



COMMON RASHES IN CHILDREN

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DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIP(S) WITH INELIGIBLE COMPANIES

- Nothing to disclose

REFERENCES TO OFF-LABEL USAGE(S) OF PHARMACEUTICALS OR INSTRUMENTS

- Ketoconazole, topical steroids, oral antihistamines, liquid nitrogen, cantharidin, tretinoin, topical immunomodulators, pulsed dye laser

LEARNING OBJECTIVES

- Review dermatologic diseases that are unique to children
- Appreciate unique aspects of certain skin diseases when present in children
- Recognize optimal treatment options
- Learn something
- Have fun!

LOOKS LIKE ACNE...

NEONATAL CEPHALIC PUSTULOSIS

- Acneiform eruption
- First or second month
- Any baby
- Once called “neonatal acne”
 - No comedones
 - No nodules/cysts, scars
- Neutrophilic reaction to normal flora (Malassezia)



NEONATAL CEPHALIC PUSTULOSIS

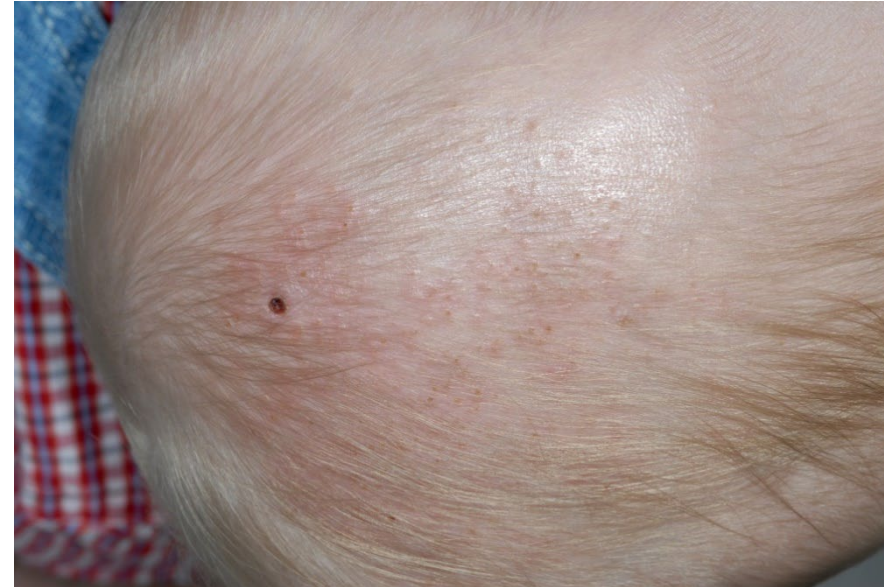
- Exam: small yellow pustules
 - Scalp and face, then neck, trunk
 - Can have red patch underneath
- Increased risk:
 - Baby massage
 - Olive oil as emollient
 - Decreased bathing
- Treatment:
 - Daily bathing
 - Avoidance of oil as emollient
 - Ketoconazole shampoo



LOOKS LIKE SCABIES!...

EOSINOPHILIC FOLLICULITIS

- Eosinophilic pustular infiltrate
- Infants most, then toddlers
- Extremely itchy!
- Rule out scabies, LCH
- Reaction to normal flora?
 - (Not assoc with HIV in kids)



EOSINOPHILIC FOLLICULITIS

- Exam: excoriated red papules and pustules with serum crust
 - Scalp most
 - Then face, neck, extremities
- Child scratching in the office
- Child irritable in the office
- Treatment:
 - Potent topical steroids
 - Oral antihistamines



TRANSIENT NEONATAL PUSTULAR MELANOSIS

- Benign pustular rash
- Present at birth
- Mostly AA babies
- Mechanism unknown
 - Erythema toxicum???



TRANSIENT NEONATAL PUSTULAR MELANOSIS

- Exam: yellow-white pustules
 - Forehead, chin, neck
 - Hands, feet
- Three stages:
 - 2-10mm pustules
 - Collarette of scale
 - Pigmented macule (“lentigo”)
- Often concern is scabies
- No tx, parental reassurance





LOOKS LIKE BRUISING...

SUBCUTANEOUS FAT NECROSIS OF THE NEWBORN

- Fat necrosis
- First few weeks of life
- Big term, post date babies
- Prolonged labor
- “Stuck” vaginal delivery



SUBCUTANEOUS FAT NECROSIS OF THE NEWBORN

- Exam: red, purple nodules where subject to trauma
- Monitor for hypercalcemia
- Usually, no treatment
- If ulcerates, wound care





LOOKS CONTAGIOUS...

ERYTHEMA INFECTIONOSUM (FIFTH DISEASE)

- Common childhood exanthem
 - Fever, then rash
- Parvo B19 infection
- Usually before age 5
- Often asymptomatic
- Contagious before rash
 - Pregnant, immune suppressed



ERYTHEMA INFECTIONIOSUM

- Exam: reticulate patches that march down the body
 - Face, arms, legs
 - “Slapped cheeks
- Rare consequences in kids
 - Aplastic crises
 - Arthritis (adults)
- Treatment is supportive
 - Warn pregnant contacts
 - Warn immunosuppressed contacts



SCARLET FEVER

- Common childhood exanthem
- Grp A beta-hemolytic Strep
- Elementary school kids
- Typical ill symptoms: fever, malaise, sore throat, N/V



SCARLET FEVER

- Exam: a skin march
 - Palatal petechiae
 - White to strawberry tongue
 - Sandpaper rash with Pastia's lines
 - Desquamation
- Diagnose by Strep throat culture
- Treatment:
 - Penicillin
 - Supportive care





LOOKS BUMPY...

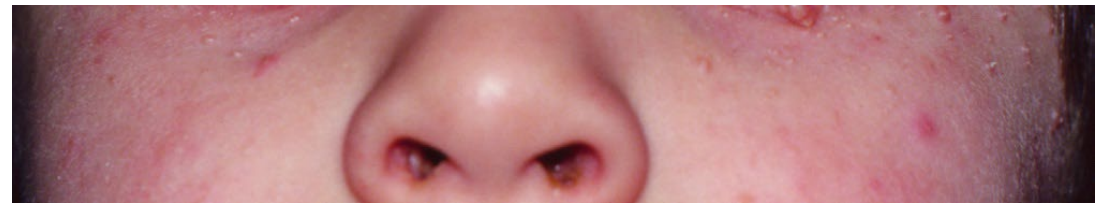
MOLLUSCUM CONTAGIOSUM

- Poxviridae viral infection
 - Benign
 - Skin only
 - Most never show lesions
- Exam: skin-colored to red umbilicated papules
 - Worse in areas of friction
 - Can have dermatitis
 - Can have “giant pox”
 - When small, confused with flat warts, milia, keratosis pilaris



MOLLUSCUM CONTAGIOSUM

- Treatment:
 - Intentional neglect
 - Avoid spread
 - Co-bathing, co-sleeping
 - Shaving, waxing
 - Cover lesions
 - Clean fomites
 - Medical:
 - Liquid nitrogen
 - Cantharidin
 - Curette removal
 - Tretinoin
 - Laser (complex patients)



UNILATERAL LATEROTHORACIC EXANTHEM

- Asymmetric Periflexural Exanthem
- Toddlers, elementary school
- Etiology unknown (virus?)
- Exam: pink papules and, nodules on one side of body
 - Can get dermatitis
 - Can itch
 - Can migrate to other side over day
- “Statue of Liberty” sign
- Treatment is supportive



GIANOTTI-CROSTI SYNDROME

- Papular acrodermatitis of childhood
- Toddlers, elementary school
- Viral exanthem
 - Many (also Hep B, EBV)
- Exam: asx monomorphic red papules
 - Arms/legs to face
 - Symmetric
 - Spares trunk
- Fades over weeks
- Treatment is supportive



LOOKS LIKE RINGWORM...

NEONATAL LUPUS

- Transient connective tissue disease via maternal autoantibodies
- Affected organs:
 - Skin (50%),
 - Heart (10%)
 - Liver, lungs
- Lab: Anti-Ro (95%); anti-La, U1RNP
- Most common condition for mom is Sjogren's, not Lupus



NEONATAL LUPUS

- Exam: papulosquamous, annular plaques, esp on head, neck
 - “Raccoon eyes”
 - Worsened by UV light
 - Resolves with pallor, telangiectasia, atrophy
- Treatment:
 - EKG: heart block!
 - Skin: topical steroids, sunscreen
 - Mom: CTD evaluation, pregnancy counseling



LOOKS LIKE ABUSE...

LICHEN SCLEROSIS

- Inflammatory dermatosis
- Girls and boys
- Genitalia (90%), perianal
- Exam: white, atrophic hyalinized patches
 - Frequent hemorrhagic blisters
 - Itch, burning, constipation
 - Assoc with pyramidal protrusion
- Often misdx as child abuse
- Treatment:
 - Potent topical steroids or immunomodulators
 - Circumcision for phimosis



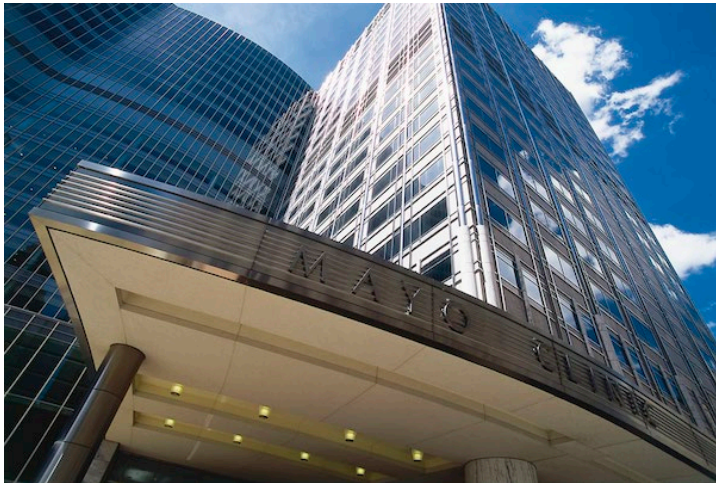
QUESTIONS & ANSWERS





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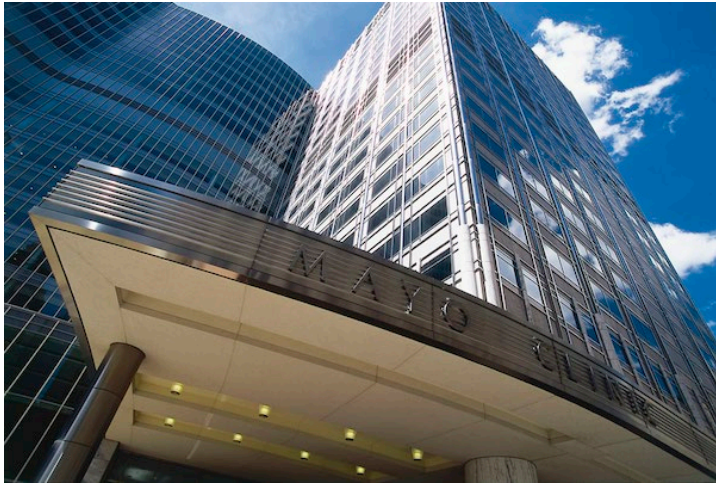


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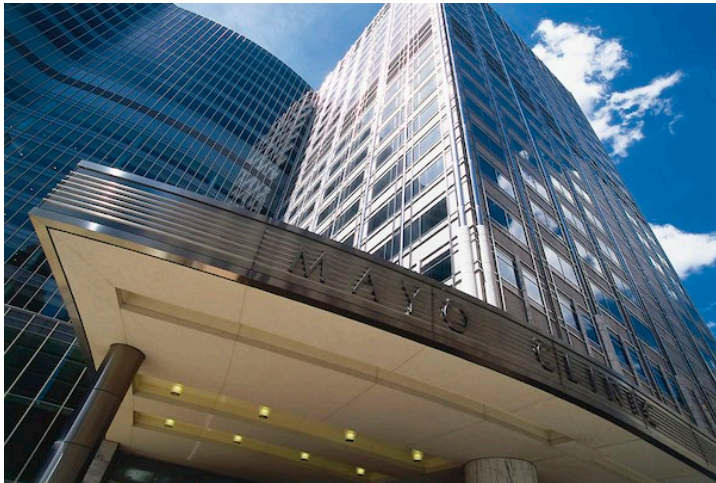


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