



Common skin diseases in Children



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- 1- Atopic Dermatitis : eczema , P.alba**
- 2- Seborrheic Dermatitis : Cradle cap**
- 3- Fungal infection : P.versicolor , Tinea**
- 4- Herpes infection : Gingivostomatitis**
- 5- Bacterial infection : Impetigo**

Diaper dermatitis

1- Atopic Dermatitis



Atopic Dermatitis

- ❖ Chronic recurrent dermatitis
- ❖ Pruritus
- ❖ Face & Limb
- ❖ Symmetric
- ❖ Onset usually first year
- ❖ Remission & exacerbation



When the term "**eczema**" is used alone, it usually refers to atopic dermatitis (atopic eczema).

Atopic Dermatitis



Atopic Dermatitis

- Major criteria: (Three or more of the following)
- **Itching**
- **Typical presentation**
- **Visible evidence of chronic**
- **History of atopy**



Atopic Dermatitis

infantile stage

(infancy to 2 y/o)

childhood stage

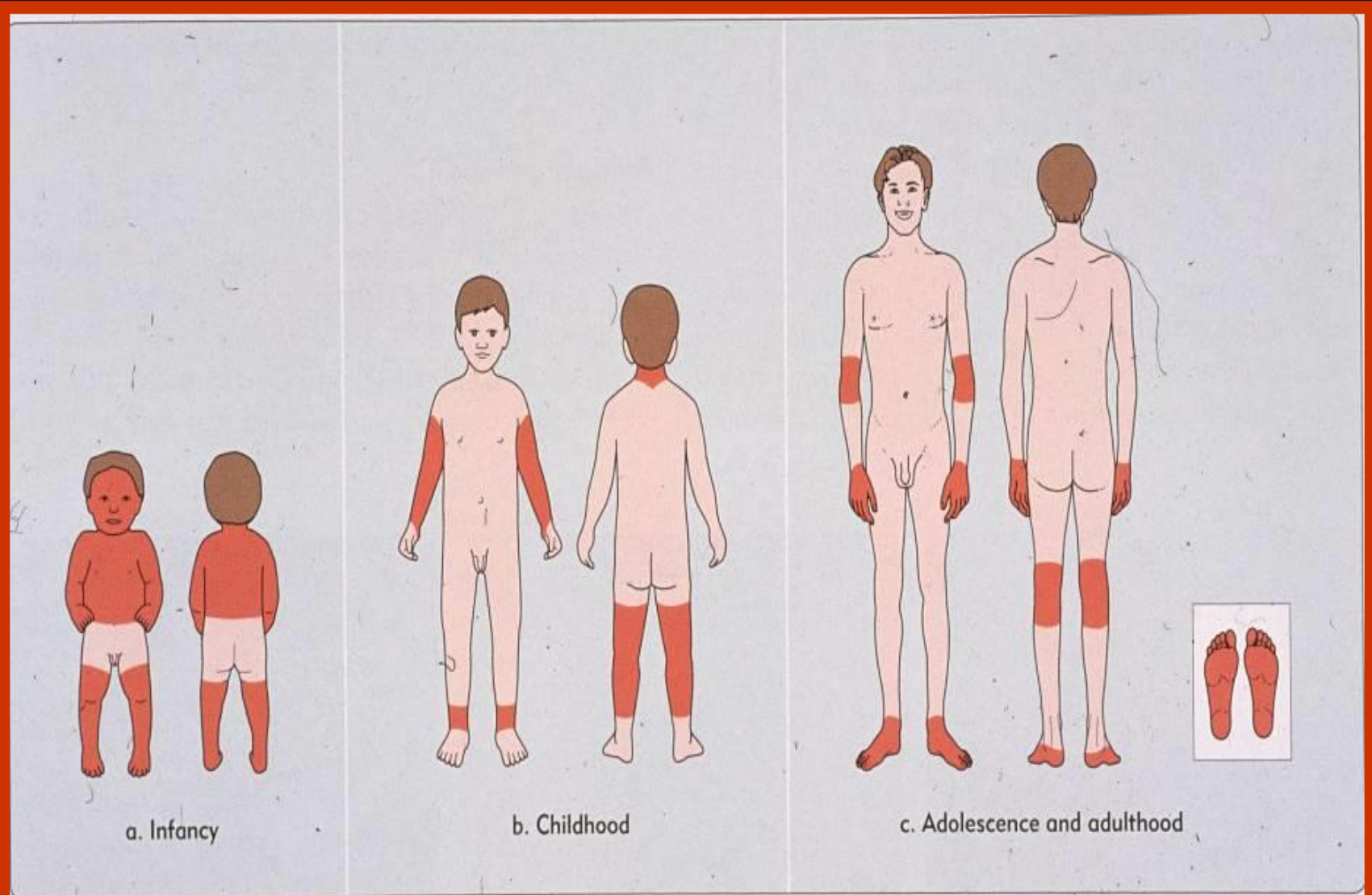
(2 y/o old to 12 y/o)

adult stage

(older than 12 y/o)

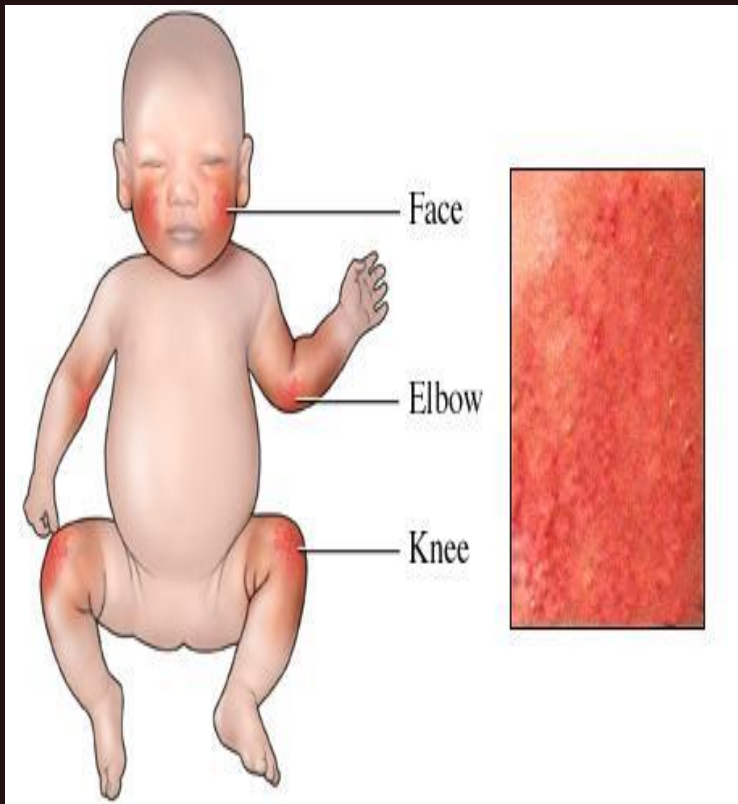


Three age-group stages of atopic dermatitis:



The infantile stage

Extensor surfaces and scalp.





Treatment

- Avoid **trigger factors** (heat, perspiration, low humidity) :
Lotions ,creams ,ointments
- Control the **inflammation** : Glucocorticoids
calcineurin inhibitors
- Treat **bacterial colonization** : Antibiotics
- Treat **viral** skin infections such as herpes simplex
: **DO NOT KISS**
- Treat **itching** and **anxiety** : Sedating Antihistamines

Atopic Dermatitis



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Atopic Dermatitis



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2- Seborrheic Dermatitis



Seborrheic Dermatitis

Common, chronic or relapsing form dermatitis that mainly affects the scalp and face.

There are infantile and adult forms

Causes ?

It is associated with proliferation of various species of the skin commensal Malassezia form.



Seborrheic Dermatitis

Salmon-pink patches may flake or peel.

spread to affect **armpit** and **groin folds**

It is **not especially itchy**, so the baby often appears undisturbed by the rash, even when generalised.



Seborrheic Dermatitis

Cradle cap are common names for seborrheic Infantile

Diffuse, greasy scaling on scalp

Avoidance

irritation (strong keratolytic shampoos
mechanical measures to remove the scales



Seborrheic Dermatitis



Seborrheic Dermatitis

Cradle cap



Seborrheic Dermatitis

Cradle cap



Seborrheic Dermatitis

Cradle cap



Seborrheic Dermatitis



3- Fungal infection



Fungal Infection :

Superficial Fungal Infection

Cutaneous Fungal infection

Systemic fungal infection

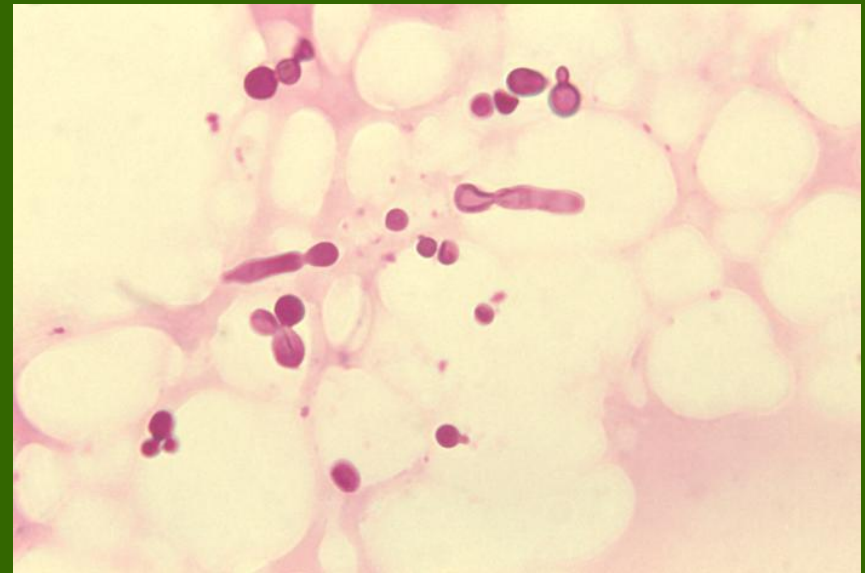
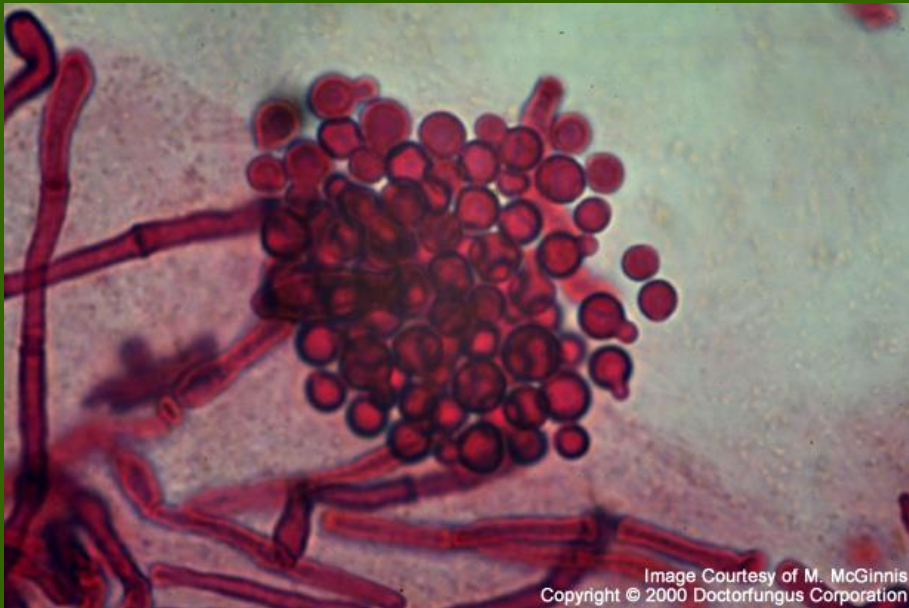


Superficial Fungal Infection

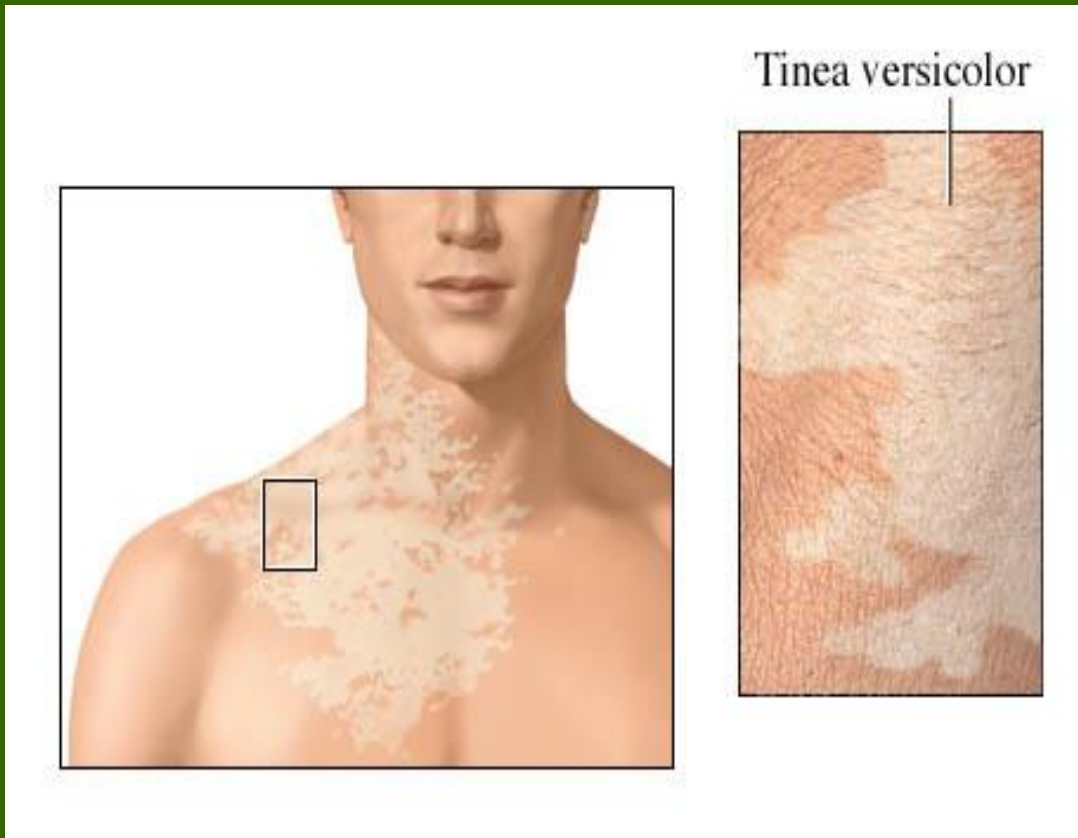
Pityrosporum orbiculare

=

Malassezia furfur



Tinea versicolor



- Papule ●
- multiple ●
- small ●
- Annular ●
- Wight ●
- scaling ●
- Upper trunk ●

Tinea versicolor (Hypopigmented)



Tinea versicolor



Tinea versicolor



Tinea versicolor



Wood's lamp
Wight
to
yellow

Tinea versicolor DDX

Vitiligo

(Depigmented – non scaling)



Vitiligo



Vitiligo



Vitiligo



Vitiligo



Tinea versicolor DDX

Pityriasis alba (*hypo pigmented*)



Pityriasis alba



Pityriasis alba



Pityriasis alba



Pityriasis alba

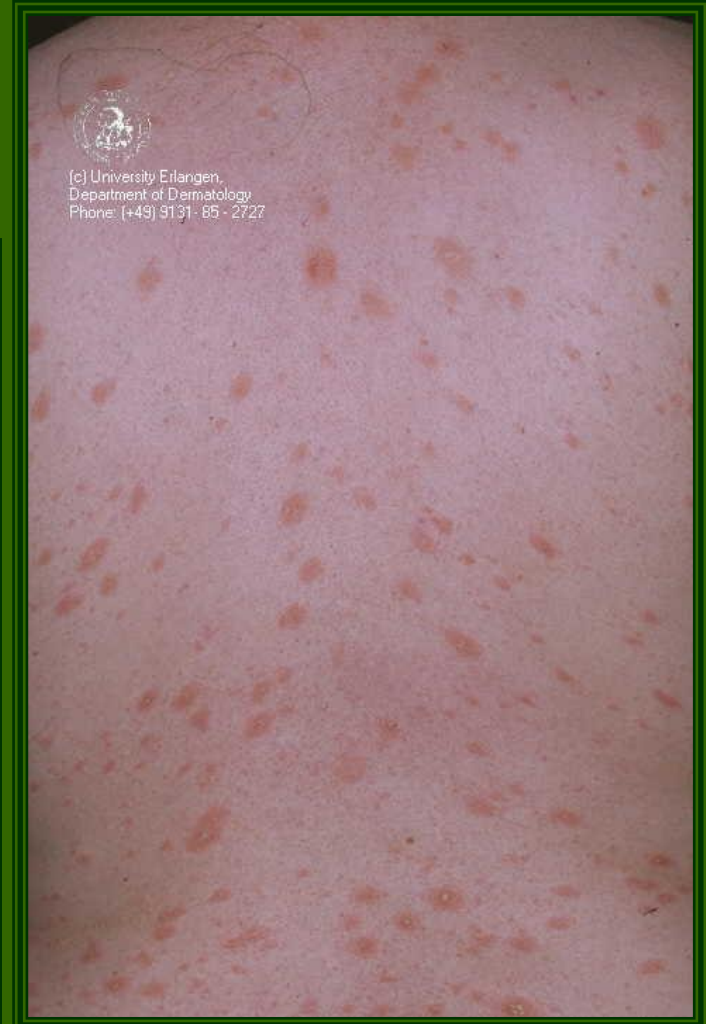


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Tinea versicolor DDX

Pityriasis rosea

*(macula / patch pale red disseminated
desquamation colorrette)*



Cutaneous fungal infection

Tinea
(Ring worm)



Tinea



Tinea corporis

Macula / patch round

Erythema emphasis at the edges

Paleness central



Tinea corporis (classic)



- macula / patch erythematous,
- emphasis at the edges
- paleness central
- Desquamation lamellar

Tinea corporis (classic)



Tinea faciei



Tinea manuum



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Tinea capitis



Tinea capitis
(Ringworm of the scalp)

Tinea capitis (scalp pustule)



- Scalp plaque erythematous
- sharply defined
- scalp pustule several crust
- changes of the hair*loss



Tinea capitis (black dot pattern)



Tinea Capitis (kerion)



Tinea Capitis



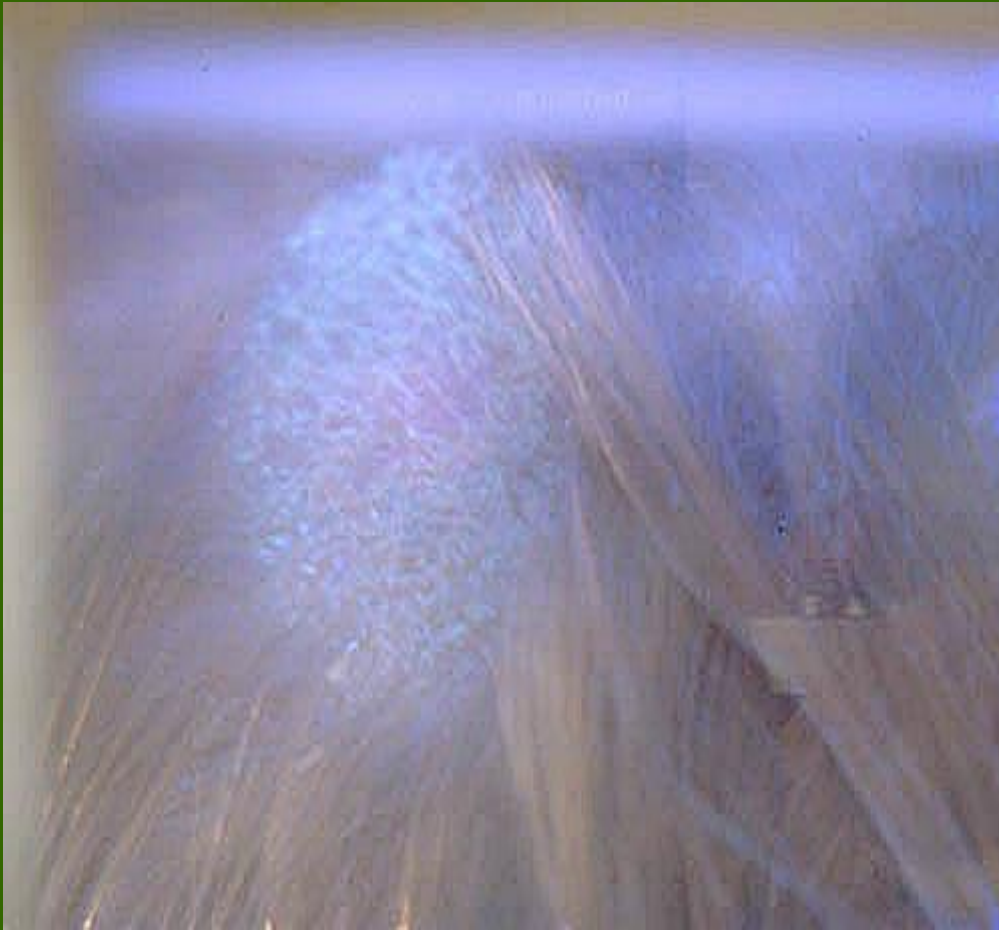
Tinea Capitis



Tinea Capitis



blue-green fluorescence of the hairs



Smear & culture KOH



4- Herpes Simplex



Primary Herpes Simplex



Acute herpetic gingivostomatitis

This is a manifestation of primary HSV-1 infection that occurs in children aged **6 months to 5 years**.

Infected saliva from an adult or another child is the mode of infection.

The incubation period is 3-6 days.

Acute herpetic gingivostomatitis

Clinical features

- Abrupt onset , High temperature , Anorexia and listlessness
- **Gingivitis** (This is the most striking feature, with markedly swollen, erythematous, friable gums.)
- **Vesicular lesions** (These develop on the oral mucosa, tongue, and lips and later rupture and coalesce, leaving ulcerated plaques.)
- Tender regional **lymphadenopathy**
- **Perioral skin involvement** due to contamination with infected saliva

Course: Acute herpetic gingivostomatitis lasts 5-7 days, and the symptoms subside in 2 weeks. Viral shedding from the saliva may continue for 3 weeks or more.

Recurrent Herpes simplex



Herpetic Whitlow



Eczema Herpeticum

- known as a form of Kaposi varicelliform eruption caused by viral infection, usually with the **herpes simplex virus (HSV)**, is an extensive cutaneous vesicular eruption that arises from pre-existing skin disease, usually **atopic dermatitis**



Eczema Herpticum



Impetigo



Impetigo (non-bullous)

- Children with non-bullous impetigo
- Face (perioral, perinasal) , Extremities or in areas with a break in the natural skin defense barrier.
- Initial lesions are **small vesicles or pustules (< 2 cm)** that rupture and become a **honey-colored crust** with a moist erythematous base.
- mild regional lymphadenopathy
- self-limited (resolves within 2 weeks)



Impetigo (bullous)

The initial lesions are **fragile thin-roofed, flaccid, and transparent bullae (< 3 cm)** with a clear, yellow fluid that turns cloudy and dark yellow.

Once the bullae rupture, they leave behind a rim of scale around an erythematous moist base but no crust, followed by a **brown-lacquered or scalded-skin** appearance, with a **collarette of scale** or a peripheral tubelike rim.



Treatment of impetigo typically involves **local wound care** along with **antibiotic therapy**. Antibiotic therapy for impetigo may be with a topical agent alone or a combination of systemic and topical agents.

Topical mupirocin

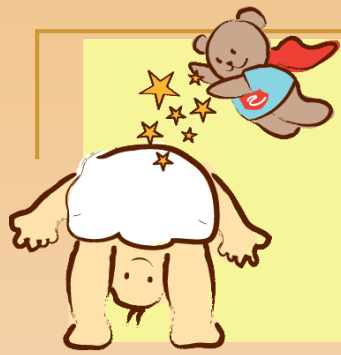
is adequate treatment for **single lesions of nonbullous impetigo small areas.**

Systemic antibiotics are indicated **nonbullous impetigo with extensive athletic teams, childcare clusters multiple family members bullous impetigo**



6- Diaper dermatitis





Diaper dermatitis

Napkin dermatitis

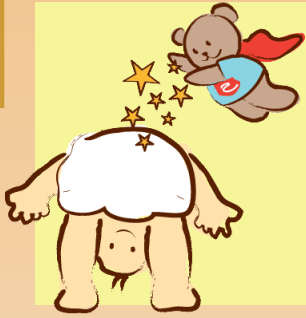
Nappy rash is a common **50% of infants** issue for every baby. It is important that parents are able to **identify nappy rash before it is too late.**



Diaper Dermatitis

- Irritant Contact Dermatitis
- Diaper Candidiasis
- Seborrhc dermatitis
- Psoriasis
- Cystic fibrosis
- Histiocytosis X
- dermatitis enteropathica (Zn)





Napkin dermatitis (Irritant Dermatitis)

Dryness

Glazed erythema

scale

'punched out' erosions

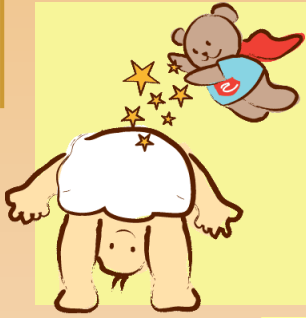
Favors **convex** surfaces,
often spares folds

Prolonged contact with
urine/feces (esp,
diarrhea).

friction Over time

pseudoverrucous papules





Napkin dermatitis (Irritant Dermatitis)





Napkin dermatitis (Candidiasis)

Intense erythema

Desquamation

superficial erosions & peripheral
scale/ collarettes

Satellite pustules

Favors **folds, genitalia**

Yeast/pseudo hyphae on
KOH preparation

Trash / Recent antibiotic use,

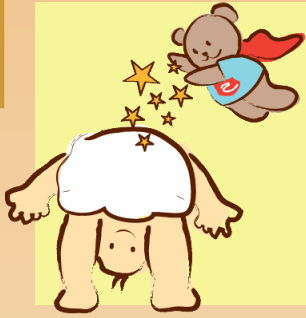




Napkin dermatitis (Candidiasis)



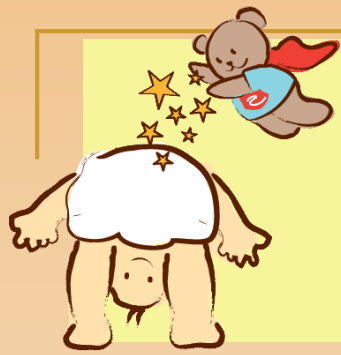
- *Satellite pustule*
- *anular scaling*



Napkin dermatitis (Seborrheic Dermatitis)

Well-demarcated,
salmon-colored to red,
moist or scaly patches
plaques
Favors **folds** .
flexural sites, scalp





Diapper dermatitis

Napkin dermatitis

In the **acute phase**, **mild corticosteroid** preparations are helpful.

Topical imidazole creams are added for secondary infection with *Candida*.

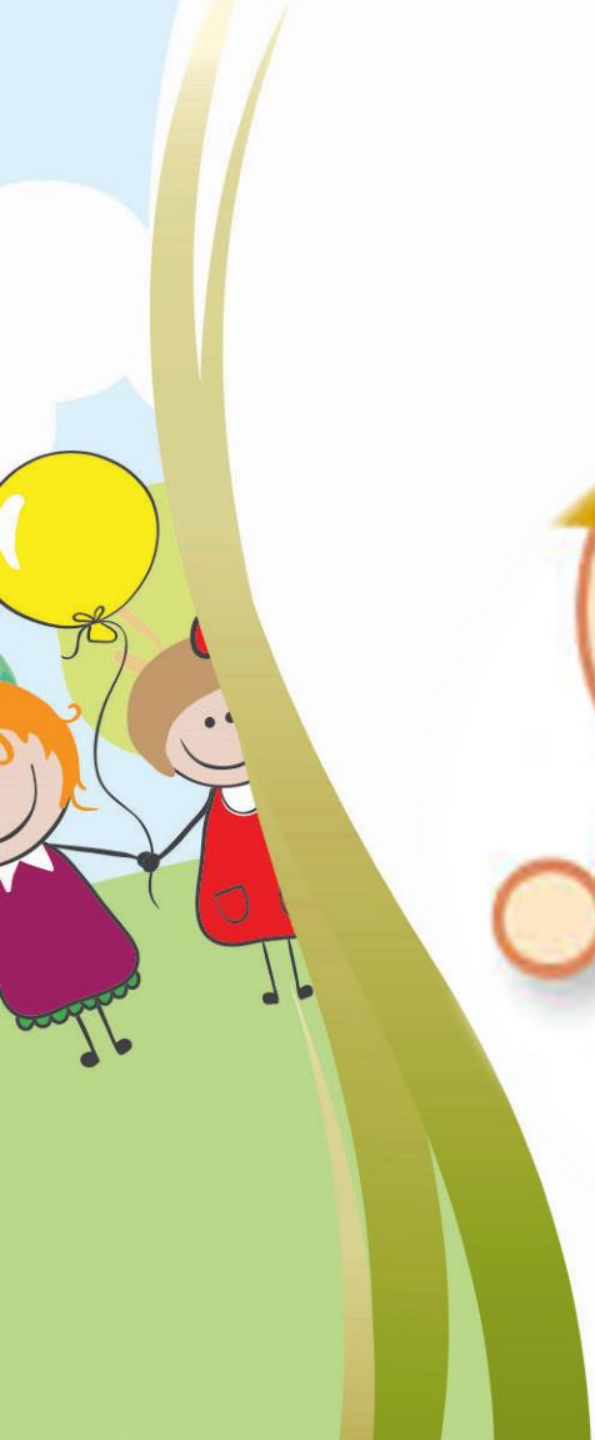
The **major goal of long-term** management is **avoidance** of the **causative factors**.

Frequent changing of **highly absorbent** disposable **diapers**

it leads to a more physiologic pH.6

Emollients containing white paraffin (Vaseline@) or soft zinc pastes provide both protective and soothing effects.





Thank you