COMMON PEDIATRIC RASHES

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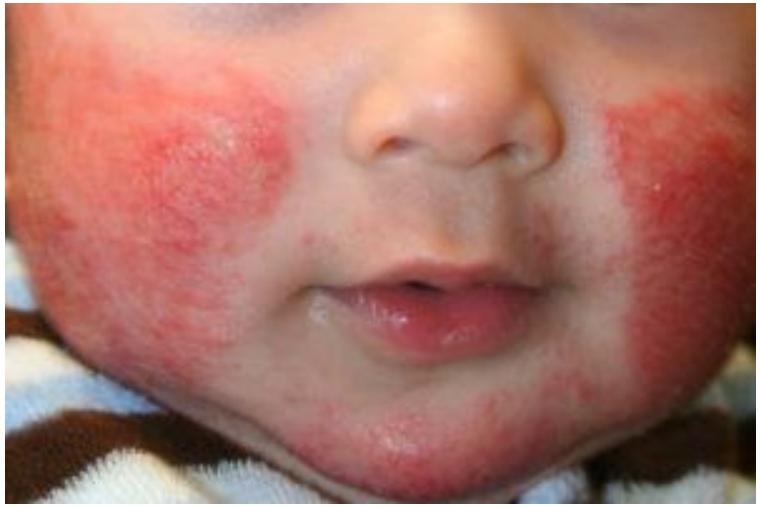
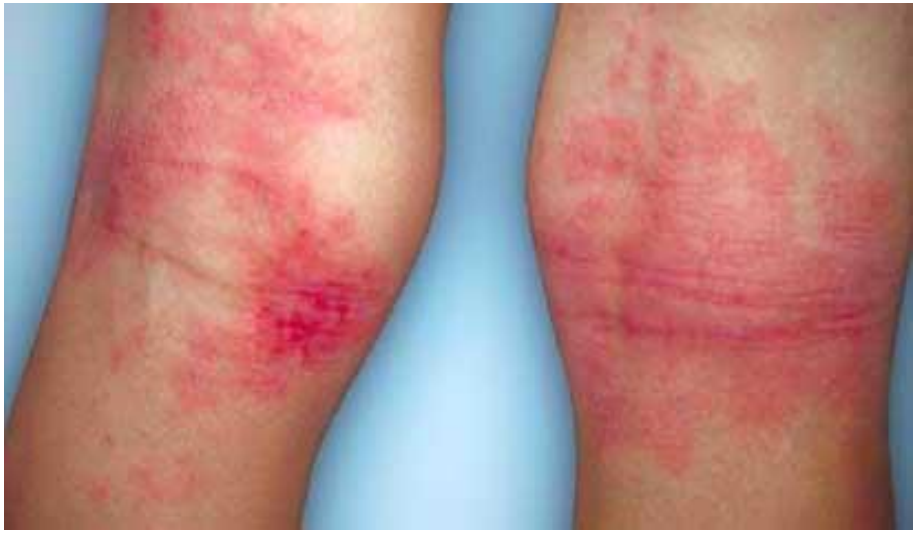
Objectives

- Visual recognition of common rashes
- Distribution
- Treatment and anticipatory guidance

Atopic Dermatitis

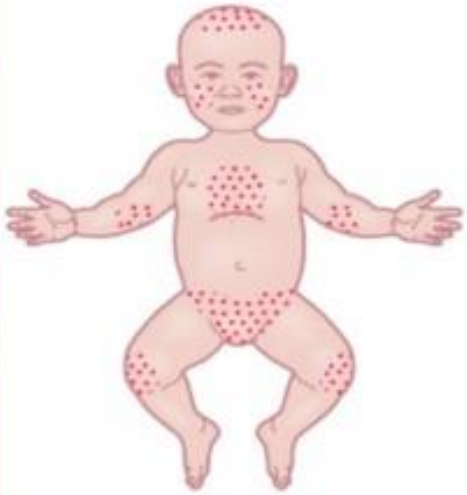
- Lichenification with scratching
- Associated with:
  - Allergic Rhinitis
  - Asthma
  - Food Allergies
  - Eosinophilic GI disorders
- Tx:
  - Emollient
  - Avoid hot baths
  - Steroids
  - Wet wrap therapy





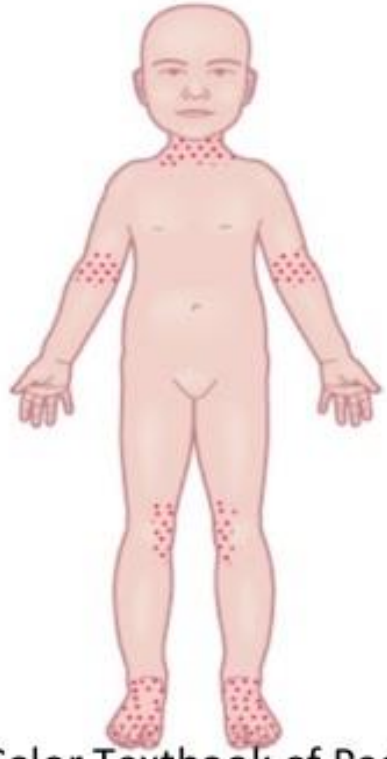
Infantile type

Face, scalp, trunk, extensor surfaces of extremities



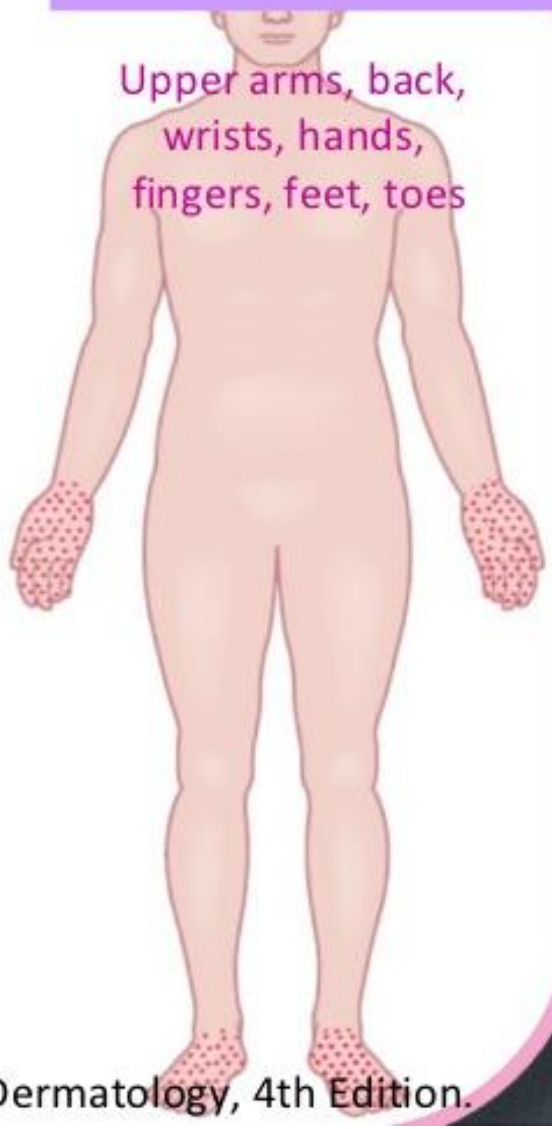
Childhood type

Flexural folds of ext (antecubital, popliteal fossa) neck, ankles



Adult type

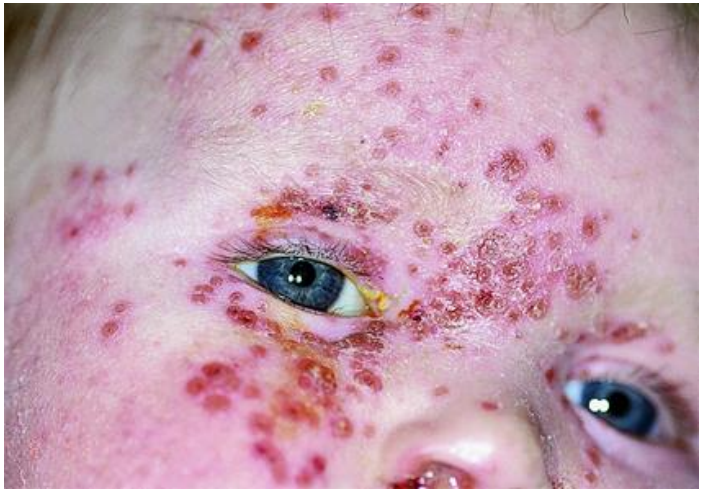
Upper arms, back, wrists, hands, fingers, feet, toes



Color Textbook of Pediatric Dermatology, 4th Edition.

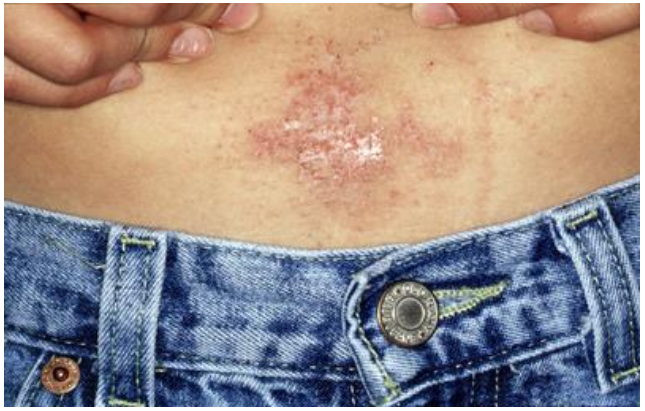
Super-infection

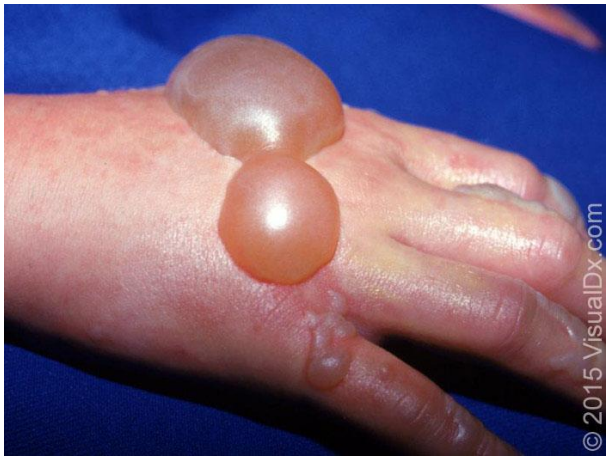
- Predilection for increased colonization
- **Staph aureus**
  - Honey-colored crusting, weeping, and pyoderma
- **Eczema Herpeticum**
  - Vesicles, punched out lesions, crusted erosions
  - On the face or thumb (suckers!)



Contact Dermatitis (Allergic)

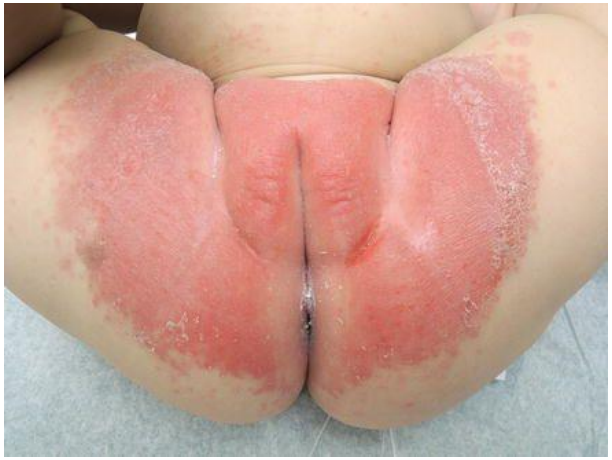
- Delayed hypersensitivity reaction (Type IV) from multiple exposures
- Jewelry (nickel, cobalt) - “they’ve worn this for years”
- Poison Ivy
  - Linear vesicles and papules
  - Slow appearance in areas with milder exposure
  - The rash is not contagious

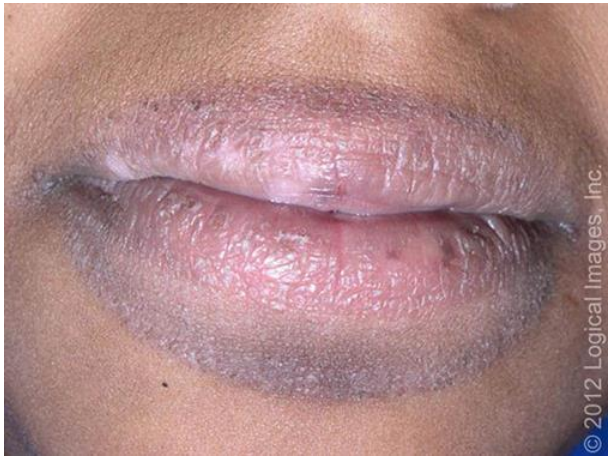




Contact Dermatitis (Irritant)

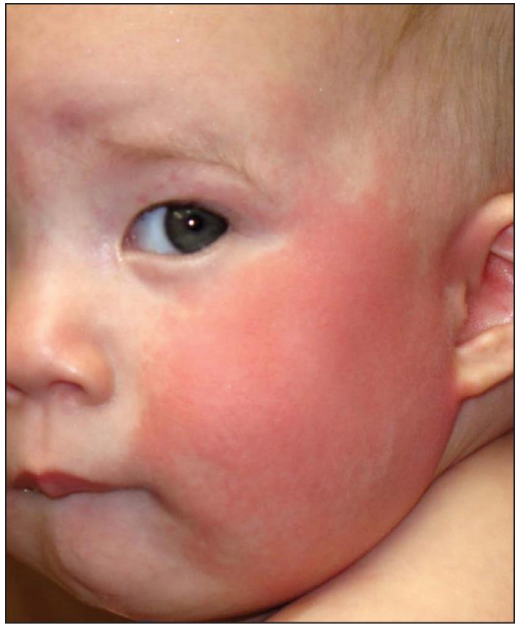
- Exposure to substances that irritate the skin
- Immediate reaction
  - Diaper dermatitis
  - Dry Skin dermatitis (xerosis)
  - Soaps and detergents
  - Wet-to-dry episodes (lip licking, thumb sucking, playing in water)

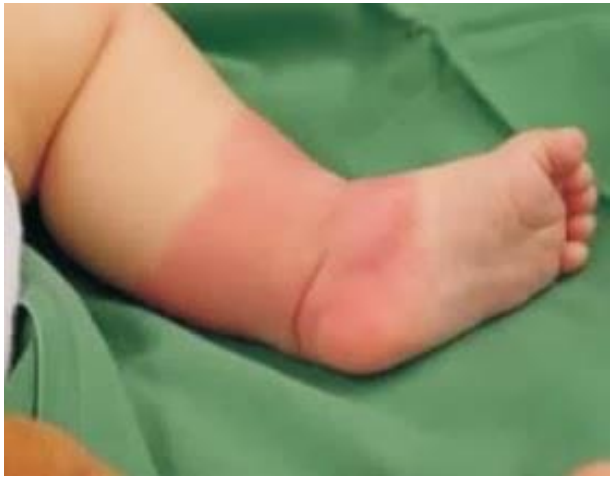




Cellulitis

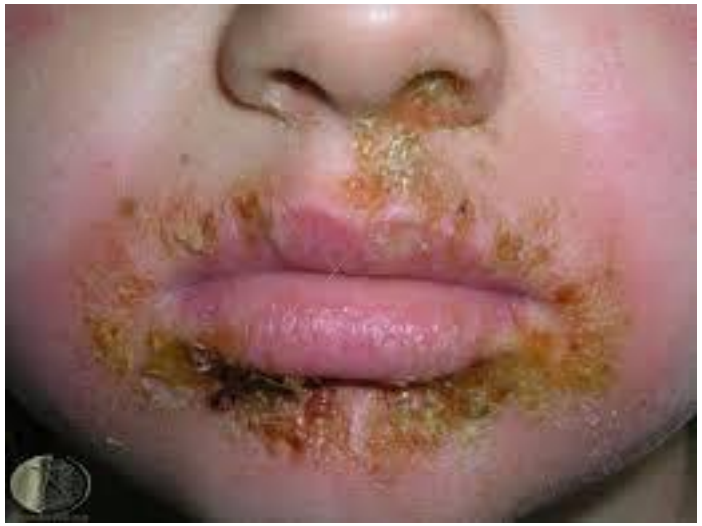
- Infection of the deep dermis and subcutaneous tissue
  - **Red**
  - **Hot**
  - **Tender**
  - **Swollen**
- GAS and Staph aureus
  - Keflex or Augmentin
  - If MRSA risk factors, consider Clindamycin, Bactrim, or Doxycycline

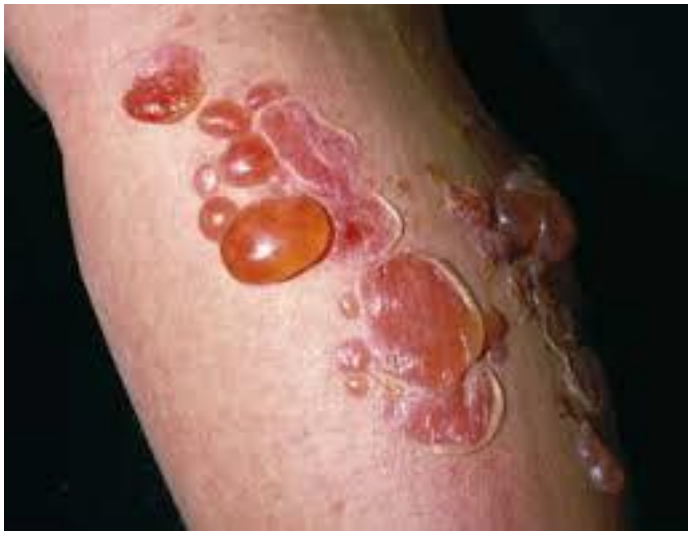




Impetigo

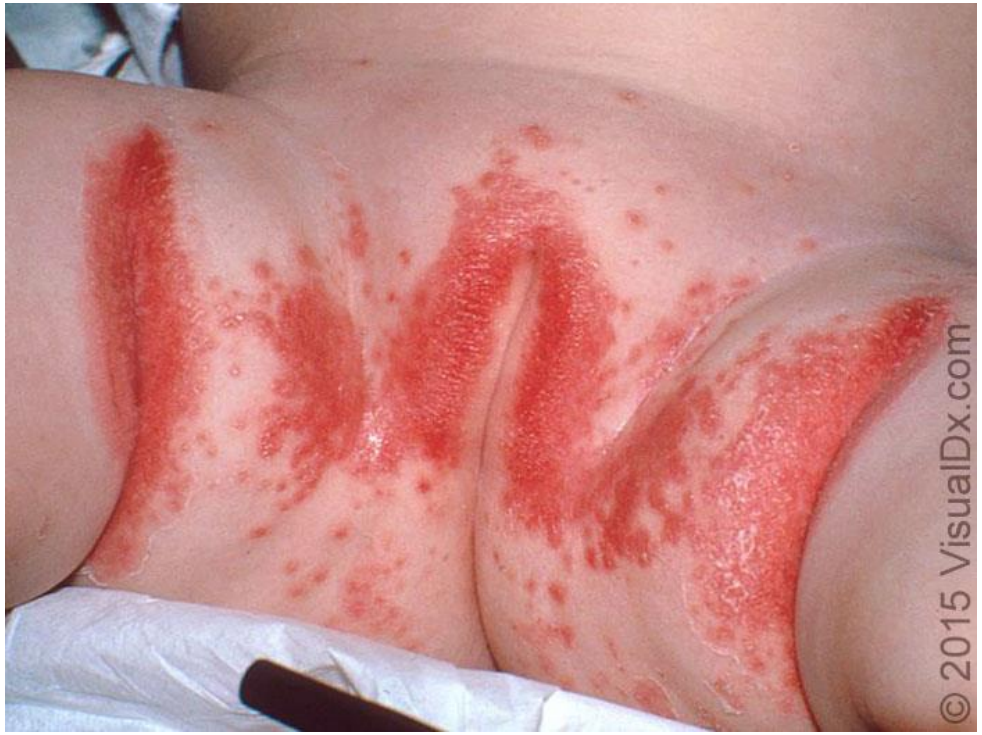
- Contagious superficial bacterial infection
- Staph aureus
  - **Non-Bullous Impetigo**
    - Pustules break down to form thick honey crusts
  - **Bullous Impetigo**
    - Vesicles enlarge to form flaccid bulla with clear yellow fluid
- Group A Strep
  - Tx does not prevent post-strep GN
- Tx: Mupirocin ointment





Diaper Dermatitis - Candida

- Inguinal regions with areas of confluent erythema with discrete erythematous papules and plaques, superficial scale, and satellite lesions



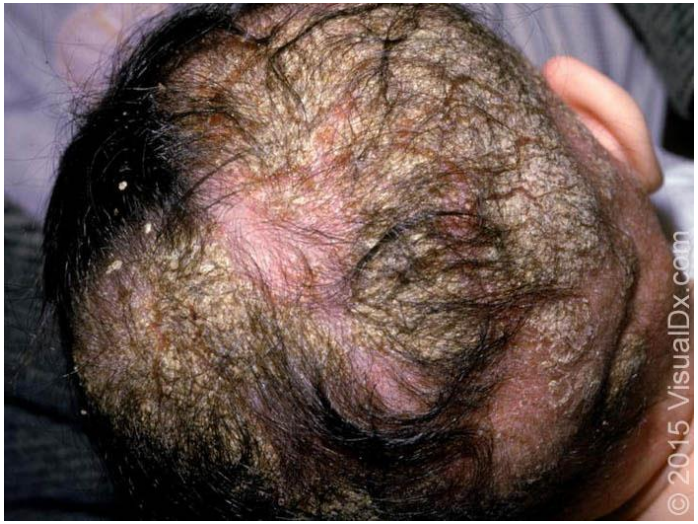
Non-specific Vulvovaginitis

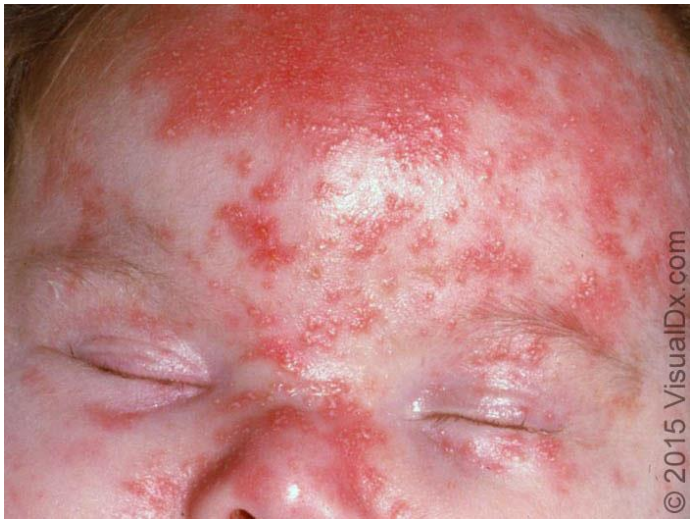
- Risk factors
  - Bubble baths, shampoos, deodorant soaps, irritants
  - Obesity
  - Foreign bodies
  - Clothing (leotards, tights, blue jeans)

- Anticipatory guidance
  - Cotton underpants. No fabric softeners for underwear.
  - Skirts and loose-fitting pants
  - No bubble baths
    - Soak (without soap) for 10 mins
    - Limit use of soap on genital areas
    - Rinse genital area well and pat dry
  - Wiping front-to-back after BM

Seborrhea Dermatitis

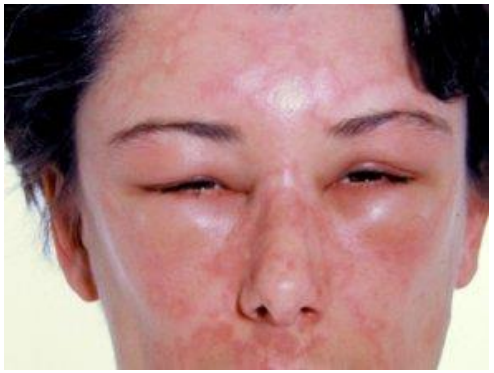
- Erythematous plaques with greasy yellow patches in areas rich in sebaceous glands on the scalp (cradle cap), face, behind the ears, skin folds
- Tx: self-limited
  - Emollient to scalp, removal of scale with soft brush
  - Topical steroid if persistent

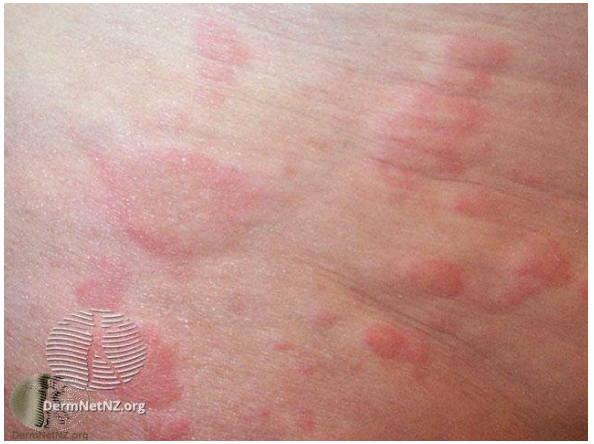




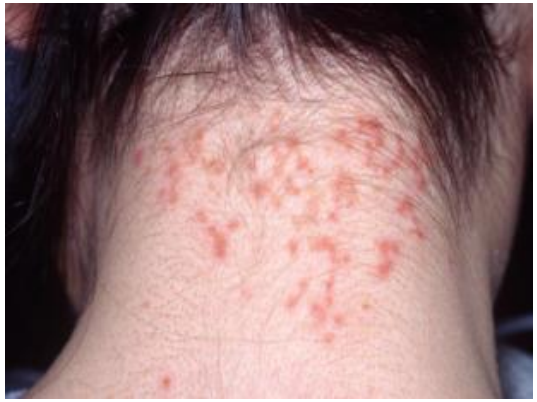
Urticaria “Hives”

- Circumscribed, raised, erythematous plaques often with central pallor and are intensely itchy
- Degranulation of mast cells and basophils
- Meds (Penicillin) or infection (URI)
- Angioedema is common and resolves slowly
- Progression to anaphylaxis is rare
- Dermatographism – stroking skin results in urtication
- Tx: Self-limited, H1-antagoists, no steroids





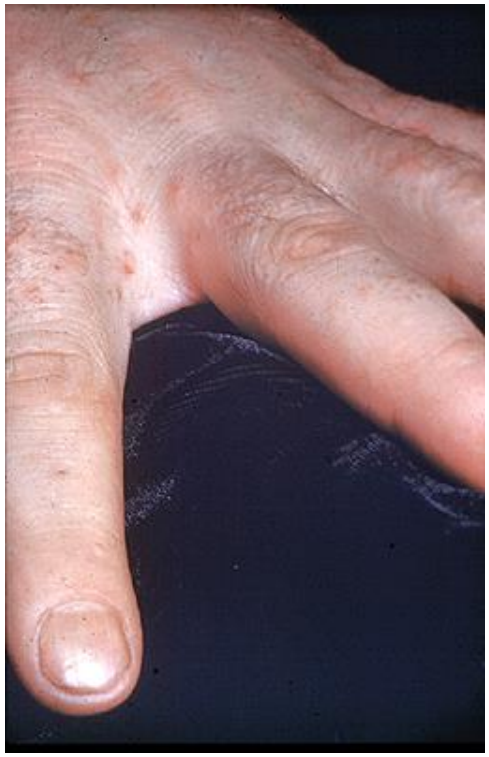
Lice

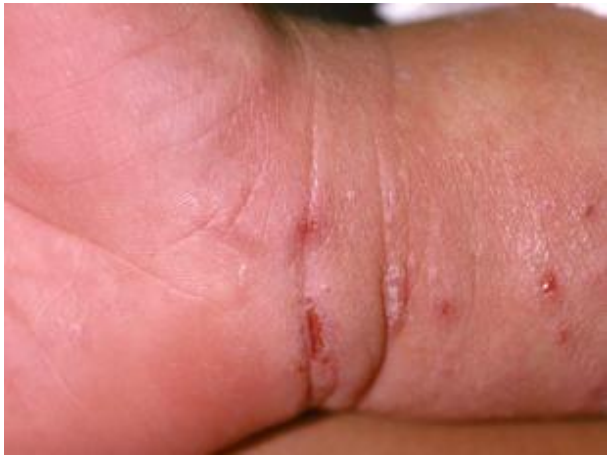


- Intense scalp itching with excoriation on the nape of the neck and behind the ears
- Nits on the hair shafts
- Can last 36 hours w/o blood
- Tx: Permethrin cream rinse
  - Treat family members
  - Classmates don't need tx
  - No school restrictions

Scabies

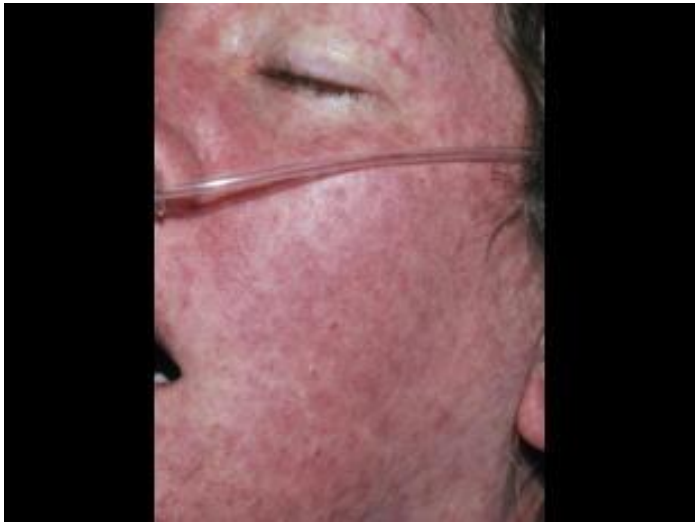
- Intensely pruritic linear lesions that are papular or pustular
  - Burrows
  - Involvement between the digits
- Dx: Clinical
- Tx: Permethrin 5%
  - Highly contagious - family members need treatment

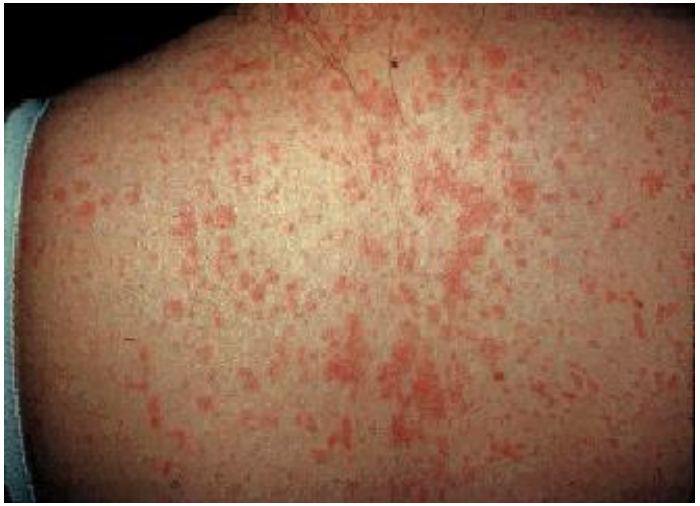




Measles

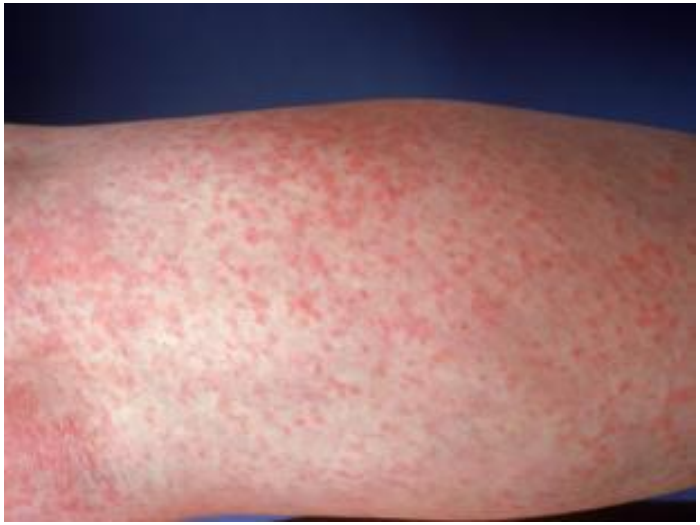
- Erythematous, maculopapular, blanching rash that spreads cephalocaudally and centrifugally
- 2-4 days after onset of fever
- Early on blanching, later is not
- Extent of rash and confluence correlate with severity
- Palms and soles not involved

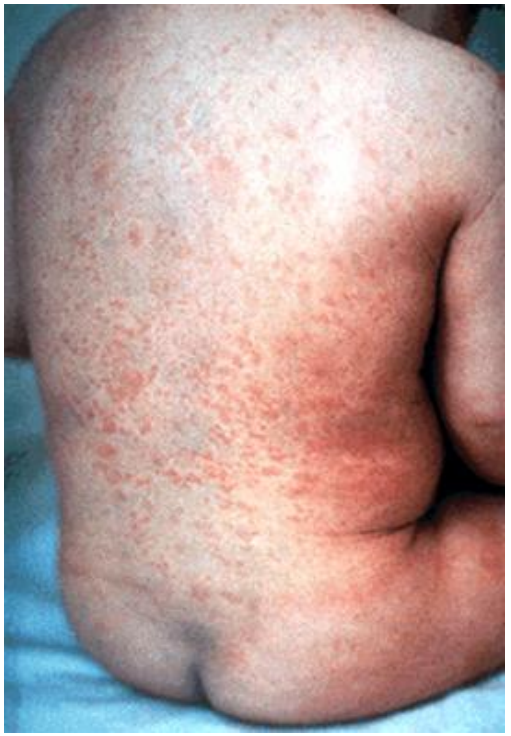




Rubella

- Pinpoint pink maculopapules
- Rash spreads cephalocaudal to trunk and extremities then generalized
- Rapid
- Rash does not coalesce





Roseola “Sixth Disease”

- Usually due to HHV-6
- Erythematous, blanching, macular or maculopapular
- 5 days of high fevers that resolves abruptly, followed by rash
- Starts on neck and trunk and spreads to extremities