

# PEDIATRIC DERMATOLOGY

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## WHAT IS ONE THING YOU WEAR EVERYDAY



• YOUR SKIN



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## LET'S START FROM THE BEGINNING

Newborn and Congenital Conditions



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## ERYTHEMA TOXICUM NEONATORUM

- Normal newborn rash
- Doesn't burn / itch / sting / bother the baby
- Last for 4-5 days
- Starts out mild, spreads, then gets better
- Filled with eosinophils

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## NEVUS FLAMEUS

Angel Kisses



Stork Bite

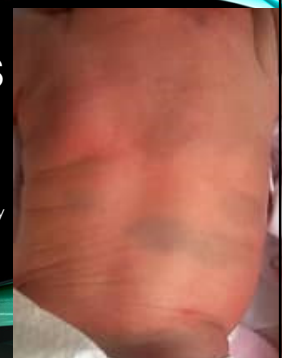


- Capillary networks
- On the face resolve at 15-18 months old
- Nape of the neck may persist (50% of the time)

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## DERMAL MELANOSIS "MONGOLIAN SPOTS"

- ❖ Increased Melanin in those areas
- ❖ On the back and buttocks most commonly
- ❖ Mistaken for bruising
- ❖ More prevalent in darker skin individuals



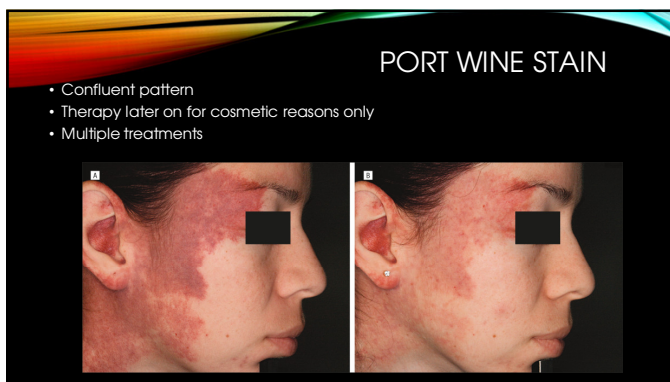
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# RASH

Atopic Dermatitis (Eczema)



This is the rash that itches !!!!

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# ATOPIC DERMATITIS (ECZEMA)-TREATMENT



- Bathing frequently – daily (Dove Soap)
- Leave the skin damp
- Lotion right away after “Lock in the Moisture”
- Topical steroids (hydrocortisone 1 % OTC) 2x per day
- Cycle off steroids (2 weeks)
- Protopic and Elocon

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# IRRITANT CONTACT DERMATITIS

- ❖ So so common
- ❖ So so non specific
- ❖ Itchy and spreads
- ❖ Rarely find the cause
- ❖ Throw some steroid cream at it for a few days




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# NOW FOR THE GRAND FINALE OF BABIES



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# DIAPER DERMATITIS “DIAPER RASH”

- Can be fungal
- Candida has shiny “satellite papules”, treatment Nystatin
- Otherwise it’s all about .....




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# NOW TO INFECTIOUS CAUSES OF PEDIATRIC DERMATOLOGY



What is the most common ???

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## VIRAL EXANTHEM (RASH)

- ❑ Usually an exotoxin expressed
- ❑ No symptoms due to the rash
- ❑ Generally erythematous small macules
- ❑ Last 4-6 days
- ❑ No treatment needed
- ❑ Not contagious



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## STAPH SKIN INFECTIONS

- MSSA
- MRSA
- Impetigo
- Cellulitis
- Abscess
- Incision and drainage / antibiotics



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Scarlatiniform rash  
Desquamation  
Can cause perianal rash

## STREP INFECTIONS



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## FUNGAL RASHES TINEA (CAPITUS / CORPUS)

- ❑ Hard to get rid of
- ❑ Long course therapy
- ❑ Topical (terbinafine)
- ❑ Oral (Griseofulvin) – 4-6 weeks



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## Hand Foot and Mouth Disease

Coxsackie A-16  
Specific oral lesions  
Rash on Hand, Feet, Buttocks and Body  
Small erythematous papules  
Now even older individuals can get it



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## ERYTHEMA MULTIFORME MINOR AND MAJOR

Minor is only the rash  
Many causes  
Benign  
Goes away on its own, no treatment

Major is:  
Steven Johnson Syndrome  
Mucocutaneous involvement  
Can be real serious stuff  
Could be drug related



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## HENOCH SCHOENLEIN PURPURA (HSP)

Non specific vasculitis  
Distinctive rash on lower extremities (Purpura)  
Abdominal pain  
Check the urine



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## 1,2,3.....




**1st= Measles**  
Cough  
Coryza  
Conjunctivitis  
fever

**2nd= Scarlet fever**  
Strip rash

**3rd= Rubella (German measles)**  
Swollen lymph nodes (tender)  
May last days to weeks

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## 4,5,6.....



**4th= Staph scalded skin syndrome**  
Really can be bad  
hospitalization

**5th= Erythema infectiosum**  
Parvovirus B 19  
"slapped cheek" first  
Rash on the body then  
Last 6-14 days

**6th= Roseola**  
Sudden onset of high fever (103-104)  
Well appearing otherwise

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## BUMPY THINGS

Warts and molluscum contagiosum



Verruciform virus  
Destroy them  
Liquid nitrogen "freeze"  
Compound W and duct tape  
Natural stuff – tea tree oil  
Dermatology referral

Umbilicated lesions  
Last a long time  
Spreads to others  
Curettage "pluck them"  
Liquid nitrogen

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## ADOLESCENT CONDITIONS

Acne and Pityriasis Rosea



Acne vulgaris  
Infection  
Good hygiene  
Salicylic acid  
Antibiotics – minocycline  
Accutane – derm referral  
Don't pick them until ready

Self limited  
Christmas tree  
Herold patch

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## URTICARIA (HIVES)

Mast cells release histamine  
May last 7 days  
Migrating rash  
Antihistamines if mild  
Epi pen if anaphylaxis



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