

COMMON CHILDHOOD SKIN DISEASES

Sharon Seguin MD

Dermatology- Confluence Health Wenatchee

Rashes

Infections and Infestations

RASHES- "Dermatitis" nonspecific term for inflammation of the skin

1. ECZEMA – Atopic Dermatitis- specific form of eczema starting in childhood

Characterized by itchy, red irritated skin

Occurs in 10% of the population- genetic preference

Starts in infancy – face prominently involved

Children- flexure areas like antecubital and popliteal fossas

Adults- usually resolves by adulthood but still have sensitive skin and outbreaks on hands common. Also eyelids in women

Also associated with other Atopic diseases: Asthma and Allergies

Causes:

Irritants that overdry the skin: soaps, hot water, overbathing, under-moisturizing, pools and hottubs

Allergens: fragrances, dyes, plants, metals, and foods in children
Milk, soy, fish, peanuts, wheat and eggs

Treatment:

Topical anti-inflammatories- steroid creams

Antibiotics for secondary infections

Antihistamines for itching- Zyrtec, Claritin, Benadryl

Prevention:

Gentle cleansers- Dove, Cetaphil, CeraVe

Moisturize- Vaseline in infants, CeraVe and Cetaphil

2. PSORIASIS VULGARIS

Not as common in children as eczema- usually starts in early teens and adults

Affects 1:400 Americans

Genetic prevalence in some families

Discrete red plaques that are not typically itchy but can be painful and covered with thick white scale

Affects predominantly extensor surfaces, scalp, elbows, knees but can cover entire body- rarely affects face

Cause: Genetics

Infection can precipitate- usually strep infection

Treatment:

Topical steroids

UV therapy- Narrowband UVB

Oral meds- Methotrexate, Soriatane, Otezla

Injectable meds: Humira, Stelera, Taltz

Complications of Psoriasis:

Erythroderma- total body inflammation- may require hospitalization

Pustular Psoriasis- complication of treatment with prednisone

3. PITYRIASIS ALBA

Common in children and teens

Mild form of eczema affecting face and arms- rarely other areas

Affected areas do not tan- shows up in summer especially in Hispanic and Black children

Areas are hypopigmented- not depigmented

Treatment:

Low potency topical steroids like OTC cortisone, moisturizers

Color will normalize in winter

4. PERIORAL DERMATITIS "Around the mouth" dermatitis

Affects children and women

Red scaly papules around the mouth

Usually not itchy but irritated and unsightly

Does not respond to most topical creams: cortisone, antibiotics or antifungals

Treatment:

Children- topical clindamycin or oral erythromycin

Adults- Doxycycline

Treat for 6 weeks

5. SEBORRHEIC DERMATITIS

All ages infants to adults

Babies- scalp predominantly- cradle cap

Teens and adults- Scalp, eyebrows, nasolabial folds, ears- also, mustache, beard and chest in men

Red scaly patches- yellow greasy scale- can be itchy

Causes:

Increased sebum (oil) production

Malassezia- yeast organism that lives on skin

Treatment:

Gentle cleansers to decrease oil and dead skin

Low-potency steroid creams

Antifungal creams

Topical sulfonamides

Topical calcineuron inhibitors

6.URTICARIA

All ages

Welts- raised itchy red plaques with no scale or crust

Individual lesions cannot last more than 24 hours in any one place

Can be associated with Angioedema and if swelling involves airway is a
MEDICAL EMERGENCY

Causes:

Foods, viral infections, medications

Treatment:

Antihistamines, Prednisone

Epi-Pen for airway involvement

INFECTIONS AND INFESTATIONS

1. IMPETIGO

Bacterial infection commonly on the face- nose area most common

Red sores with “honey-colored” crust

Cause: Staphylocococcus most commonly

MSSA- Methicillin Sensitive Staph Areus

MRSA- Methicillin- Resistant Staph Areus

Treatment: Bactroban- topical antibiotic

Oral antibiotics

Wash hands

Wash towels

2. TINEA INFECTIONS

Commonly known as “Ringworm”

Different name for different areas of the body

Tinea Capitis- scalp

Tinea Faciei- face

Tinea Corporis- body, arms and legs

Tinea Cruris- groin “jock itch”

Tinea Manuum- hand

Tinea Pedis- feet “athletes foot”

Tinea Unguium- nails

Trychopyton Rubrum is most common organism and usually transferred person to person. Microsporum Canus is found predominantly on cats and dogs. T. Verrucosum on farm animals.

Treatment: Topical or oral antifungals. Lamisil cream OTC is best topical. Topicals do not work for T. Capitis. Topical cortisone creams make fungal infections worse.

3. MOLLUSCUM CONTAGIOSUM

Common in school age children. Rare in older adults.

Viral infection transmitted person to person. Sexually transmitted in teens and young adults.

Small white or pink umbilicated papules. Usually not itchy.

Disease is self-limited but can last for months without treatment.

Treatment consists of destruction; liquid nitrogen, salicylic acid, curettage, Cantharidin.

4. SCABIES

Any age. Often entire household is affected.

Extremely itchy small papules especially on wrists, fingerweb spaces and genitals but can be entire body. Usually spares face except in infants.

Caused by a mite- *Sarcoptes scabiei* var *humanis*. Spread person to person by close physical contact- sleeping in the same bed.

Mites burrow under the skin and lay eggs. Itching results from reaction to the mites, eggs and droppings. Starts 4 weeks after infestation.

Entire infestation may be only a few mites.

Mites live up to 72 hours off of a person.

Treatment: topical Elimite or oral Ivermectin
Wash all Bedding in hot water. Repeat in one week when eggs hatch.
Itching can continue for 2-3 weeks after treatment.

5. LICE

Pediculosis- occurs at any age but head lice common in children.

Three types- Head, body and genitals. Organisms are slightly different in each area. Wingless, visible to the naked eye.

Parasites that feed on blood. Head and genital lice do not carry other diseases. Body lice can transmit life-threatening systemic infections.

Can live on inanimate objects like clothing, hats and hairbrushes.

Head lice- *Pediculosis humanis capitis*- affect area behind ears and occipital scalp predominantly. Itching caused by reaction to saliva

Body lice- *Pediculosis humanis corporis*- these organisms live in seams and lining of clothes.

Genital lice- Pthirus pubis- also known as “crab” lice. Cling to genital hairs but also can be found on eyelashes and axillary hairs.

Diagnosis of head lice- finding nits “eggs” attached to hair shafts. Typically $\frac{1}{4}$ inch from the scalp. Nits are glued to the shaft and do not move easily like dandruff.

Treatment: Pediculocides sold OTC. Nits are removed with a nit comb.

Entire household may need to be treated.

Repeat in 10 days when nits hatch.

Wash everything and things that can not be washed should be sealed in plastic bags for 2 weeks.

For more information:

aad.org