
- ▶ Cruris- groin “jock itch”
- ▶ Manuum- hands
- ▶ Pedis- feet “athletes foot”
- ▶ Unguium- nails



TINEA INFECTION

- ▶ Contagious
- ▶ Causes:
 - ▶ *Trichophyton rubrum*- person to person
 - ▶ *Microsporum canis*- from cats and dogs
 - ▶ *Trichophyton verrucosum*- farm animals
- ▶ Treatment:
 - ▶ Topical antifungals- Lamisil, Lotrimin
 - ▶ Oral antifungals- Tinea capitis or infections that fail topical meds

TINEA INFECTION



TINEA INFECTION

Tinea capitis



Alopecia areata



MOLLUSCUM CONTAGIOSUM

- ▶ Infants to young adults
- ▶ Viral infection
- ▶ Spread by person to person contact
- ▶ Small raised pink bumps with dimple in center, “umbilicated”



MOLLUSCUM CONTAGIOSUM

- ▶ Cause: Molluscum Contagiosum virus
 - ▶ Spread by contact- direct or indirect (contaminated objects like towels)
 - ▶ In young adults- sexually transmitted
- ▶ Treatment- Self-limited (average 1 year)
 - ▶ Liquid nitrogen
 - ▶ Cantharidine- “beetle juice”
 - ▶ Destruction- curette, laser...

MOLLUSCUM CONTAGIOSUM



SCABIES

- ▶ Any age
- ▶ Itchy papules from the neck down (except infants)
- ▶ Most common areas: wrists, fingerwebs, axilla, genitals
- ▶ Itches worse at night



SCABIES

- ▶ Cause: *Sarcoptes scabiei* var *humanis*
- ▶ Mites are 0.3mm- microscopic
- ▶ Mites burrow under the skin. Females lay 2-3 eggs a day
- ▶ Average infestation is 20 mites
- ▶ Rash and itching starts 4 weeks after infestation
- ▶ Mites can live up to 72 hours off a human and 14 days on
- ▶ Spread by prolonged contact – sharing a bed
- ▶ Treatment: Elimite topically, Ivermectin orally

SCABIES



SCABIES



LICE

- ▶ Pediculosis- any age
- ▶ Three types: head, body and genitals
- ▶ Feed on blood
- ▶ Live on clothing and other inanimate objects
- ▶ Spread by direct or indirect contact



LICE

▶ Cause:

- ▶ Head lice: *Pediculus humanus capitis*
- ▶ Ectoparasites feed on human blood
- ▶ Itching caused by irritant reaction to louse saliva

▶ Diagnosis:

- ▶ Nits are firmly attached (glue)- dandruff can be easily removed
- ▶ Nits within 1/4 inch of scalp- active infestation

▶ Treatment:

- ▶ Pediculicides available OTC. Remove nits with nit comb
- ▶ Entire household may need treatment. Repeat in 10 days
- ▶ Wash everything or seal in plastic bag for 2 weeks. Vacuum!!

LICE



LICE



QUESTIONS??

Get Answers:

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