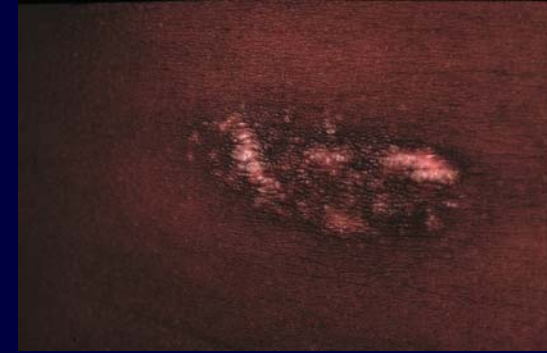


Common Skin Conditions in Children

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Diagnosis?



Nummular Dermatitis

- Disc pattern rash (discoid eczema)
- Clearly demarcated edges
- Occurs at any age
- Can be associated with atopic eczema
- Itchy
- Surrounding skin not as dry as atopic eczema
- Prone to secondary bacterial infection
- Often thought to be ringworm



Treatment

- General eczema management
- More resistant to treatment
- May require more intensive wet dressing application and admission
- Potent topical steroids
- Tar preparations
- Phototherapy (UV radiation)
- Intralesional steroid injections – nodular prurigo



Diagnosis?



Eczema Herpeticum

- Herpes simplex virus 1
- Affinity for the skin and nervous system
- Fluid filled blisters – vesicles
- Multiple crusted erosions
- Grouped, punched out
- Painful, increased itch
- Viral swab
- Maybe unwell – fever and malaise
- Secondary bacterial infection



Treatment

- NO TOPICAL STEROIDS
- Remove crusts – soaks or compresses
- +/- oral/IV Acyclovir
- Most often oral Keflex
- Admission prn – severe extensive disease
- Ophthalmology review if involves the eyes



Diagnosis?



Molluscum Contagiosum

- Caused by a harmless virus (MCV)
- Poxvirus
- Very common in children
- Transmitted by swimming pools, sharing baths, towels and direct contact
- In adults most often a sexually acquired infection
- Pearly papule
- Central dimple and core



Treatment

- Self limiting, but may take up to 2 years
- Complicated by atopic eczema
- Treatment involves irritating the lesions –
Burow's solution diluted 1:10, Benzac gel,
occlusive tape, Aldara, Cantharone
- Squeeze, curette, cryotherapy - ? scarring
- Shower rather than bath
- Atrophic scarring with or without treatment



Diagnosis?



Psoriasis

- Inflammatory disease of the skin
- Erythema and scale
- Familial
- Increased epidermal proliferation
- Increased rate of cell turnover thickens the epidermis and produces scaling
- Triggers – infections, trauma, stress, drugs
- Peaks of onset – 16 to 22 years, 57 to 60 years
- Plaque, Guttate, Flexural, Erythrodermic, Palmoplantar, Scalp, Nail, Genital



Treatment

- Emollients, topical steroids, keratolytics, tar, dithranol, calcipotriol, antibiotics (if infected),
- Immunosuppressants e.g. methotrexate, cyclosporin
- Acitretin
- Phototherapy
- Biologics
- Psychological effect – suicidal ideation
- Stress management, exercise, weight reduction



Diagnosis?



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Warts

- Proliferation of the skin > benign tumors
- Human papillomavirus (HPV)
- Types
 - Common warts, plantar warts
 - Plane warts
 - Genital warts
 - Subungual warts
- Transmission is from person to person
- In children most spontaneously resolve within 2 years
- Persistent in immunosuppressed individuals



Treatment

- Treatment is designed to be cytotoxic (destroy all epidermal cells within the tumor)
- Common warts and plantar warts
 - Topical keratolytics – occlusion and paring
 - Cryotherapy
 - Immunotherapy - DCP
 - Imiquimod
- Plane warts
 - Cryotherapy
 - Keratolytics
 - Tretinoin
- Genital warts
 - Cryotherapy
 - Imiquimod
- Subungual warts
 - Keratolytics
 - Cryotherapy
- Recurrence rate is high therefore many treatments may be necessary



Diagnosis?



Scabies

- Caused by a mite – *Sarcoptes scabiei*
- Direct skin-to-skin contact, close physical contact
- Not from animals
- Burrows a tunnel and releases toxic secretions
- Incubation – 3 weeks
- Itching develops after 4-6 weeks due to sensitisation, allergic reaction to the presence of the mite
- Eczematous changes
- Itch exacerbates at night
- Scaly burrows on fingers and wrists



Treatment

- Lyclear (Permethrin) – wash off after 8-24hrs
- Repeat treatment one week later
- Treat the whole family
- Wash linen and clothes day after treatment
- Remove soft toys
- Mites survive for a max. of 36 hrs away from host
- Eczema treatments
- Return to school after 2 treatments completed
- Itching may take 3 weeks to resolve



Diagnosis?



Tinea

- Dermatophytes (fungi) invade and proliferate in the outer layer of the epidermis
- Can also affect nails or hair
- Annular rash
- Scaly and itchy, definite edge, central clearing
- Common
- Prevalence increases with age, humid climates, crowded living conditions
- Children - commonly acquired from animals
- Culture skin scrapings, nail clippings, or plucked hair
- Types - corporis, pedis, capitis
- Repeat culture at end of treatment



Treatment

- Capitis
 - Oral griseofulvin or Lamisil (give with fatty food)
 - Identify sources if possible
 - No sharing of hair combs/brushes or head wear
 - Hair growth is slow
 - Antifungal shampoo – reducing shedding of spores
- Corporis
 - Topical antifungals – ketoconazole, miconazole
- Pedis
 - Oral griseofulvin or Lamisil



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