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
  - Moisturize- Cetaphil, CeraVe, Vaseline
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 DERMATITIS

Children and Adult Women
Around the mouth and sometimes eyes
Red papules with scale
Spares the vermillion border
Resistent 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 (pimecrolimus, tacrolimus)
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
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 Stretococcus 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 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, “umbillicated”
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
  - Cantharidin - “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
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: *Pediculosis 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 ¼ 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

**ZOOMED VIEW**

**Nits:**
These nits are attached to the hair shaft, close to the scalp.
LICE
QUESTIONS??

Get Answers:

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