Pediatric Derm: A Panoply of Practical and Perplexing Patients from Private Practice, Part 18

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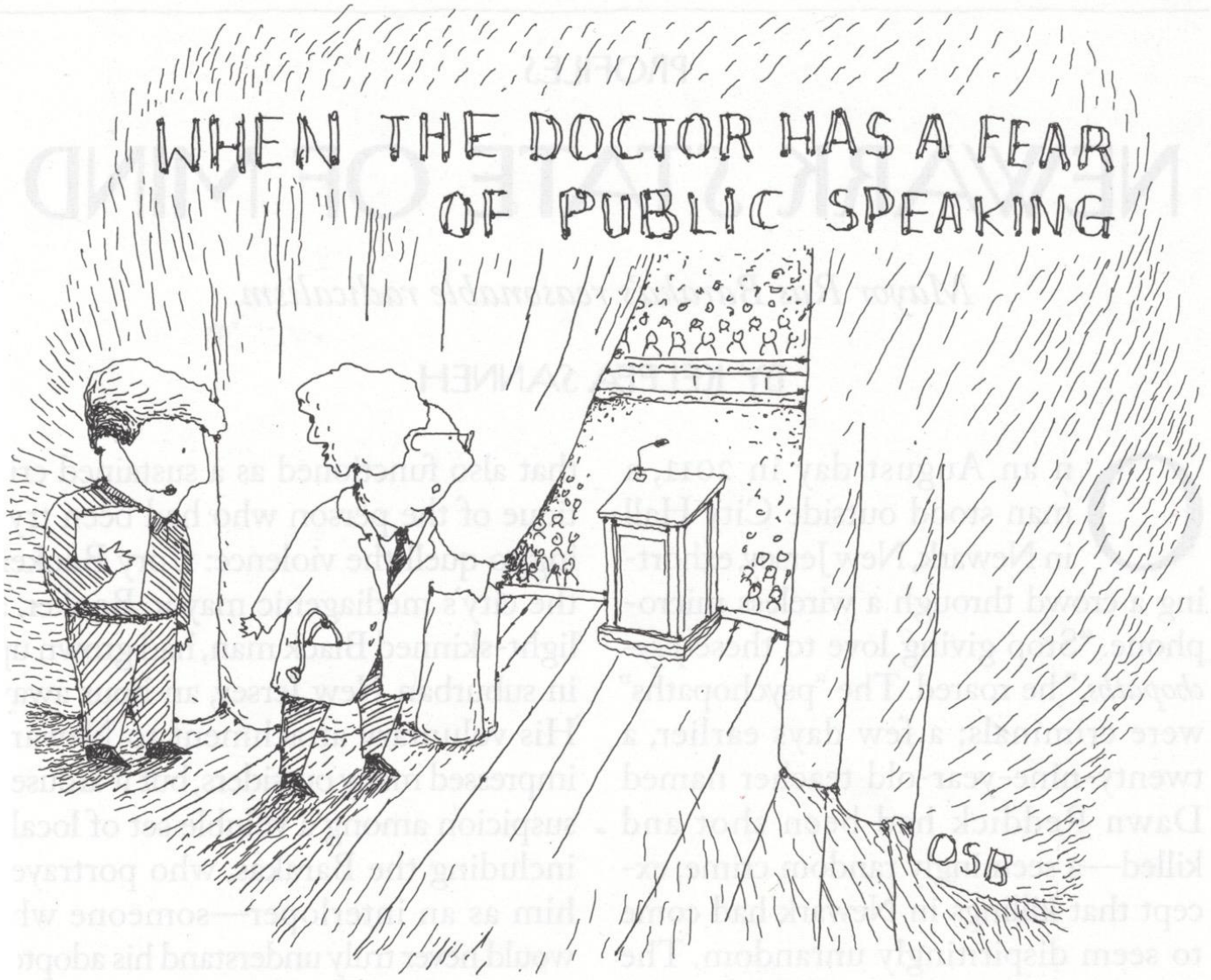
Conflicts of Interest

- None

Learning Objectives

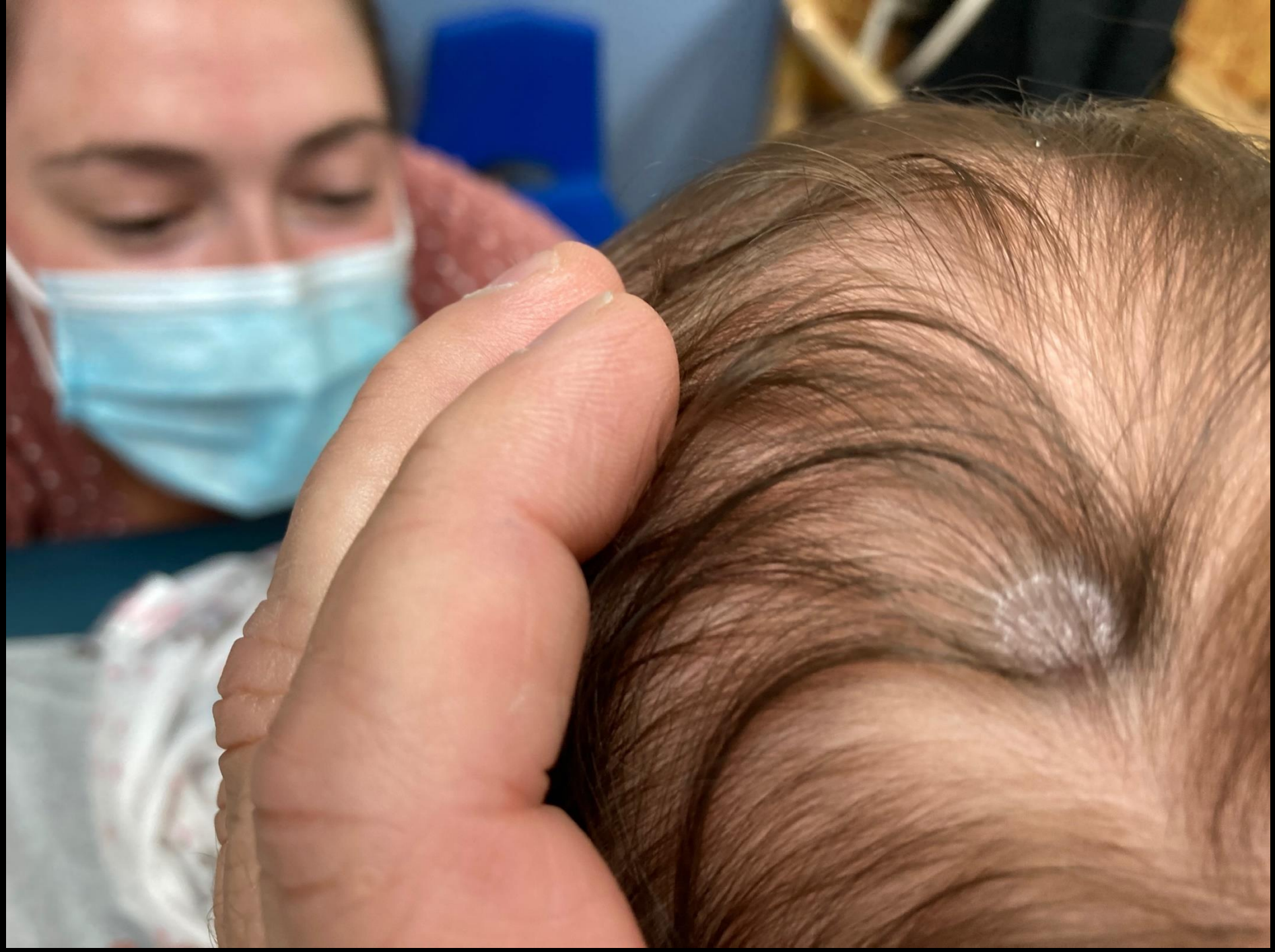
- achieve a better understanding of the principles involved in treating children with skin diseases
- incorporate and apply these principles in my daily practice with my pediatric patients
- update my knowledge and understanding of current methods for treatment of children with skin disease.



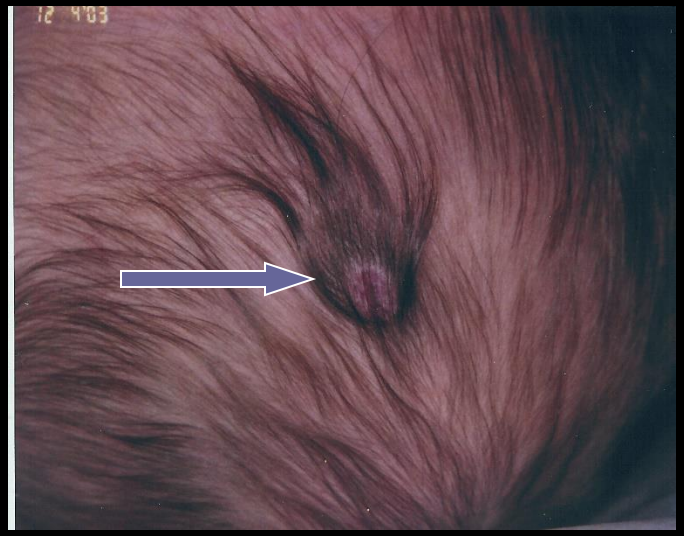
"Tell them to take off their clothes and I'll be out shortly."

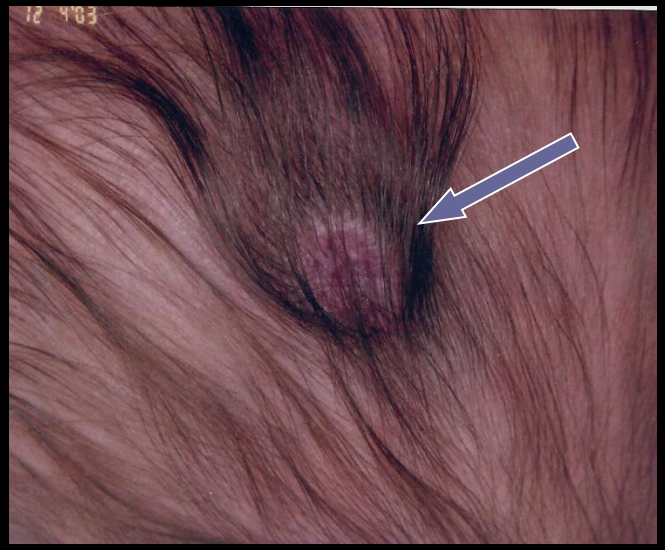
A 5 month-old with a ‘bald” patch on the top of the scalp.

- Born at term, no complications
- Growing/developing normally
- Noticed soon after birth



Membranous Aplasia Cutis Congenita with a “Hair Collar Sign”





(close-up)

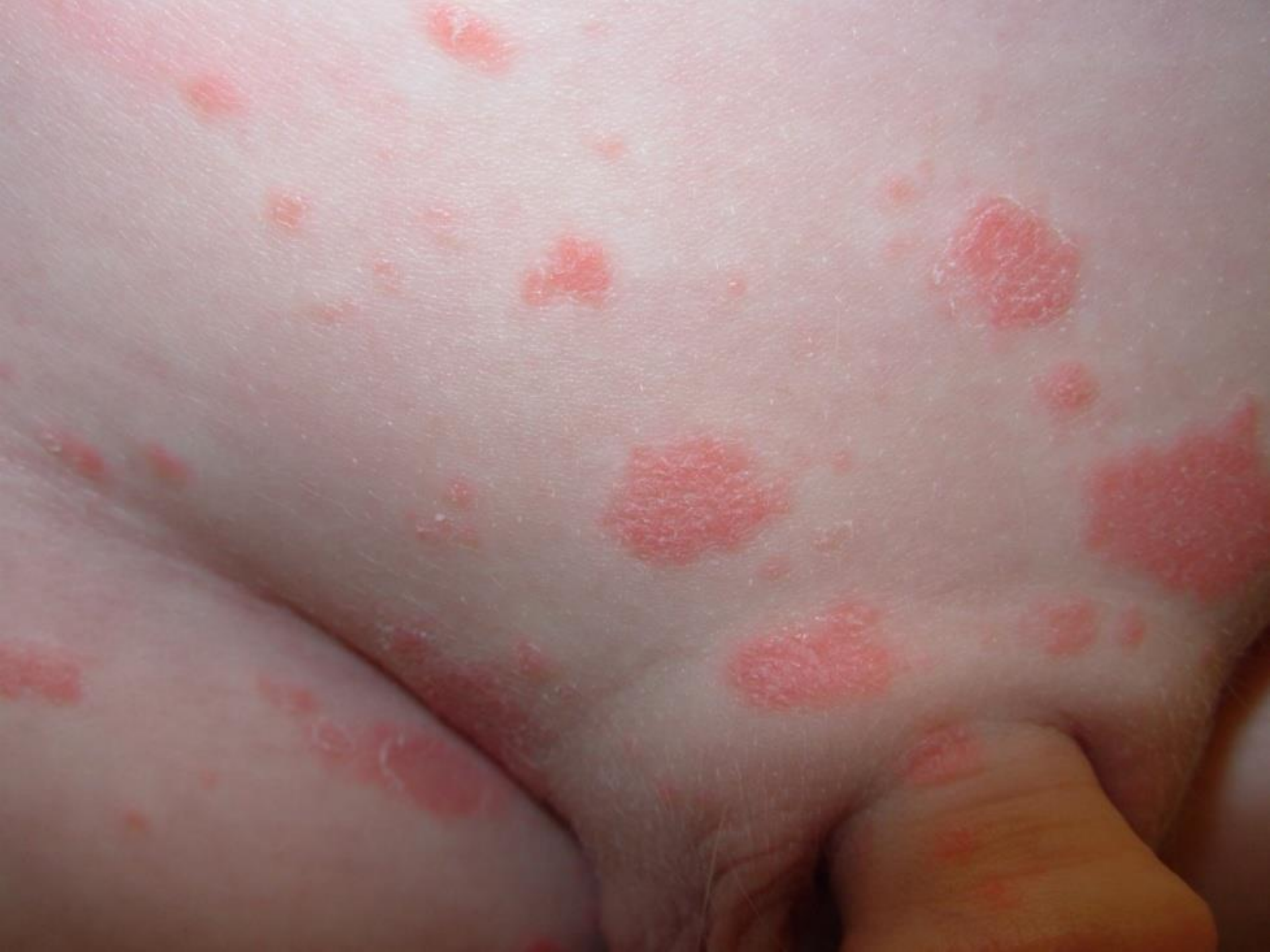
I. Skolnik, M.D., Ph.D.

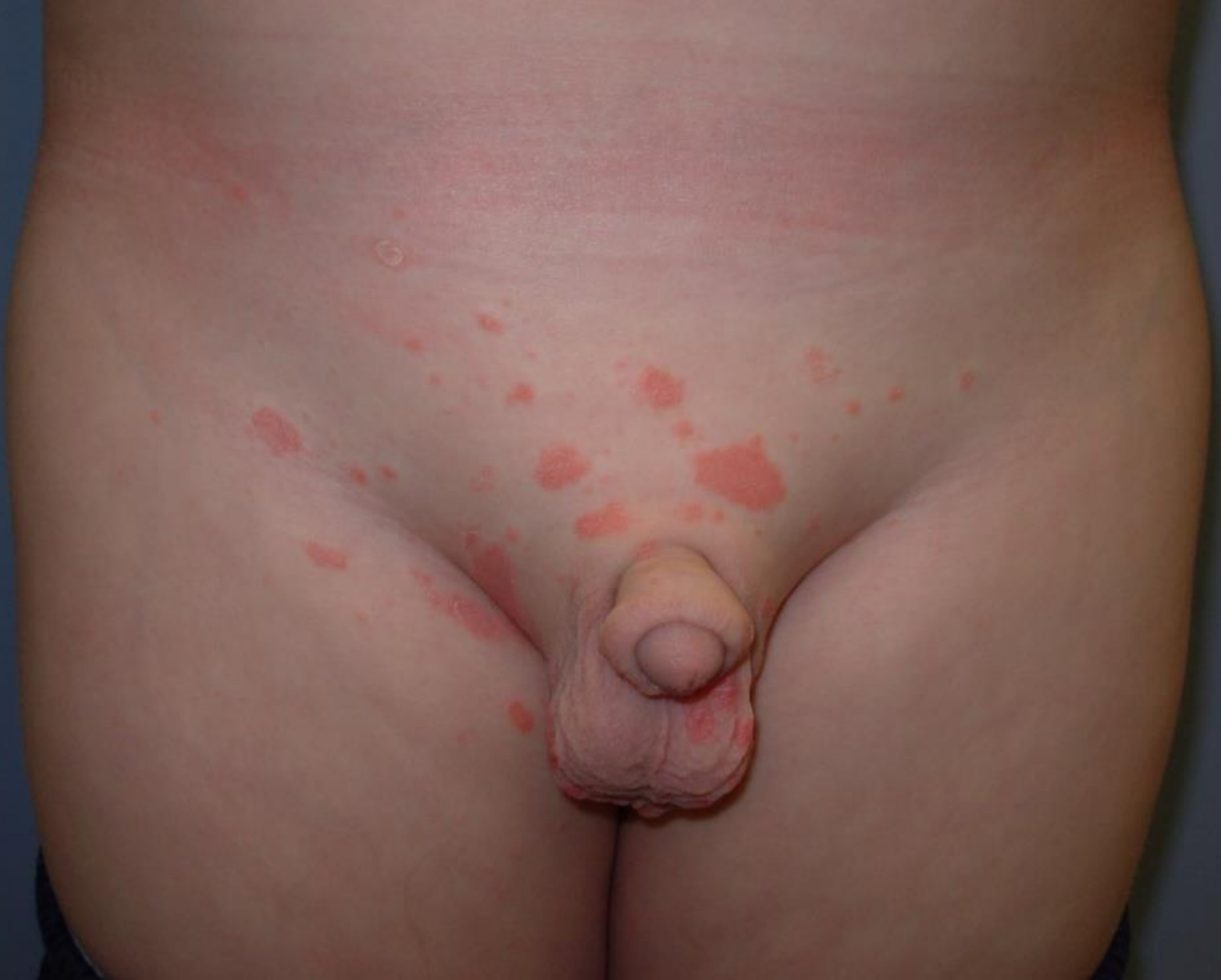
Aplasia Cutis Congenita

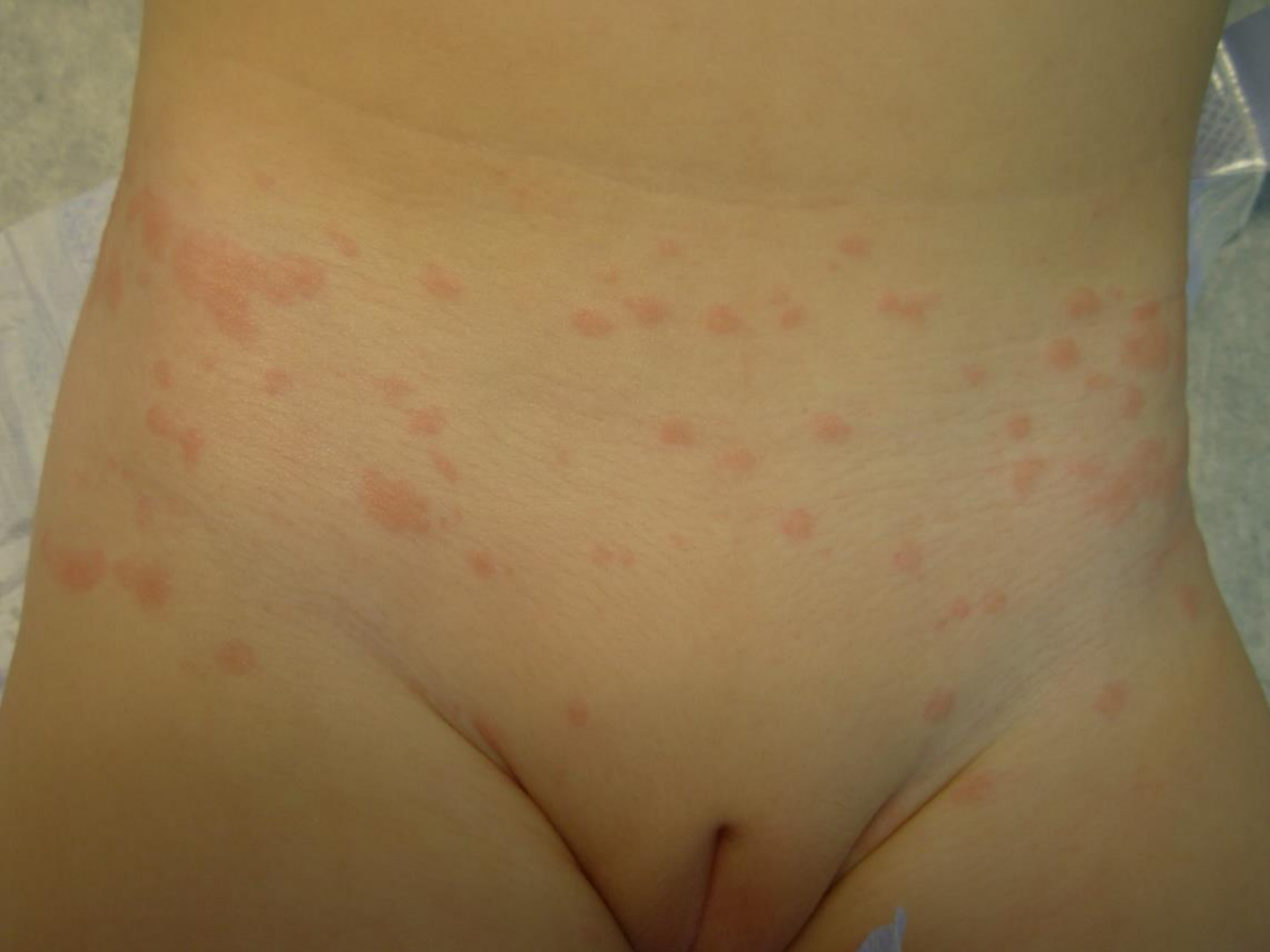
- Congenital absence of skin, most commonly on the scalp
- Can be associated with genetic syndromes
- Most are superficial- no tx needed. Scarring
- Deeper/midline need further imaging
- “Hair Collar Sign”- needs MRI, preferably before 6-months old.

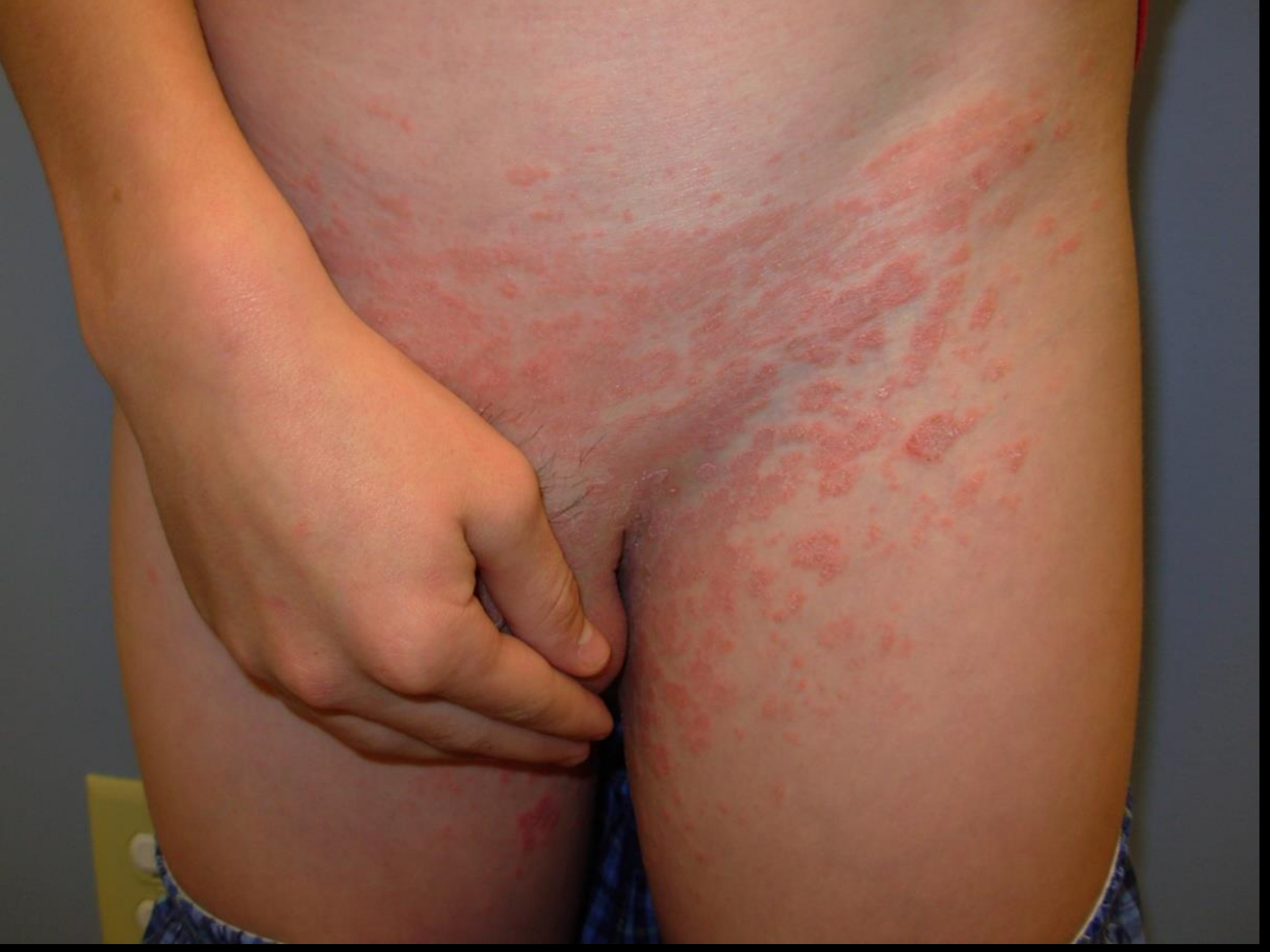
An 8yo boy with a rash in the groin for 1 month.

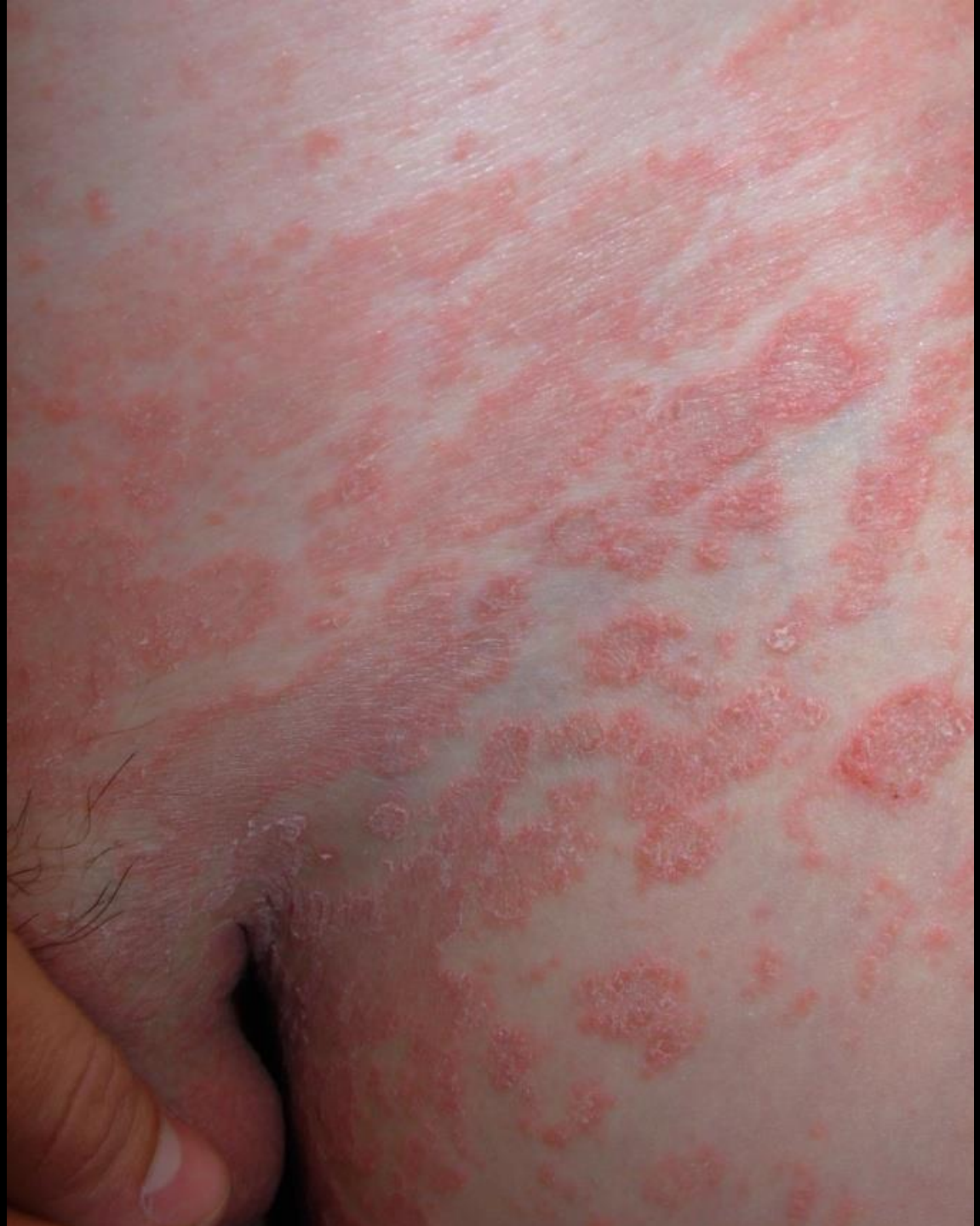
Stable.









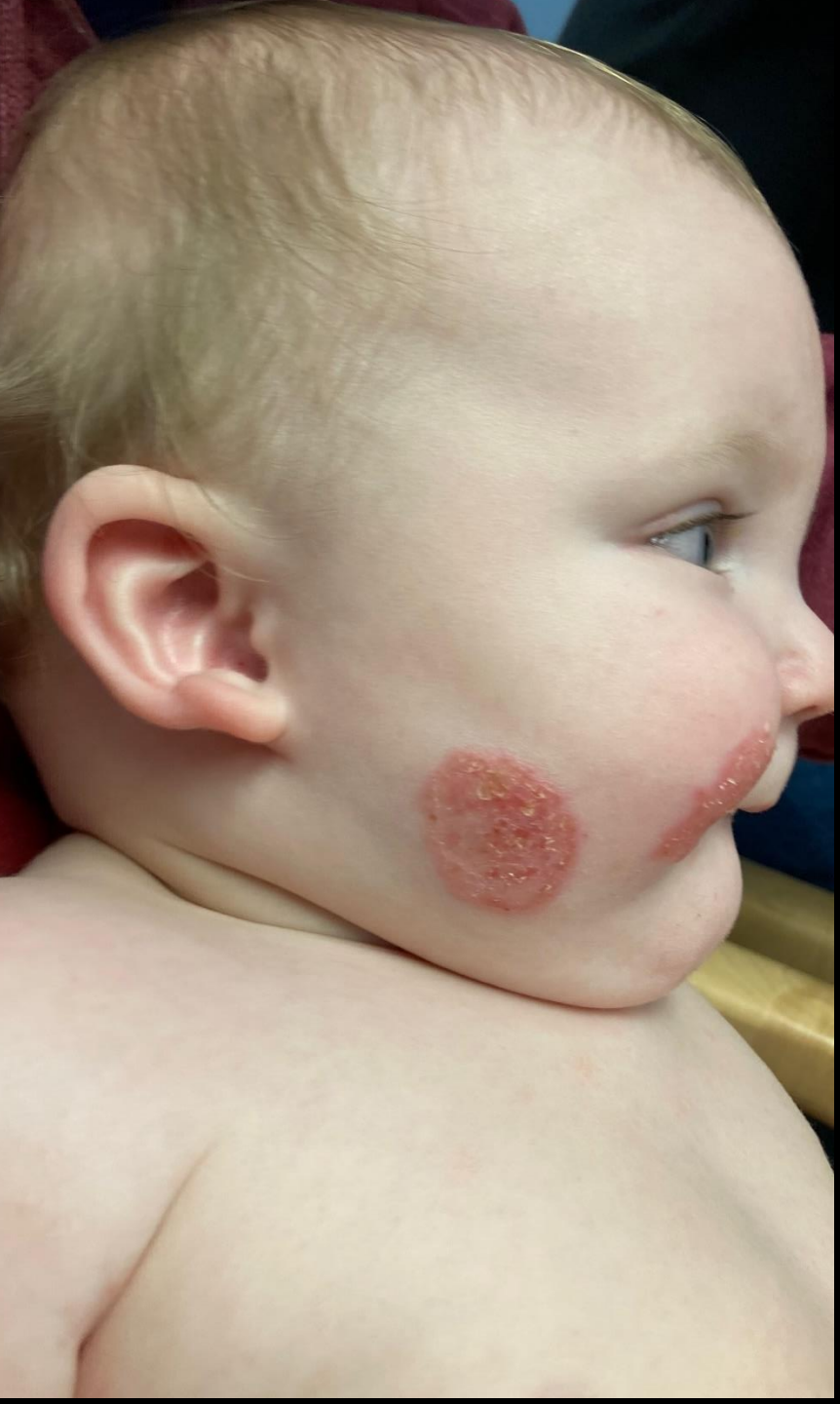


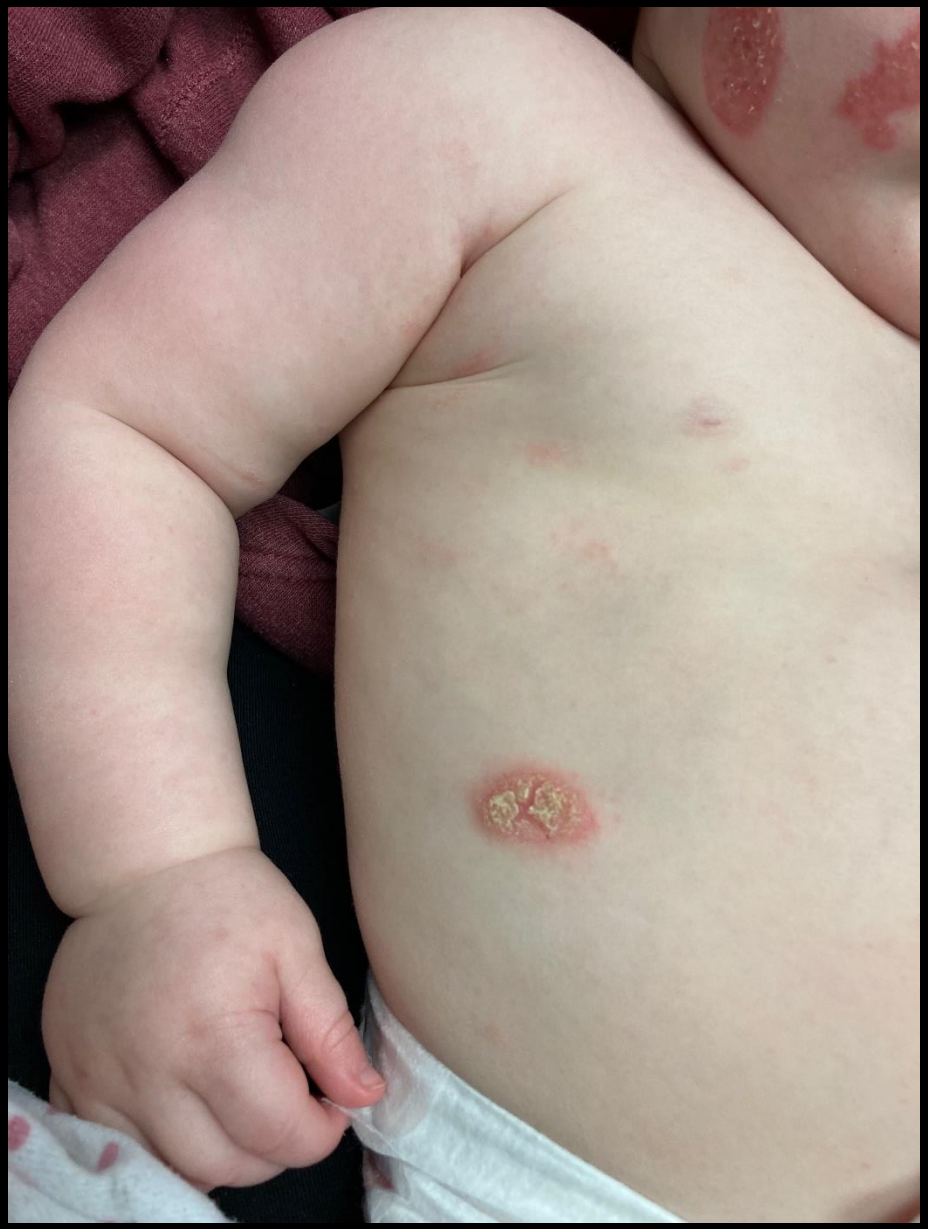
Inverse pityriasis rosea

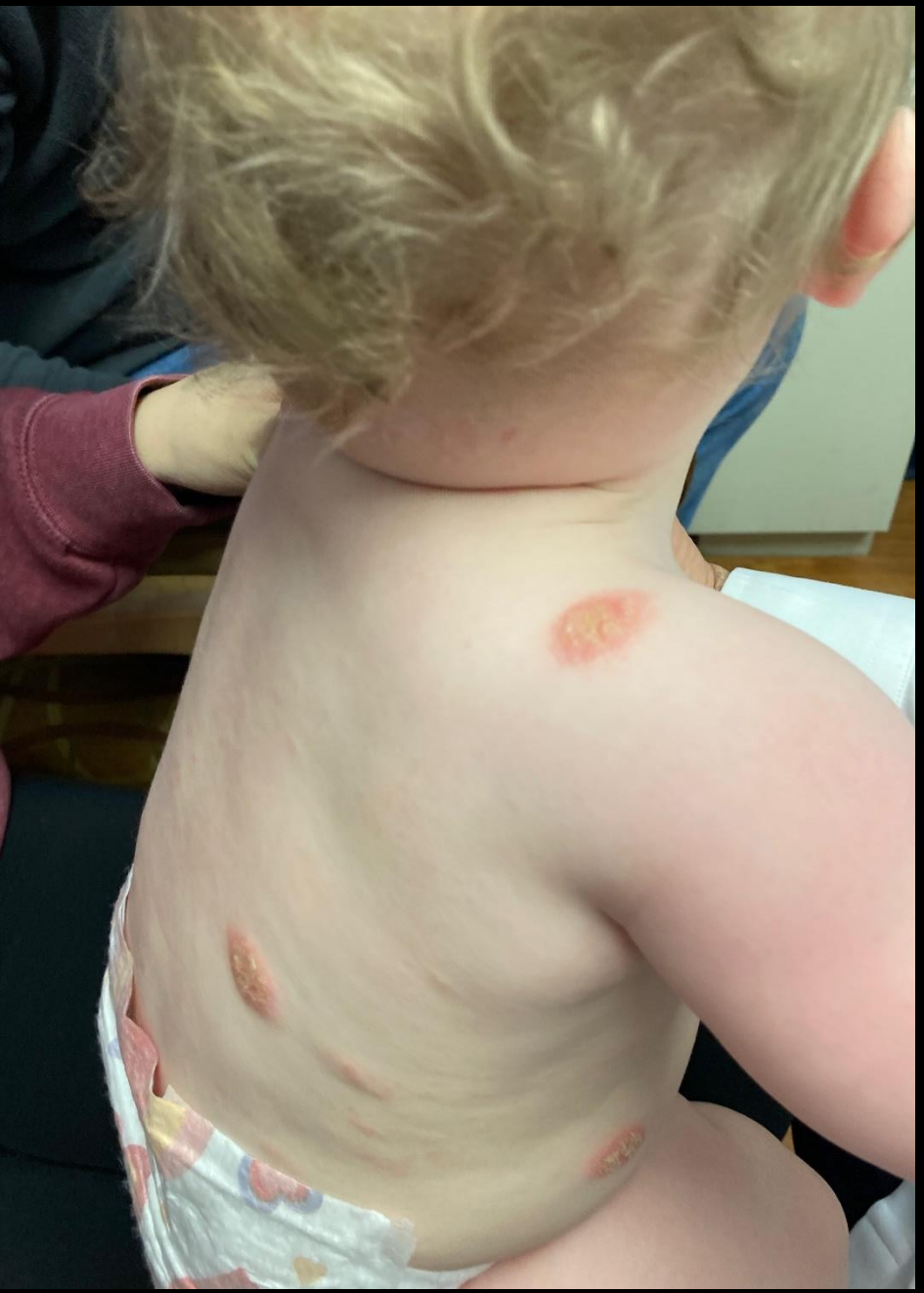
- Benign, acute, self-limiting
- Etiology still unknown (?viral, HHV-7)
- Starts with herald patch
- “Christmas tree-like” distribution
- Oval, with a “collarette” of scale
- Can take up to 9 months to go away
- Tx is symptomatic

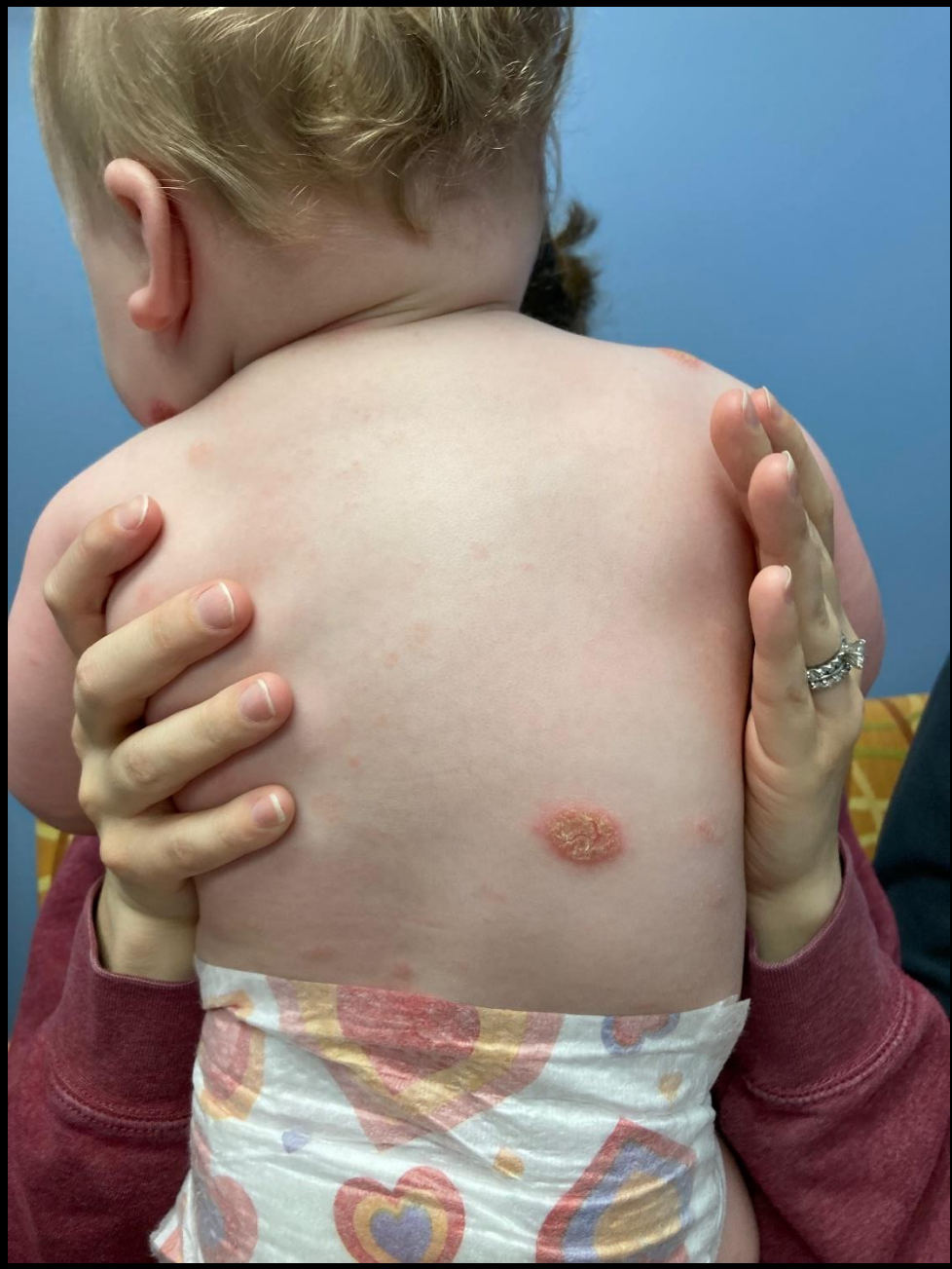
A 9-month old with patches of circular dermatitis on his face and trunk

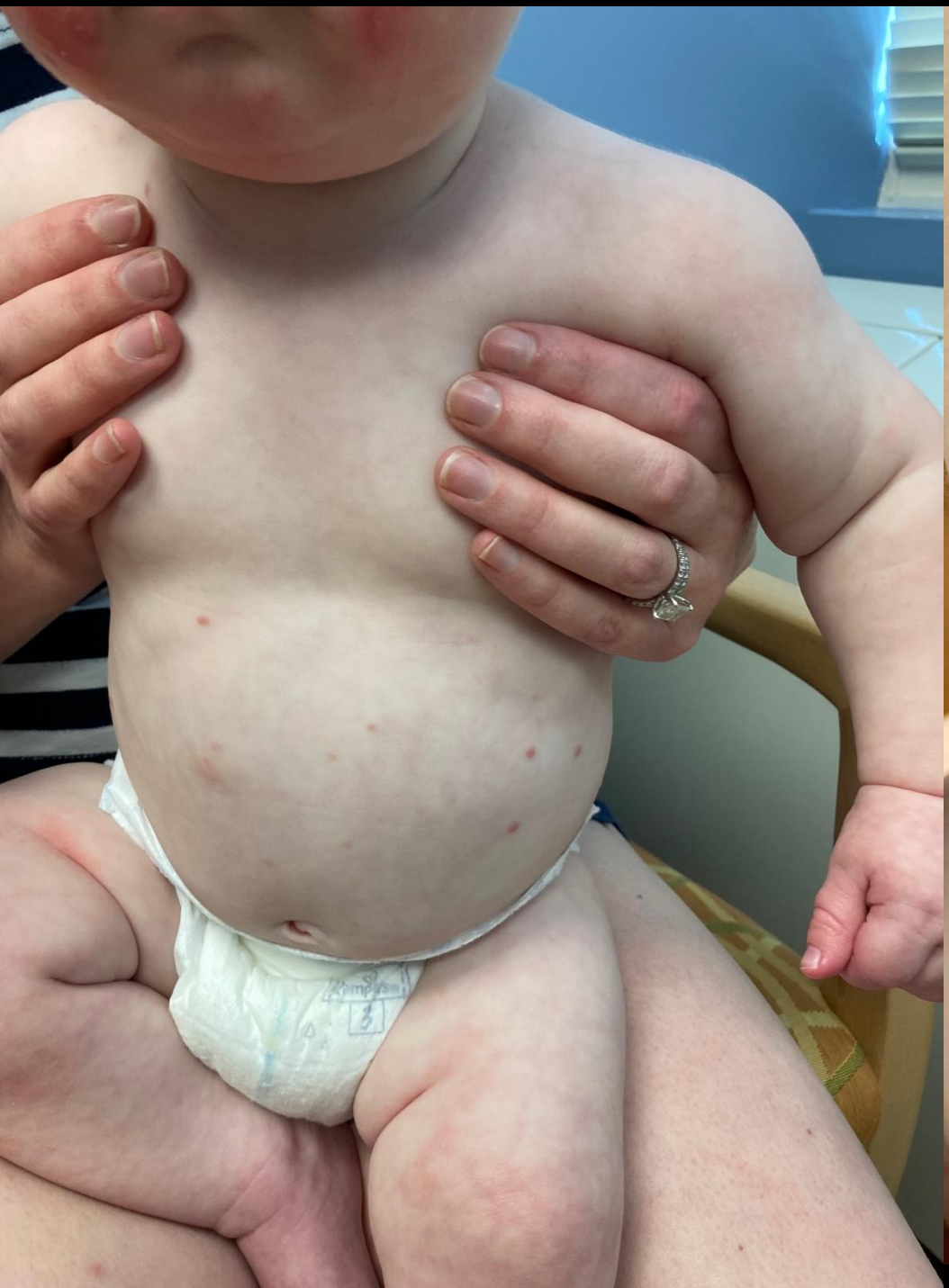
- Present for a few months
- Somewhat itchy
- Getting worse
- There is a dog and a cat in the house
- Parents used topical anti-fungal creams

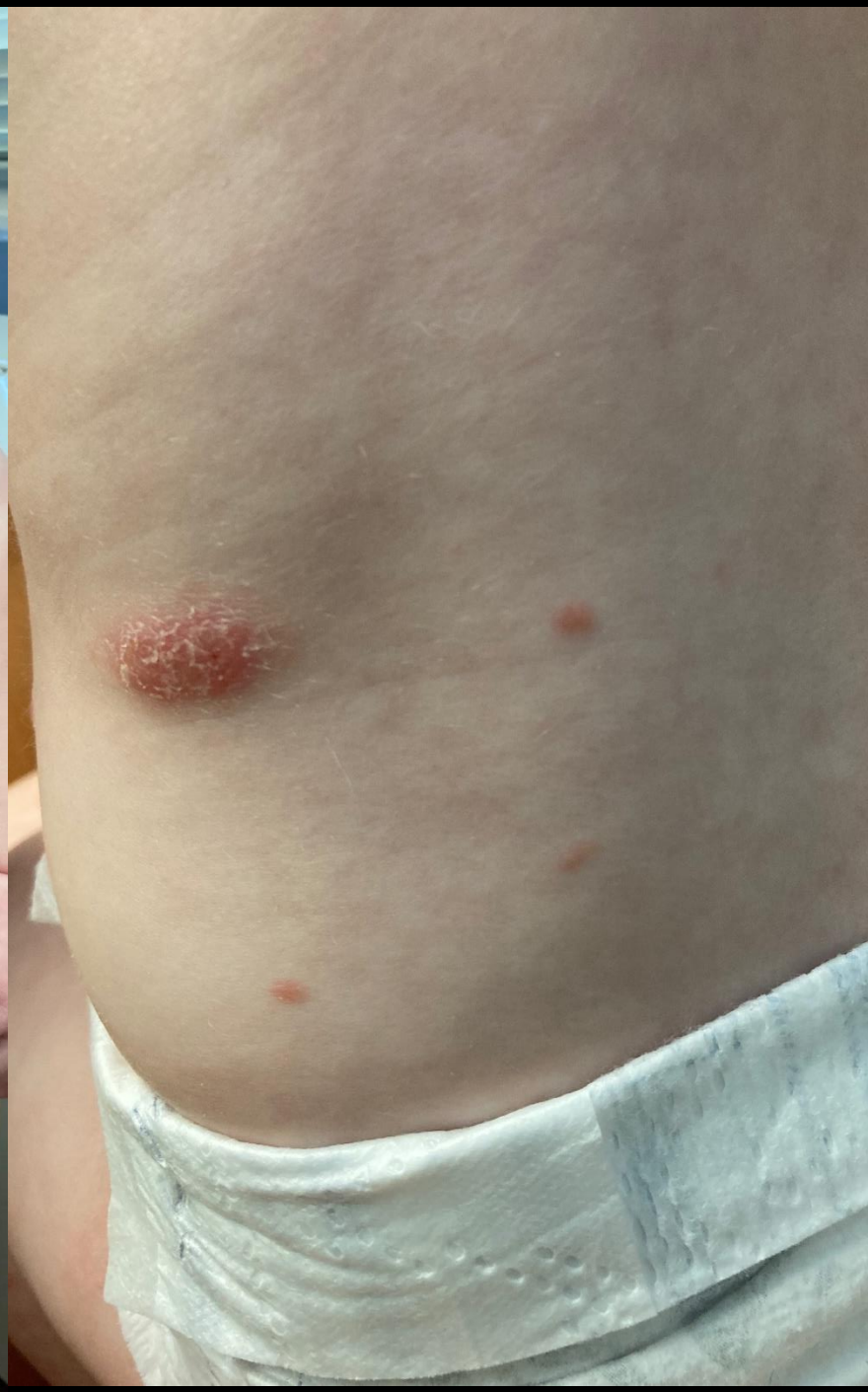








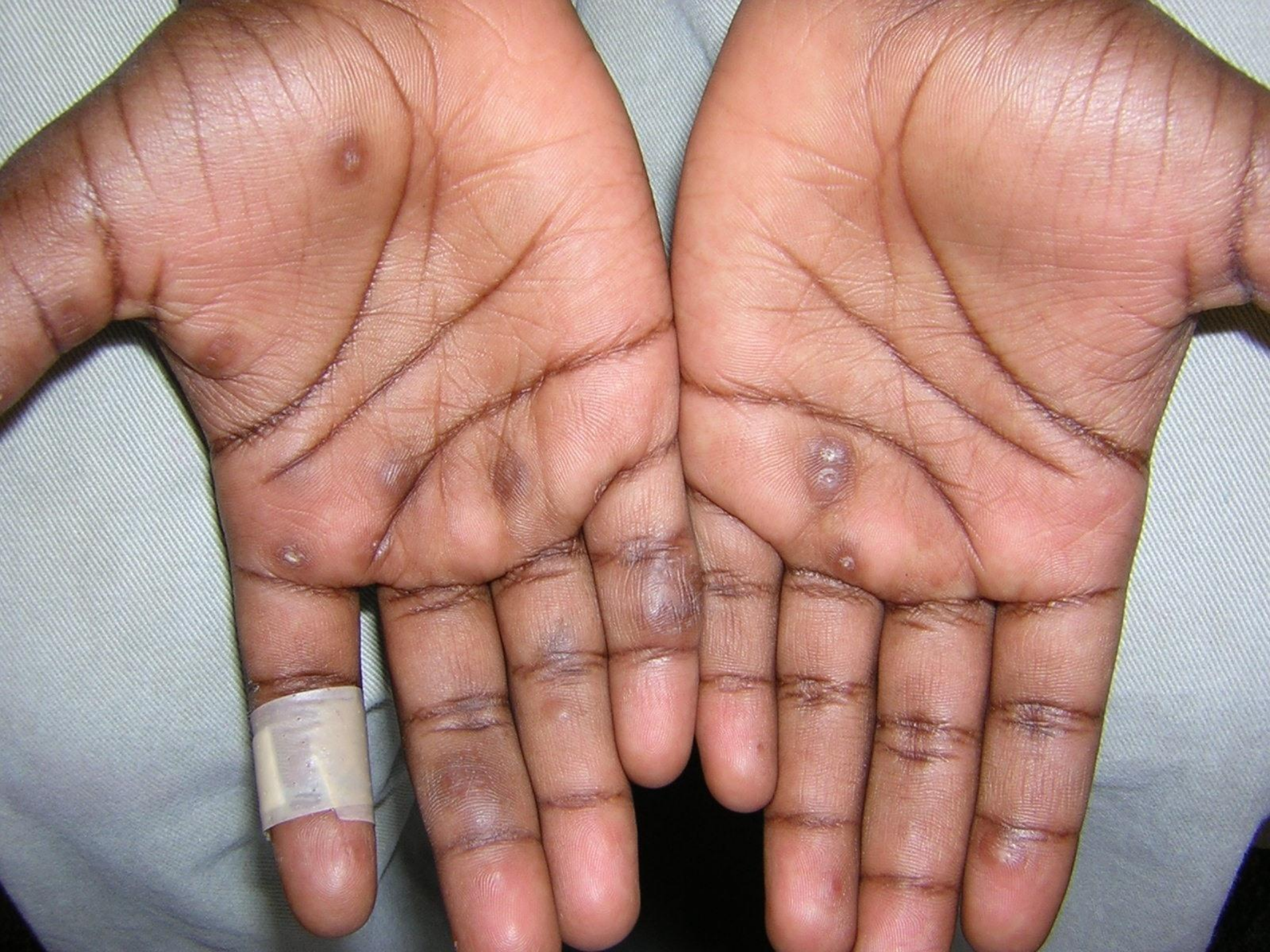


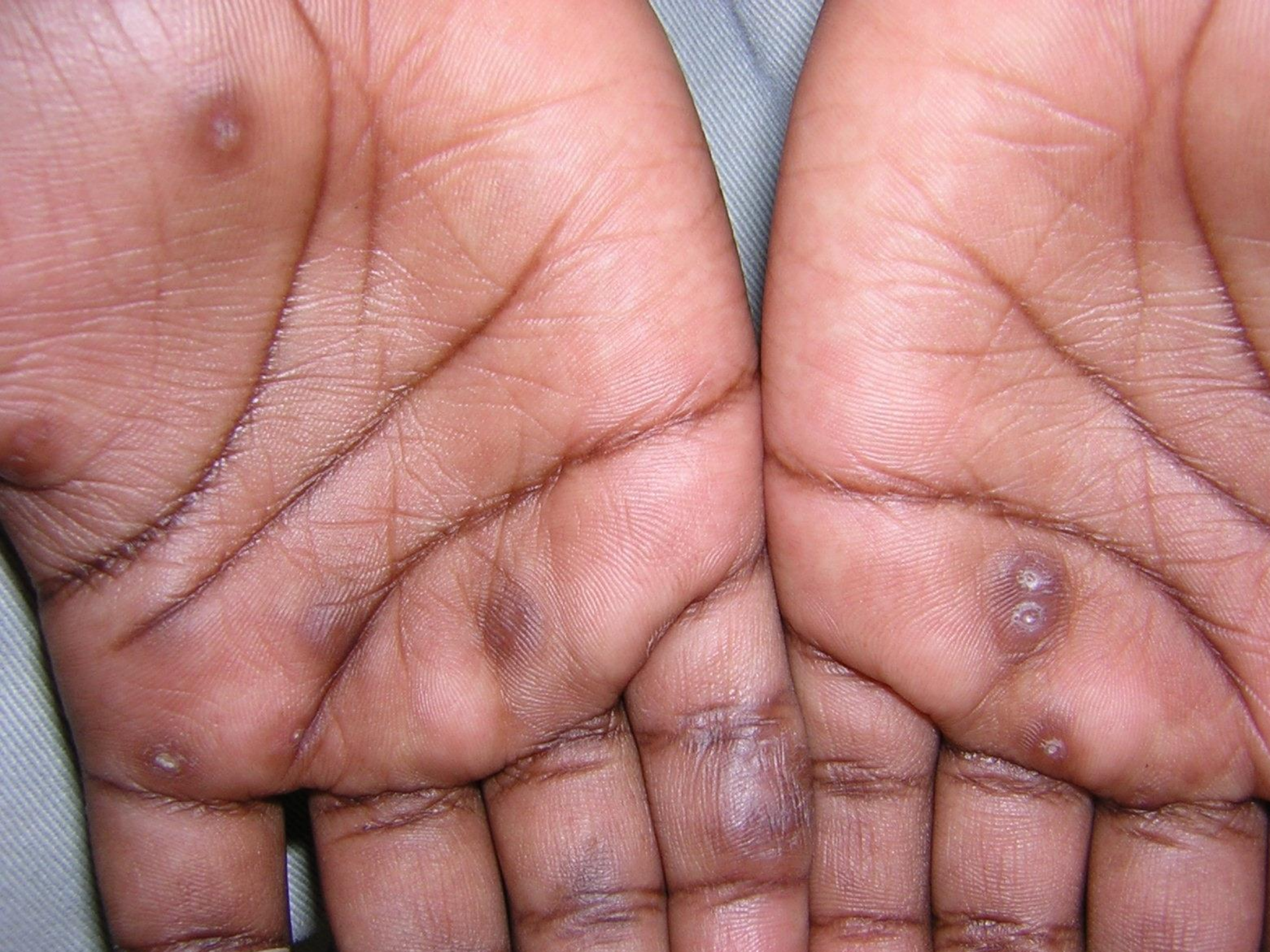


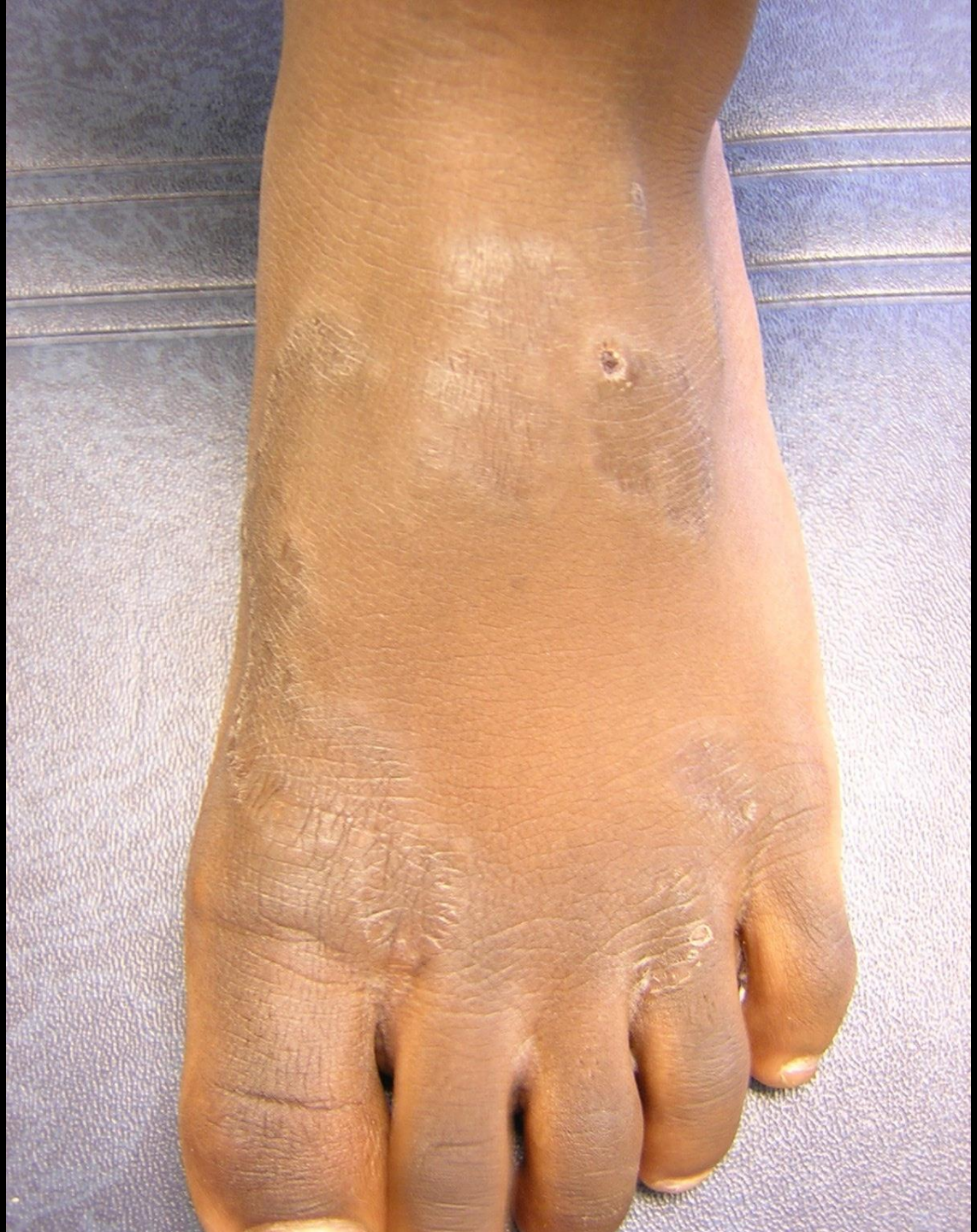
Nummular Dermatitis

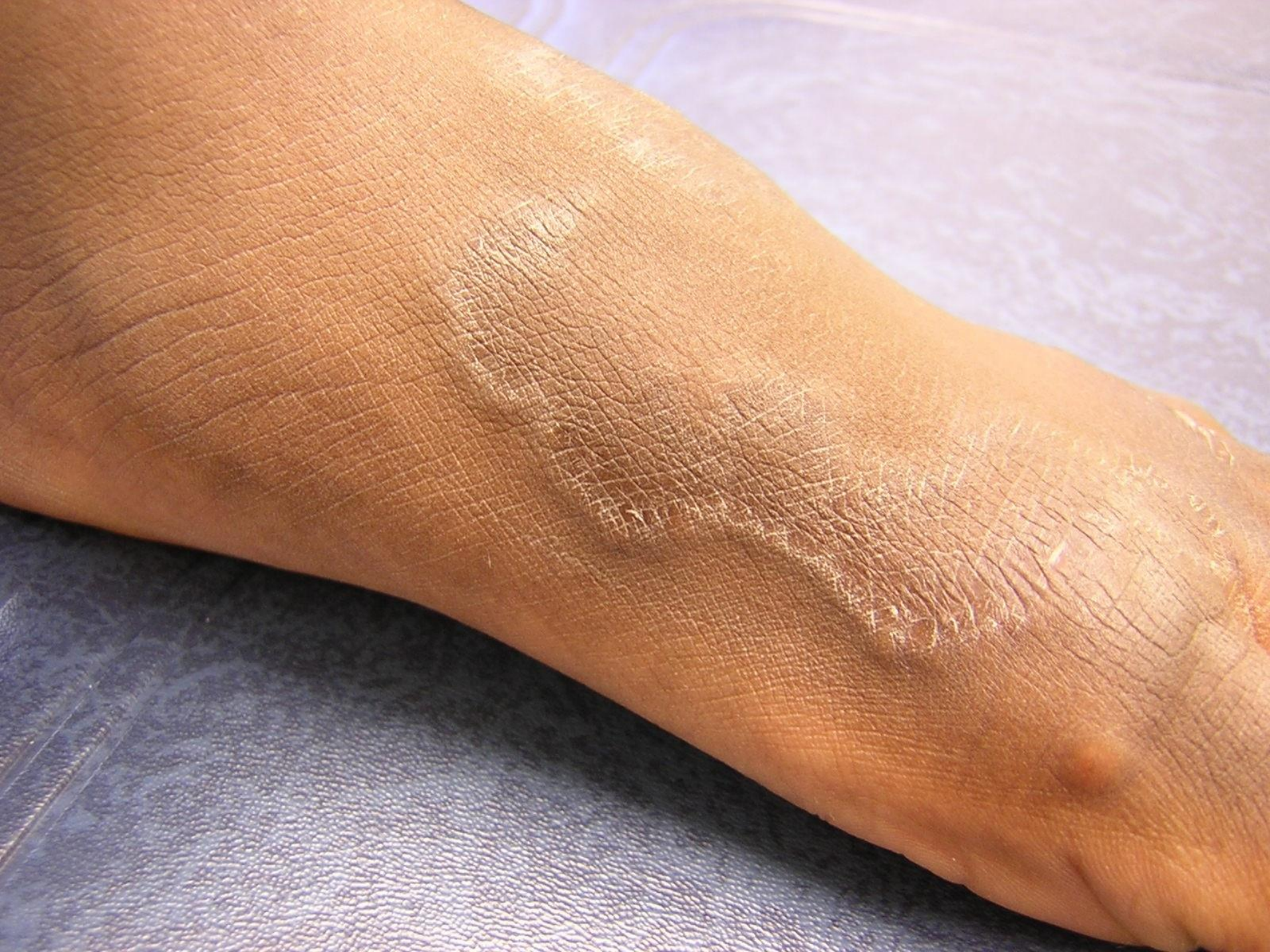
- AKA: Nummular Eczema, Discoid Eczema
- Affects all ages/sexes
- Just “eczema” that is “coin shaped”, but more stubborn
- Often confused with ringworm / tinea
- Sometimes impetiginized
- Aggressive treatment: emollients, topical steroids, +/- topical abx.

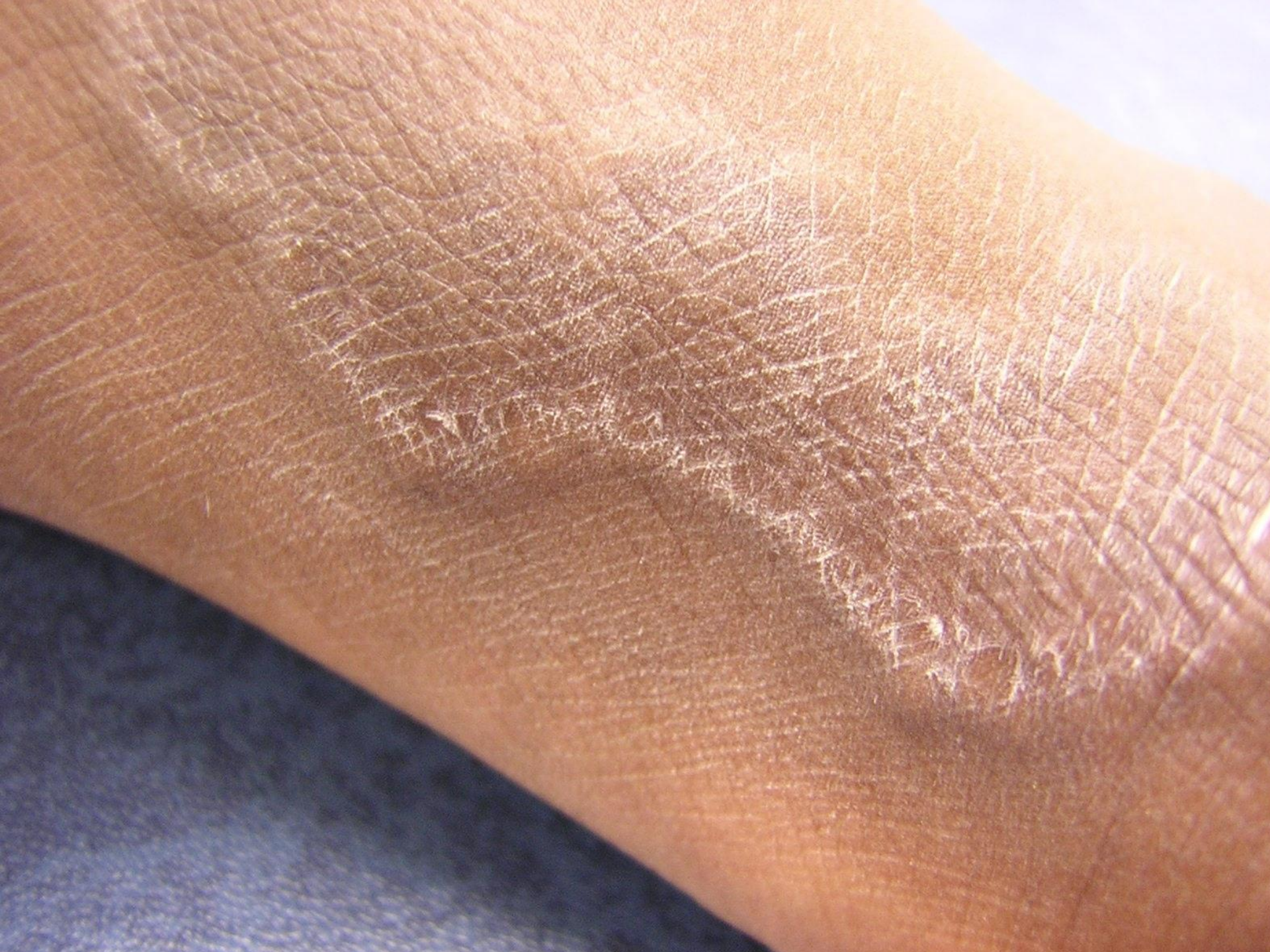
- A nine year-old boy with a 6 month h/o papules on palms
- A little bit itchy
- No meds, no PMH- healthy
- No on else in the house has a rash







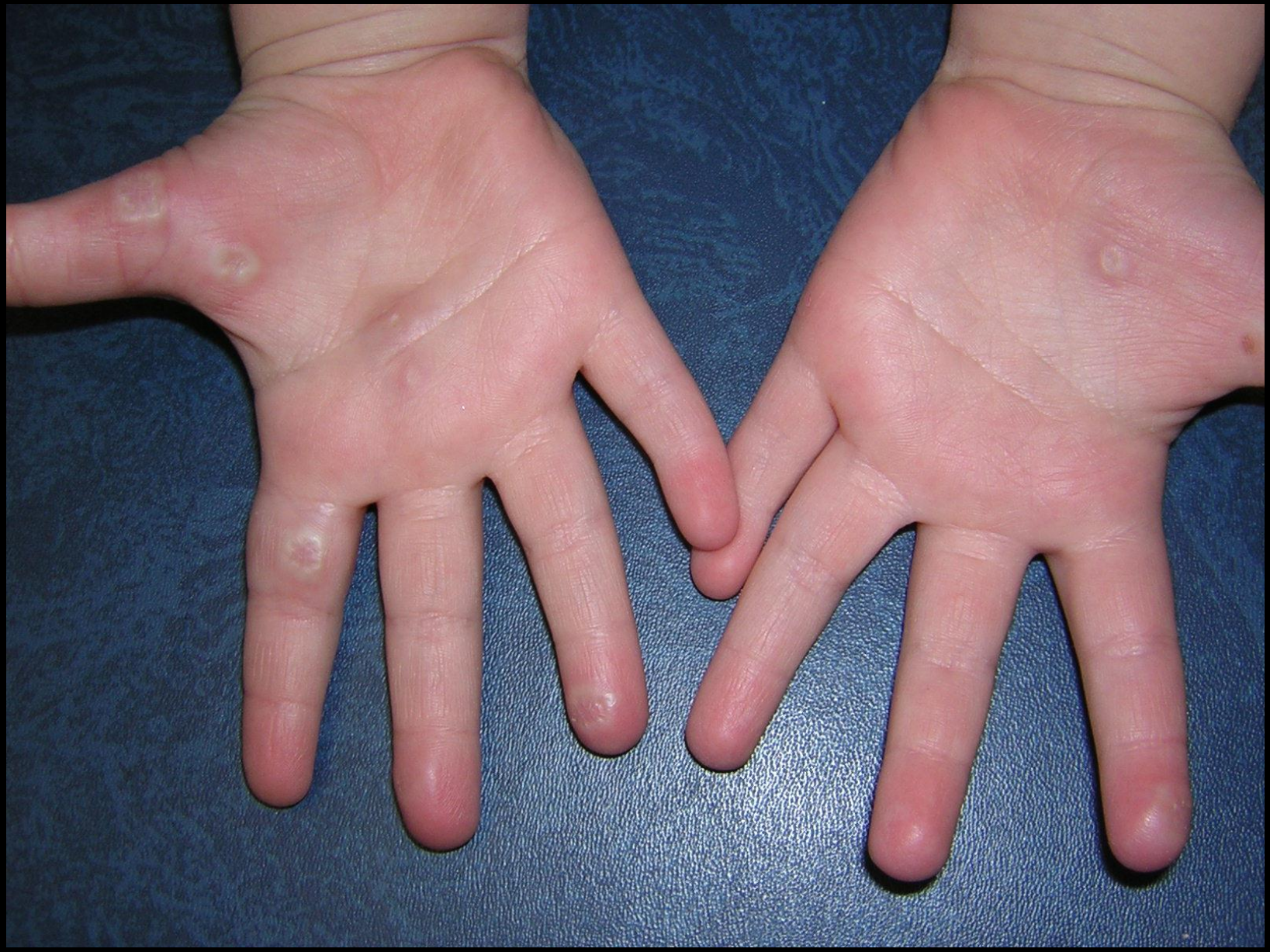


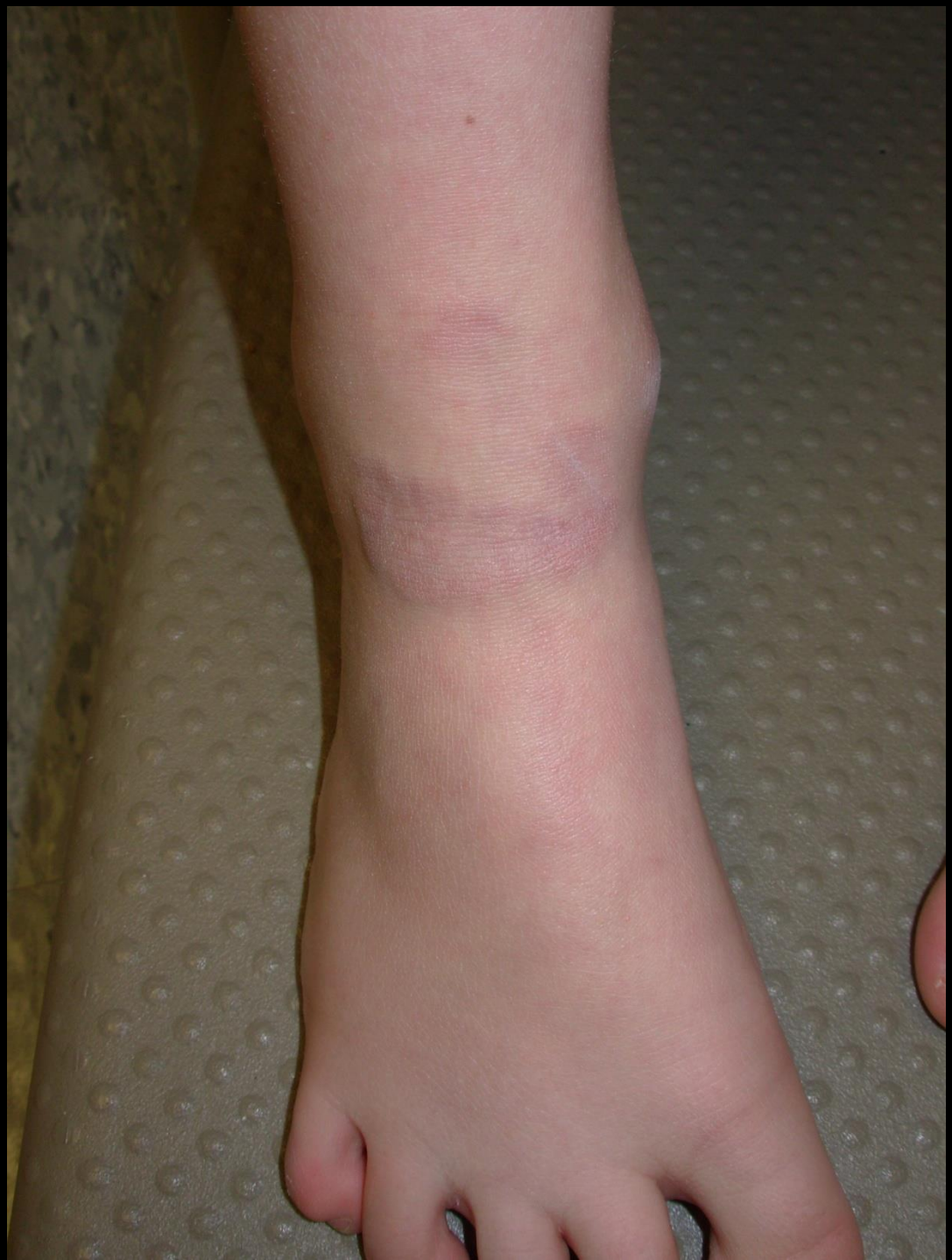


Granuloma Annulare

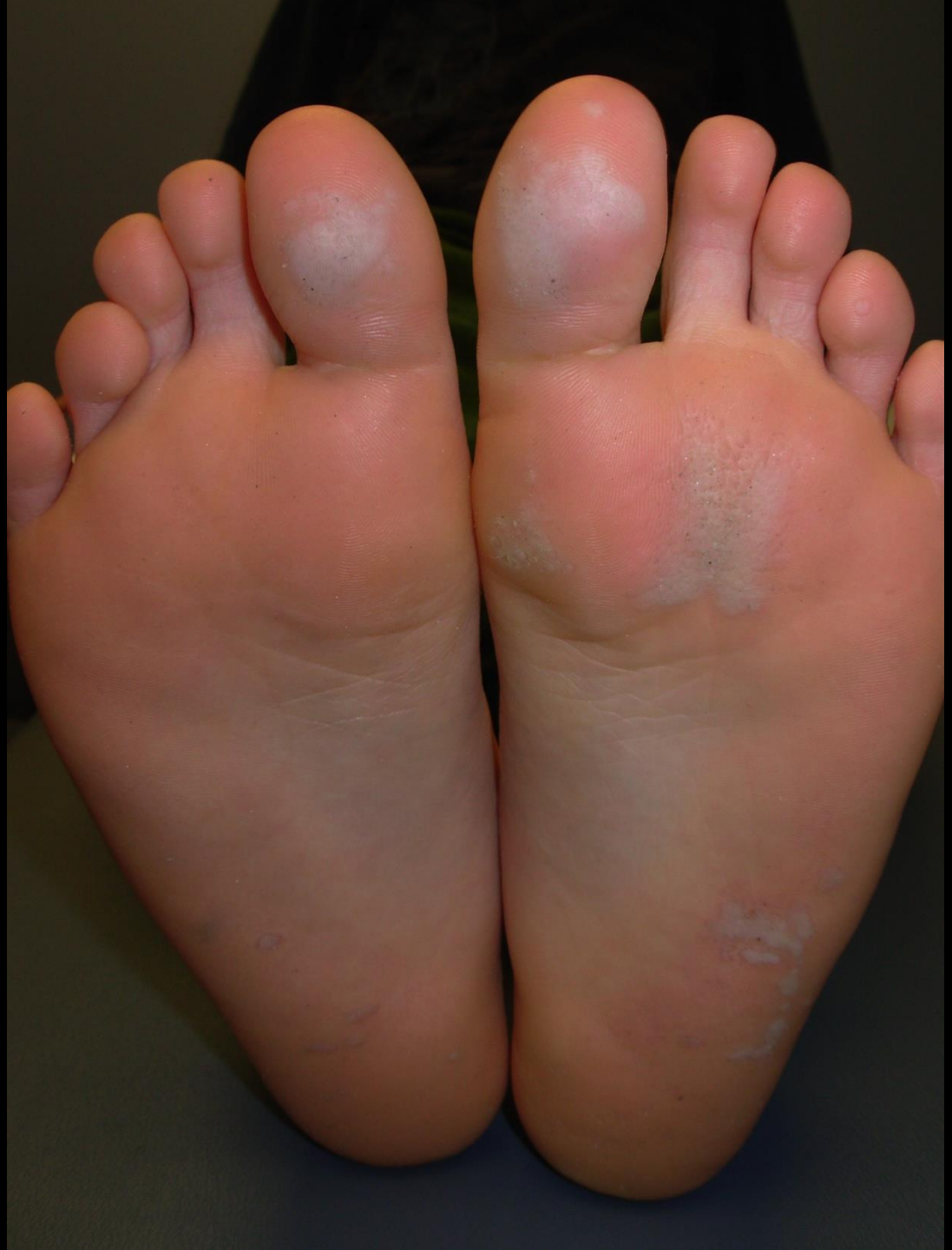
- Idiopathic
- 70% in children and young adults (<30 yo)
- Common on extremities (annular) and palms (papular)
- Most often confused with ringworm
- Approx. 12% of patients have (or will have) diabetes (so check urine and blood)
- Unusual locations assoc. w/ malignancy
- Tx: Observation, topical steroids, IL steroids, cryotherapy, UV-light

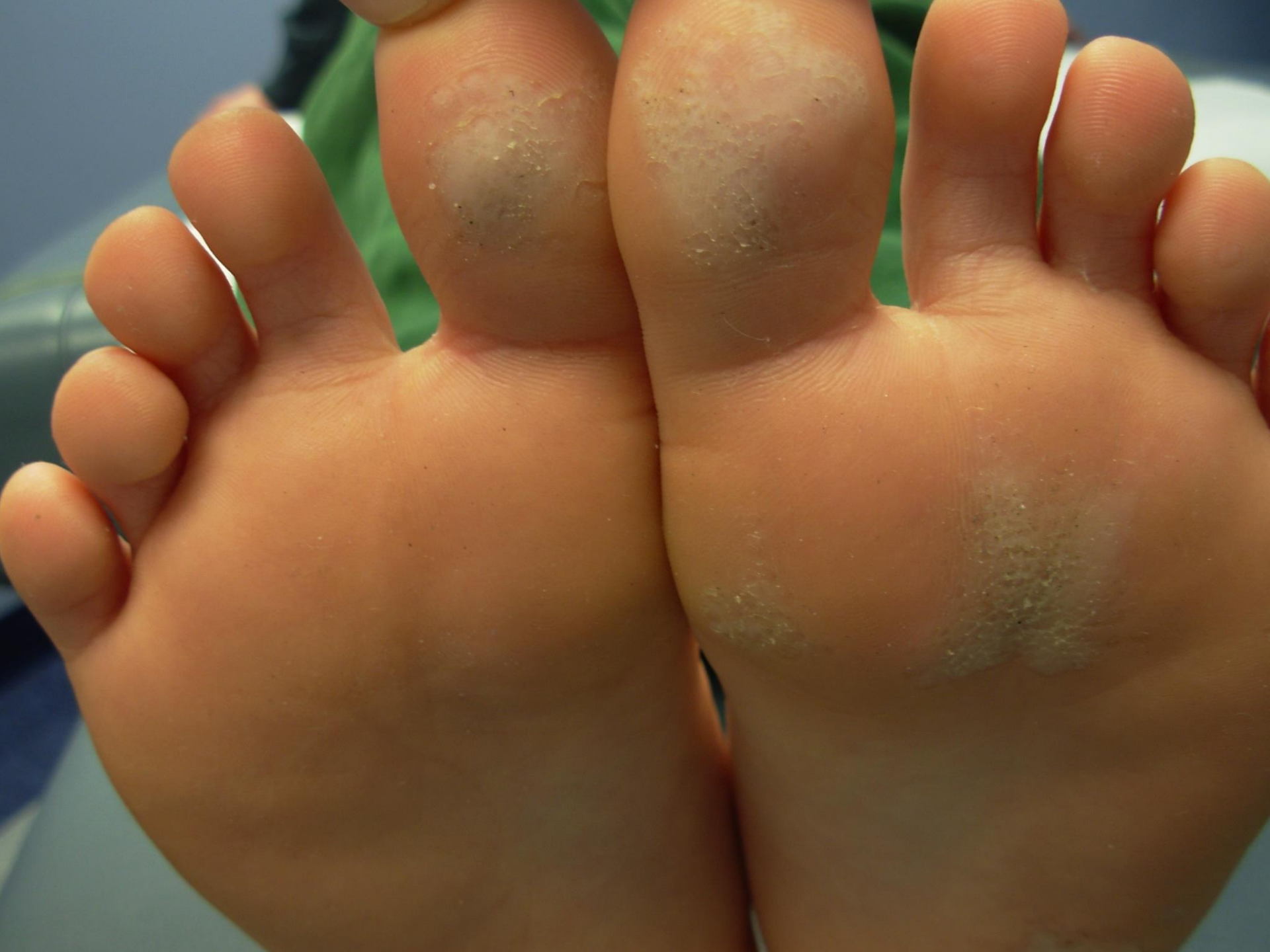
Another example of GA on the palms…

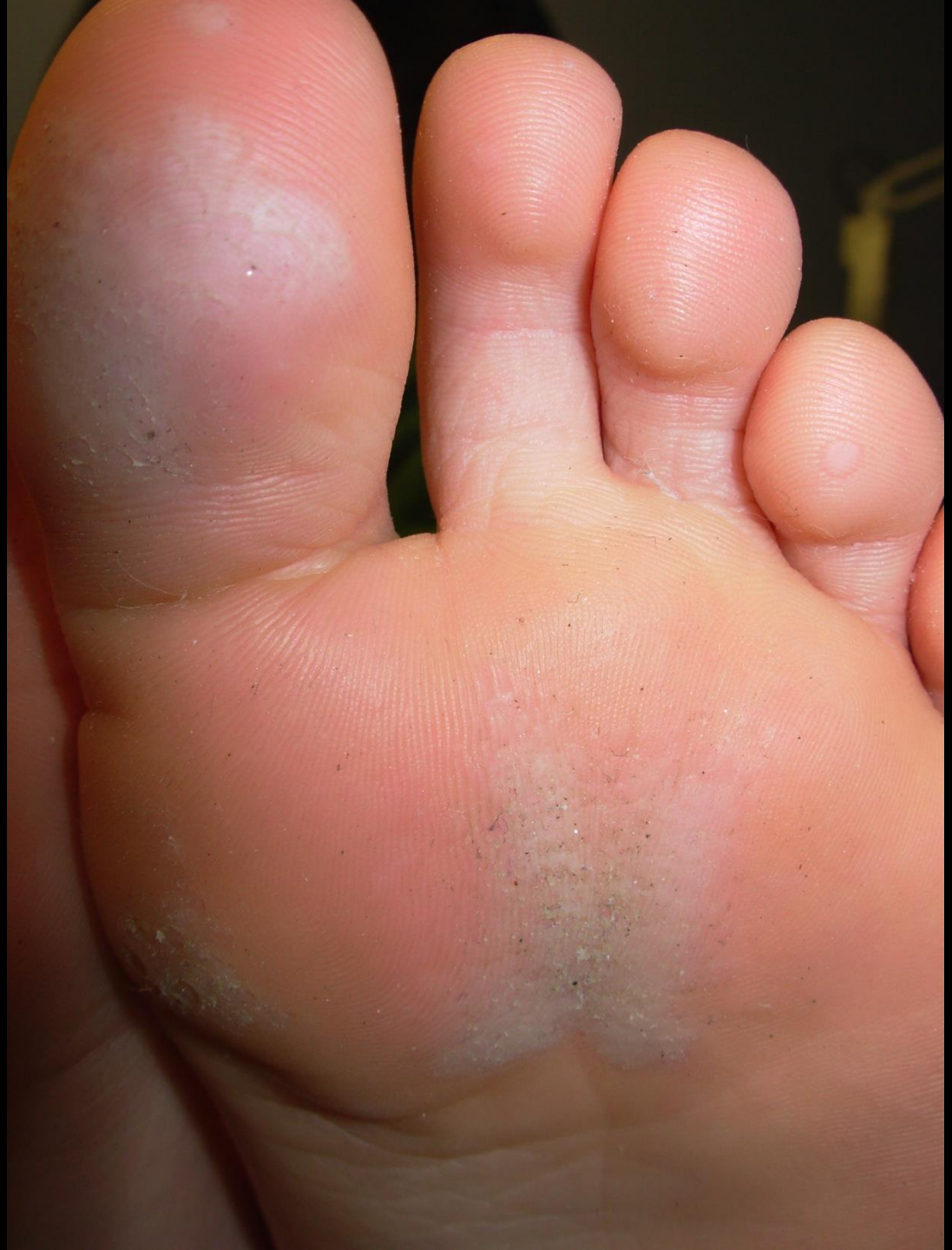




- A 12 yo boy with itchy feet and thickening and bumpiness on the bottom of both feet
- No other skin lesions anywhere else
- No fevers, no symptoms

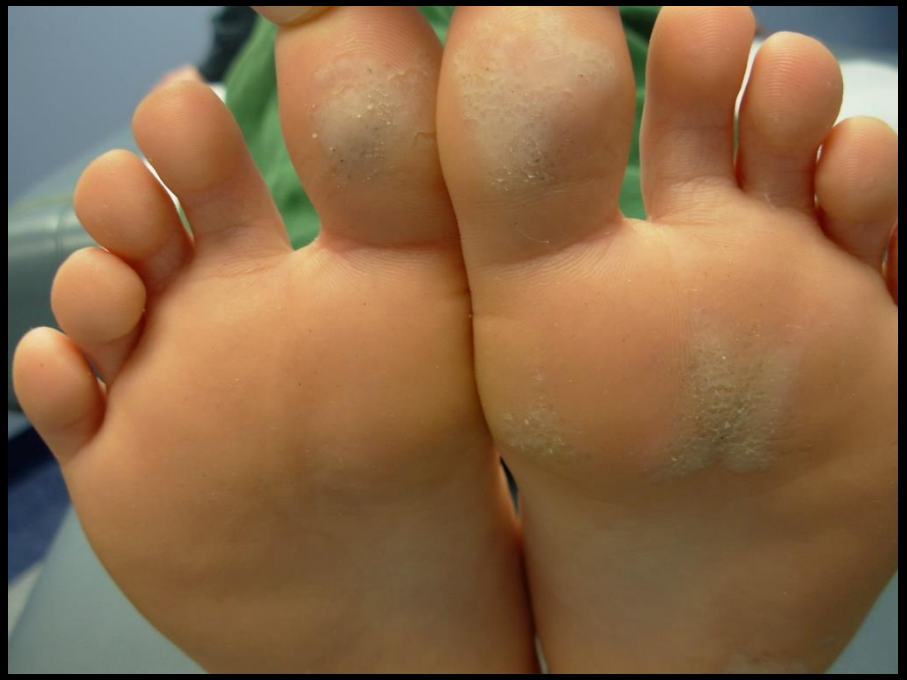






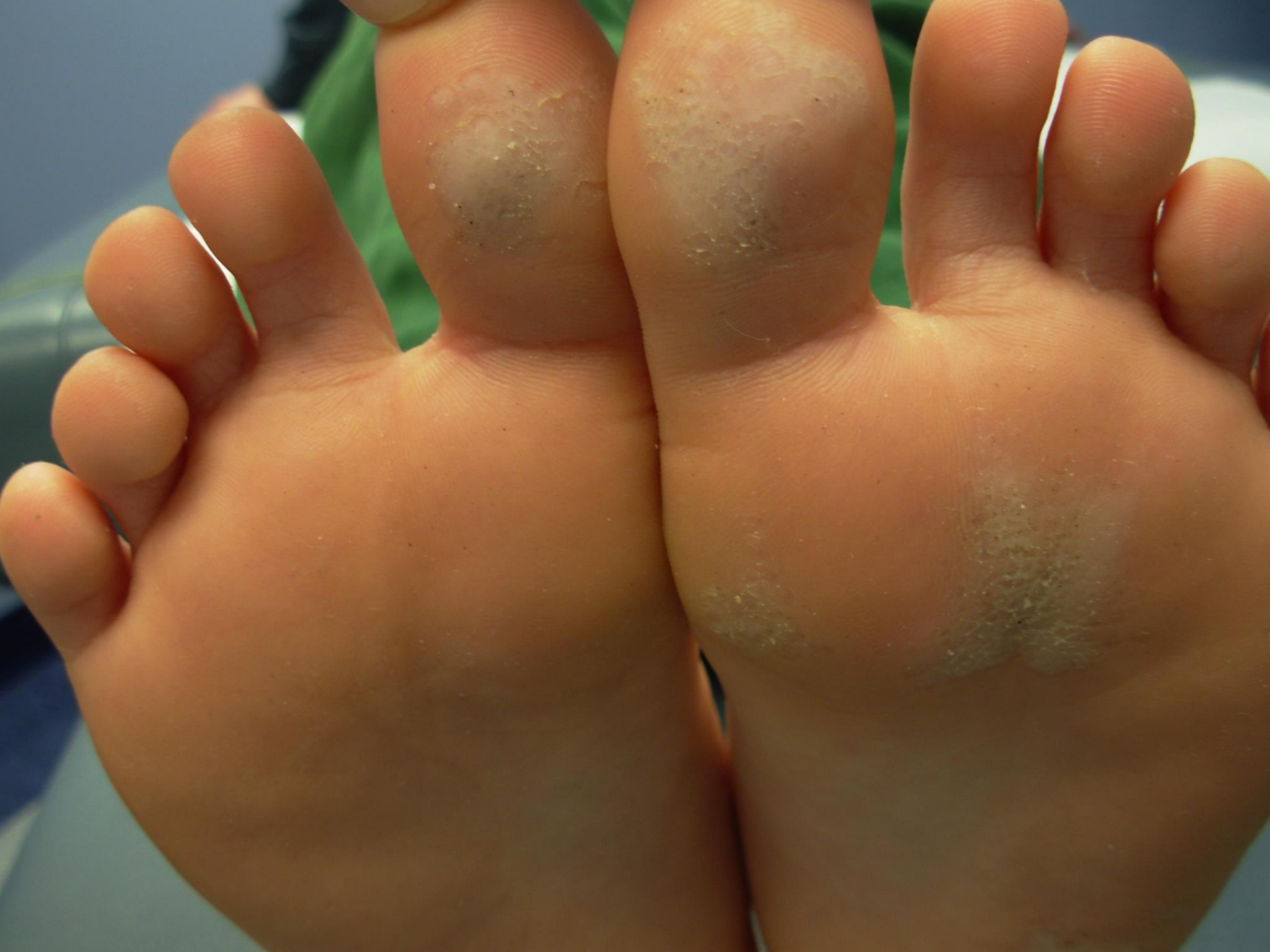
What do you want to treat this with?

A. OTC Salicylic Acid +/- Liq. Nitrogen
B. Rx Antifungal Cream
C. Rx Oral Antifungal
D. Rx Topical Steroid
E. Rx Topical Antibiotic



Pitted Keratolysis

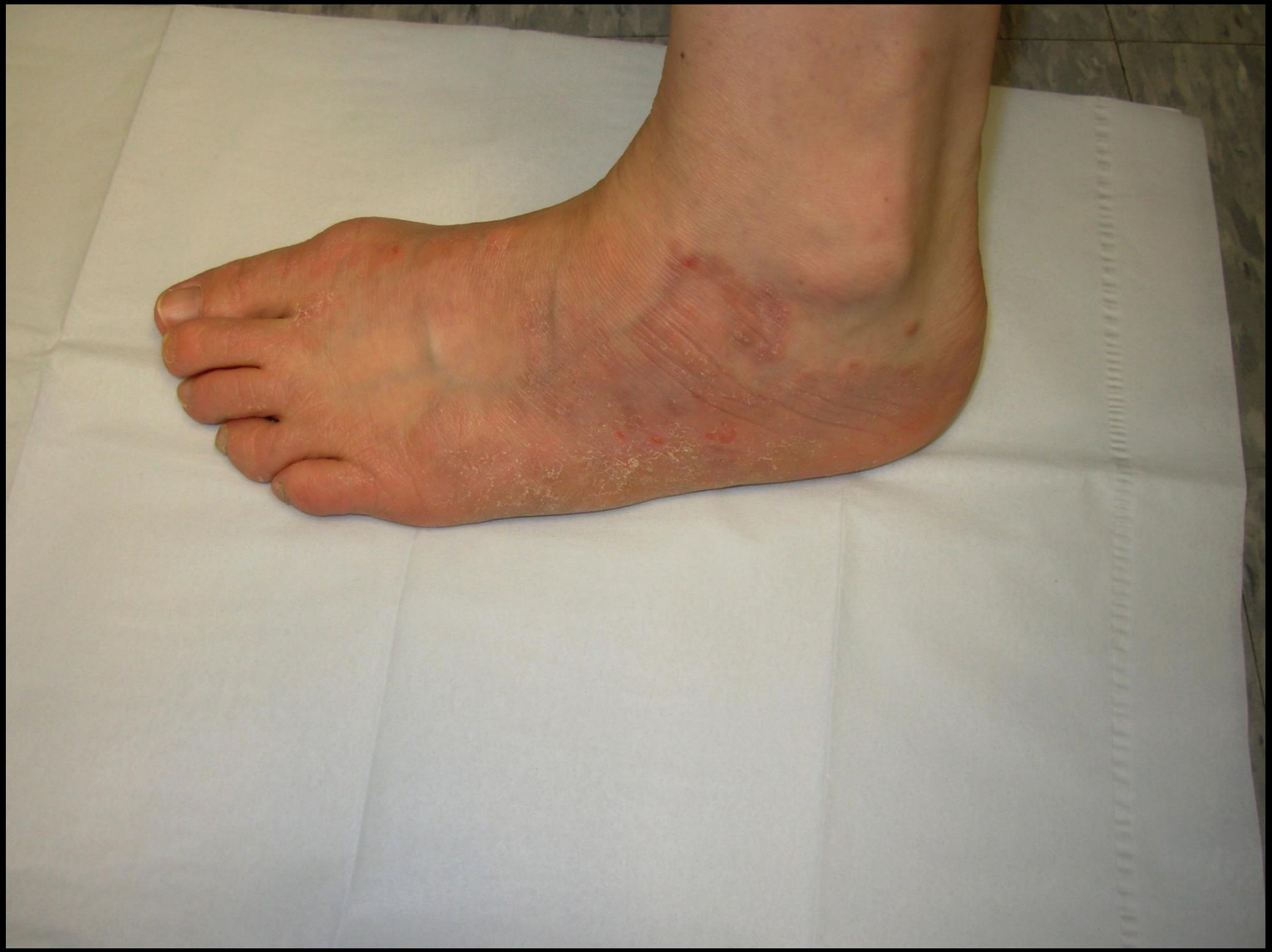
- A bacterial infection, usually caused by Kytococcus sedentarius or corynebacterium
- Usually associated with hyperhidrosis and occlusion
- Can be smelly and itchy
- Crater-like depressions are commonly seen
- Tx: keep feet dry, well ventilated, aluminum chloride-25% solution, topical clindamycin or erythromycin

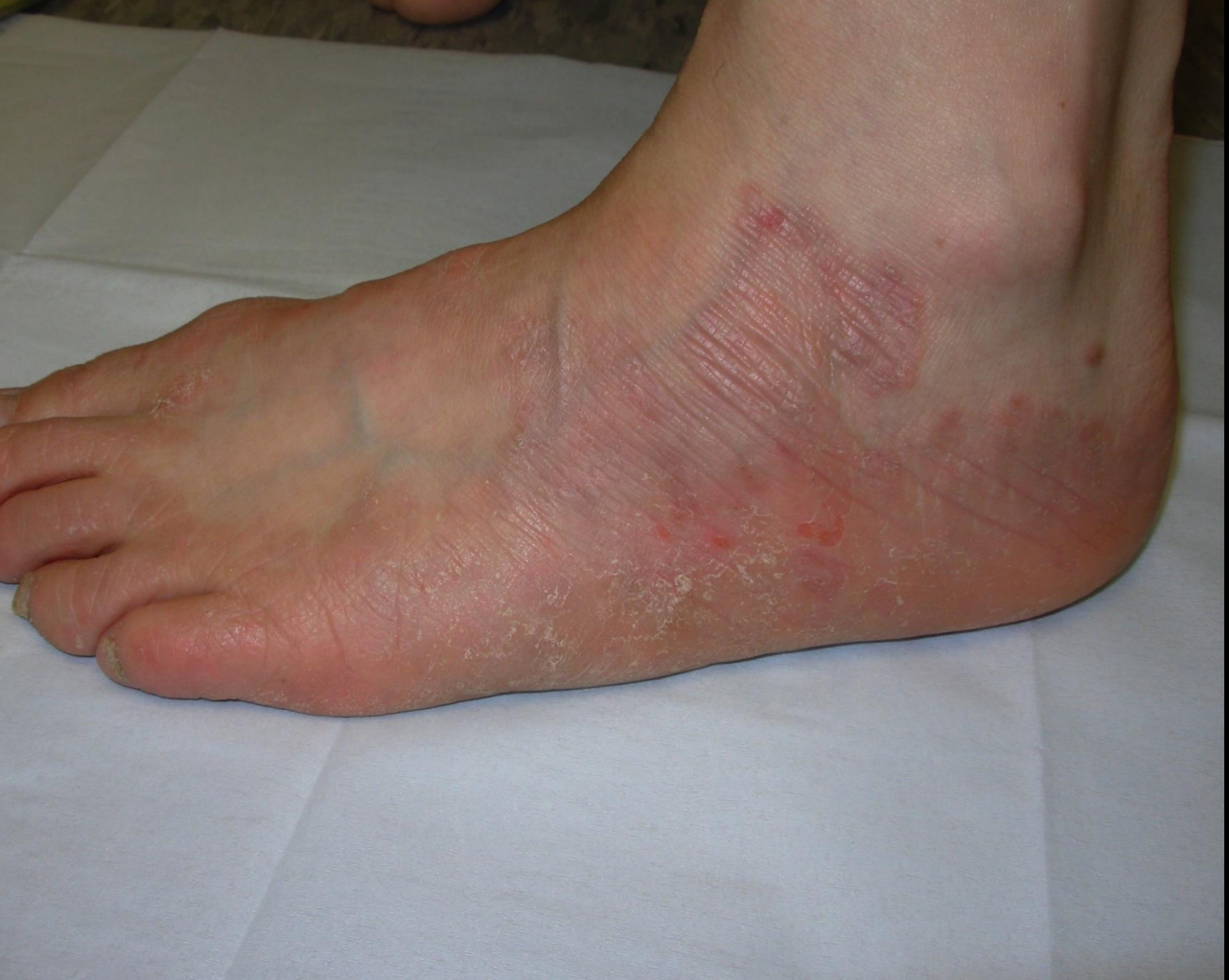


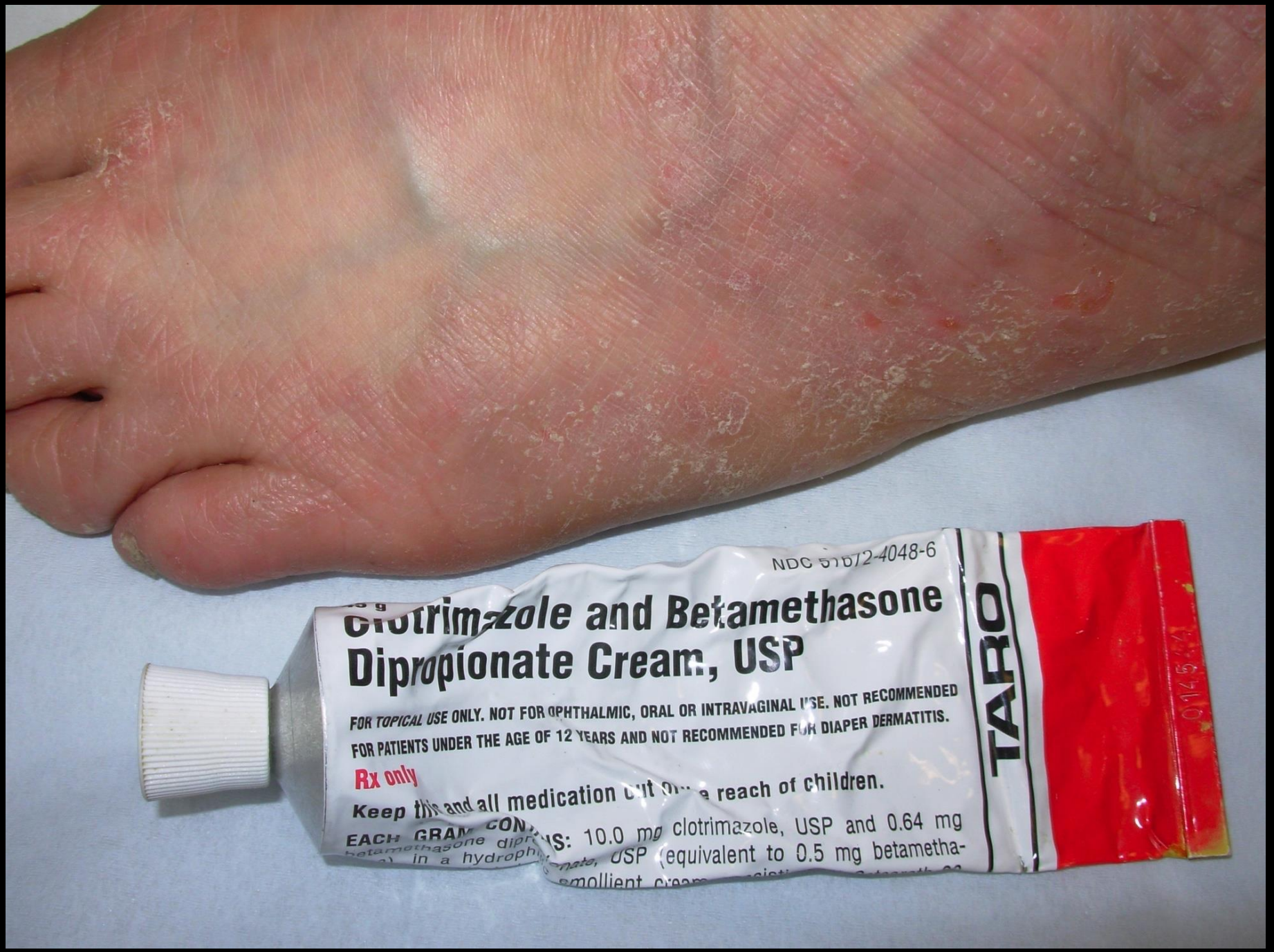
19 yo boy with rash on his feet not responding to prescription cream

Very itchy.

Competitive runner.






NDC 51672-4048-6
Clotrimazole and Betamethasone Dipropionate Cream, USP
FOR TOPICAL USE ONLY. NOT FOR OPHTHALMIC, ORAL OR INTRAVAGINAL USE. NOT RECOMMENDED FOR PATIENTS UNDER THE AGE OF 12 YEARS AND NOT RECOMMENDED FOR DIAPER DERMATITIS.
Rx only
Keep this and all medication out of the reach of children.
10.0 mg clotrimazole, USP and 0.64 mg
TARO

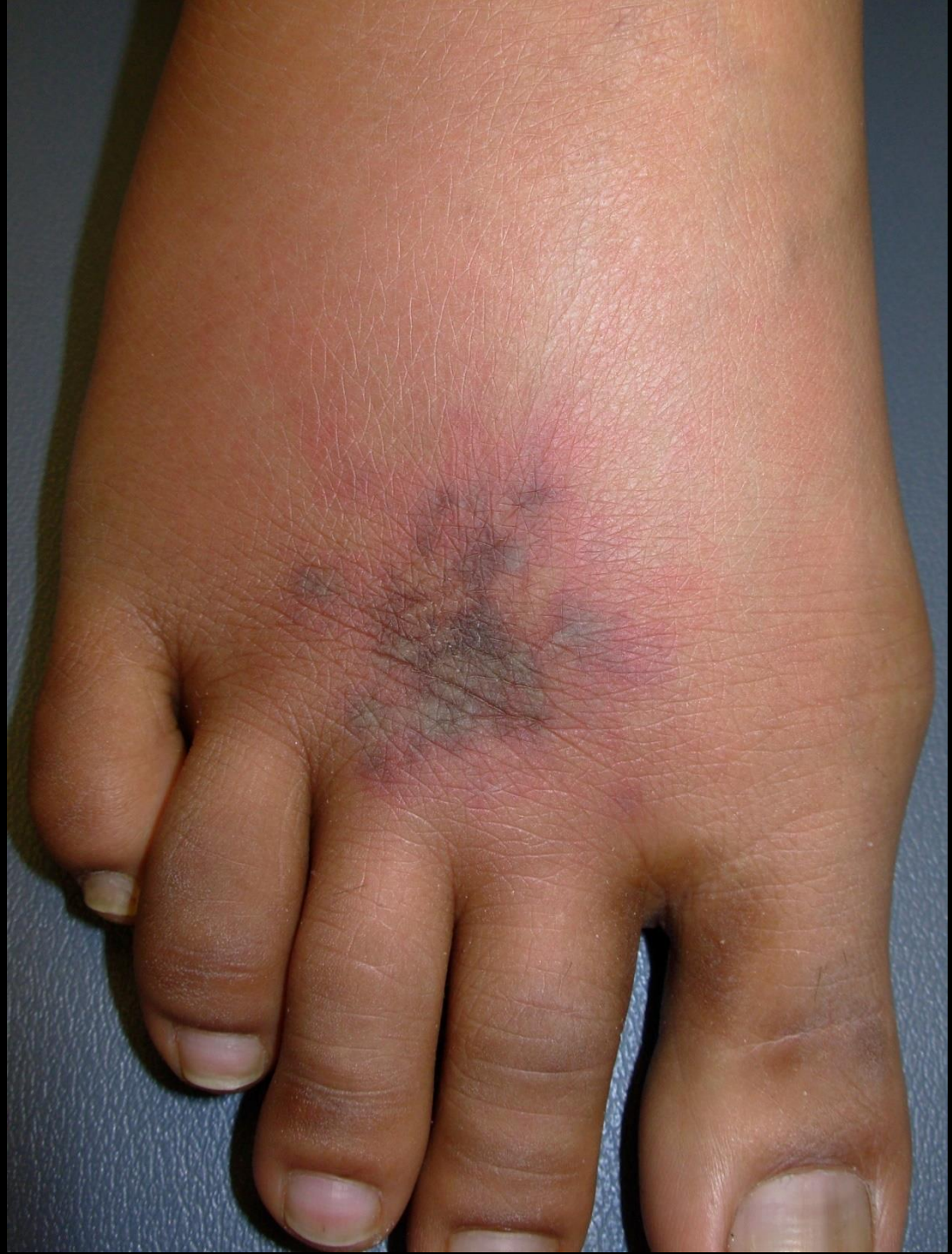
Tinea Pedis

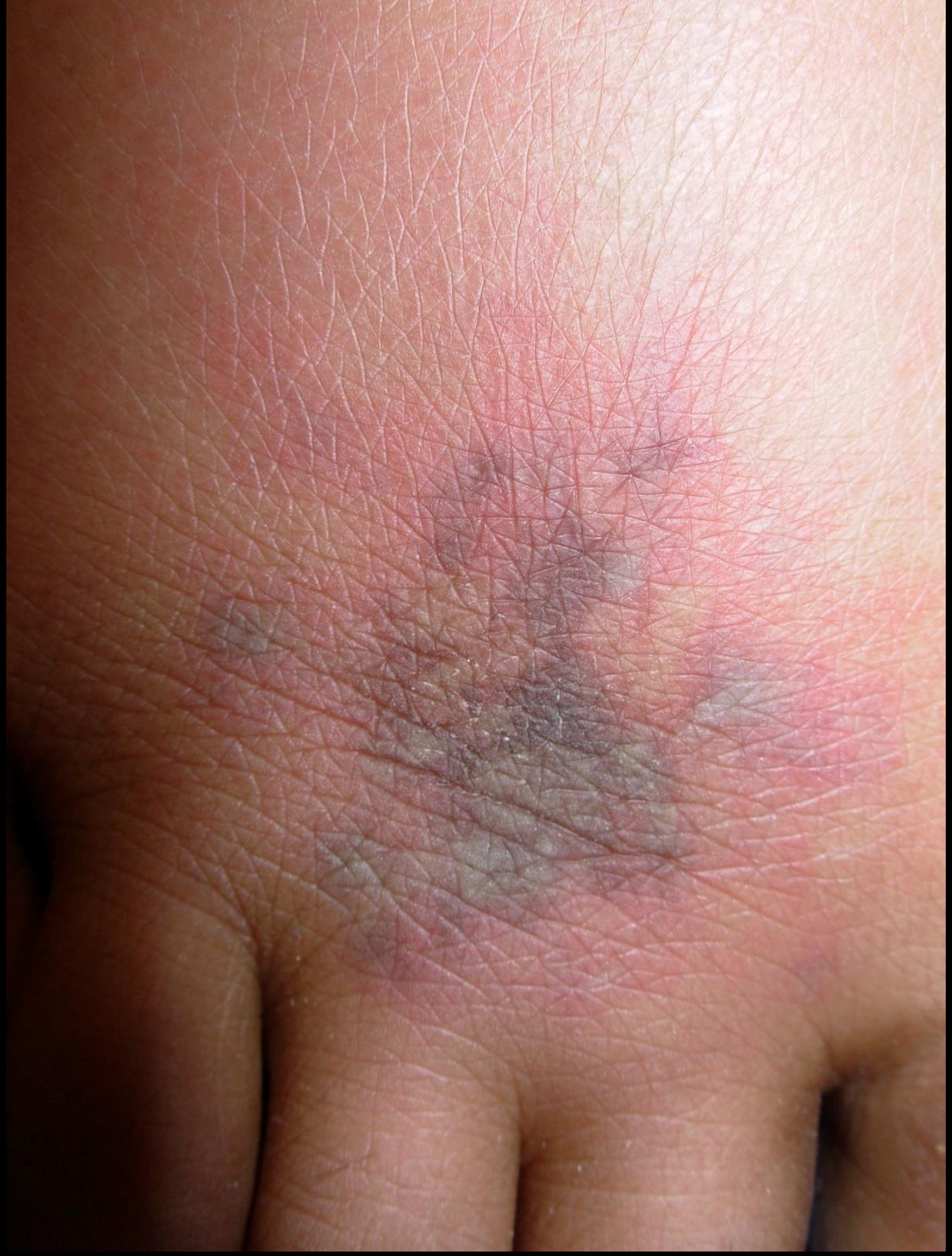
- Trichophyton Mentagrophytes
- Trichophyton Rubrum (moccasin-like tinea)
- T. Interdigitale
- Tx: Good ventilation / aeration
- Topical antifungals x4-6 weeks…
  - Terbenifine
  - -azoles
- Stay away from topical steroids!

A 17yo boy with a painful rash on dorsum of the right foot for a couple of days

No fever

No other rashes anywhere else





Brown Recluse Spider Bite

- **Often in south-central U.S. (Tennessee)**
- **Sphingomyelinase D toxin**
- **L. reclusa**
- **Venom and endothelial cells react to give a neutrophil-rich reaction causing a dusky center, clinically**

Which of the following is a common clinical manifestation following the bite of the spider shown above?

A. "Red, white, and blue" sign

B. Abdominal pain

C. Anasarca

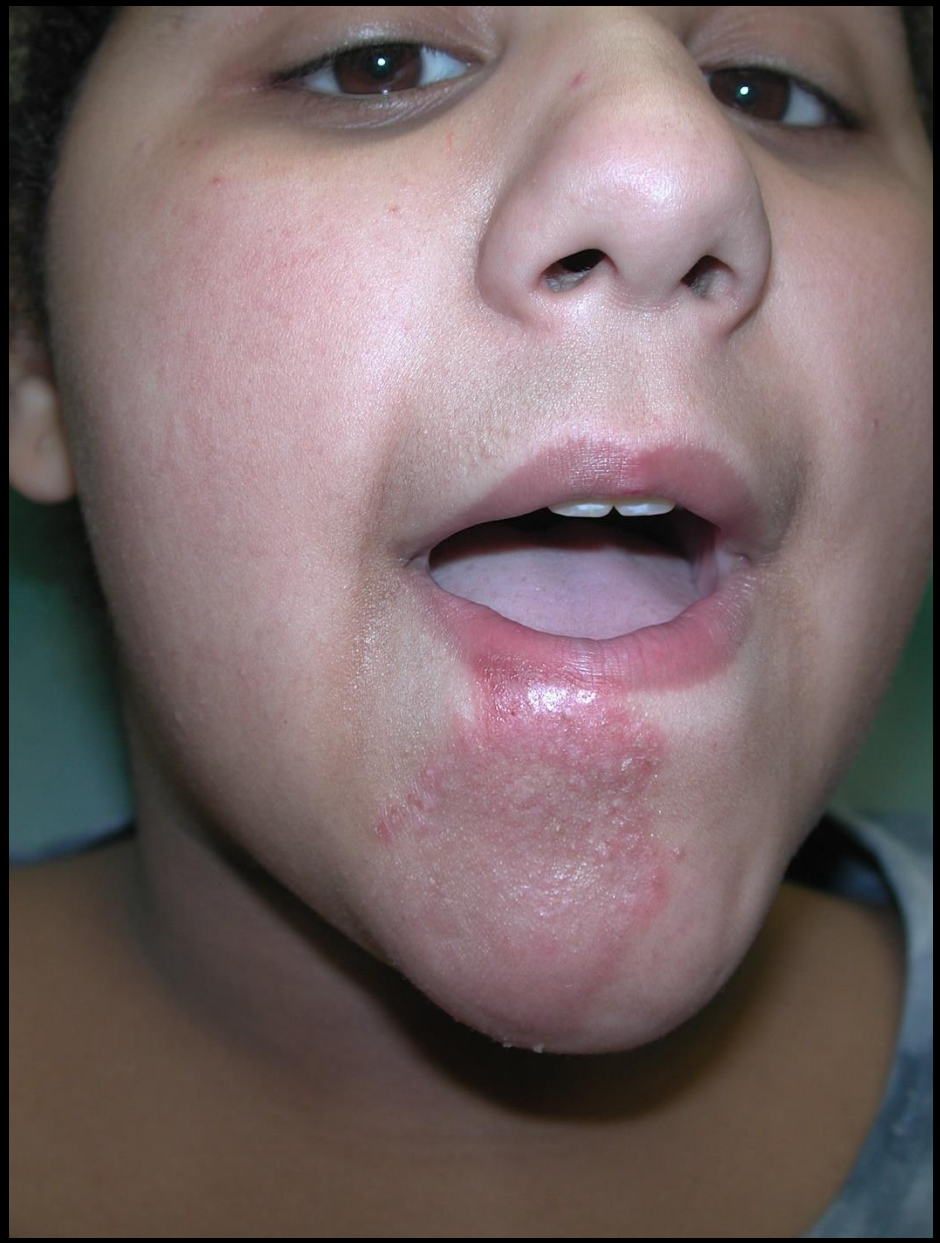
D. Petechiae

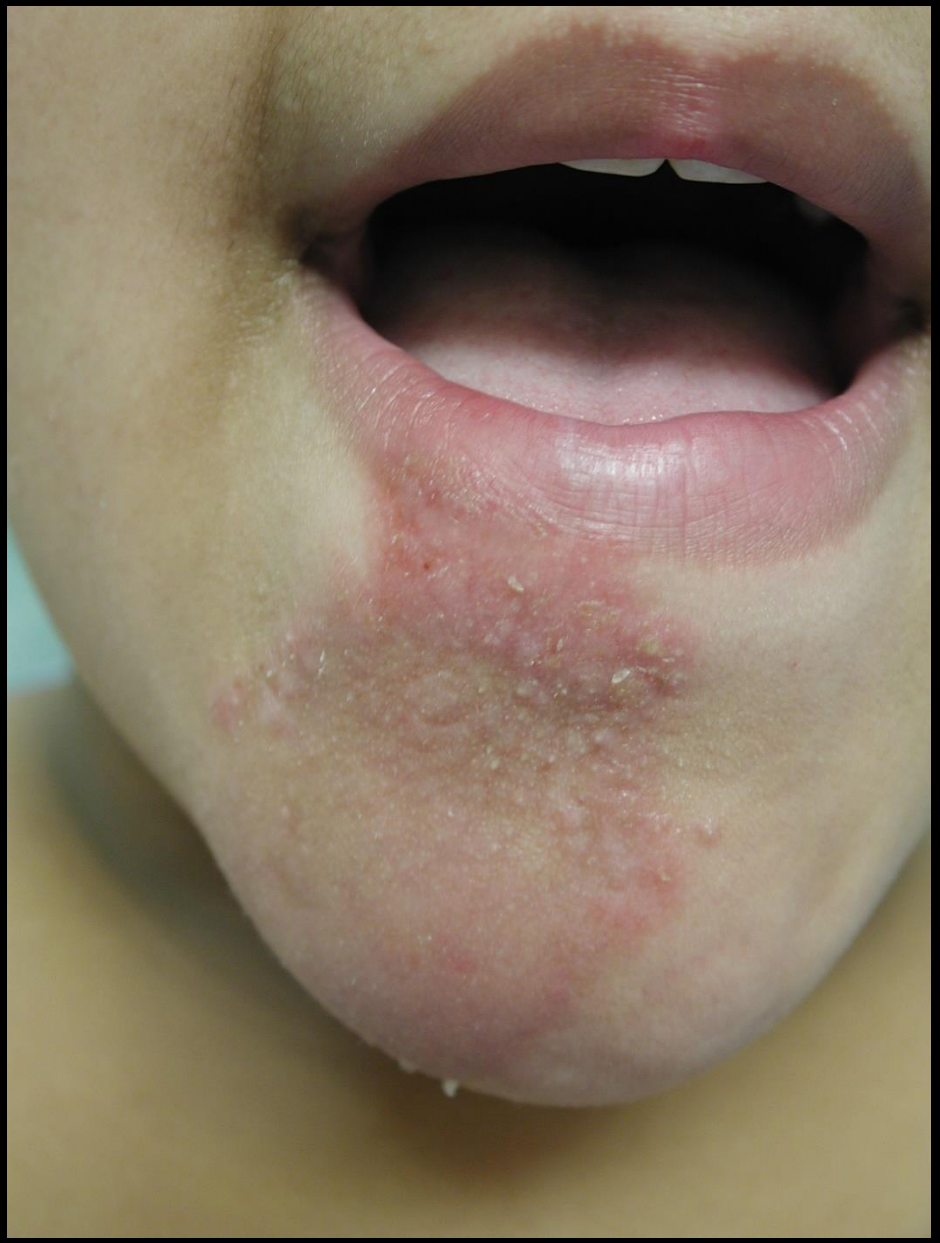
E. Urinary frequency

Brown Recluse

Black Widow

- A 9 year-old girl with an itchy patch of skin on her chin for 6 months.
- Antifungal creams tried for 2 weeks, then switched to topical steroid cream for 3 weeks.
- Still present and itchy.





Work-up

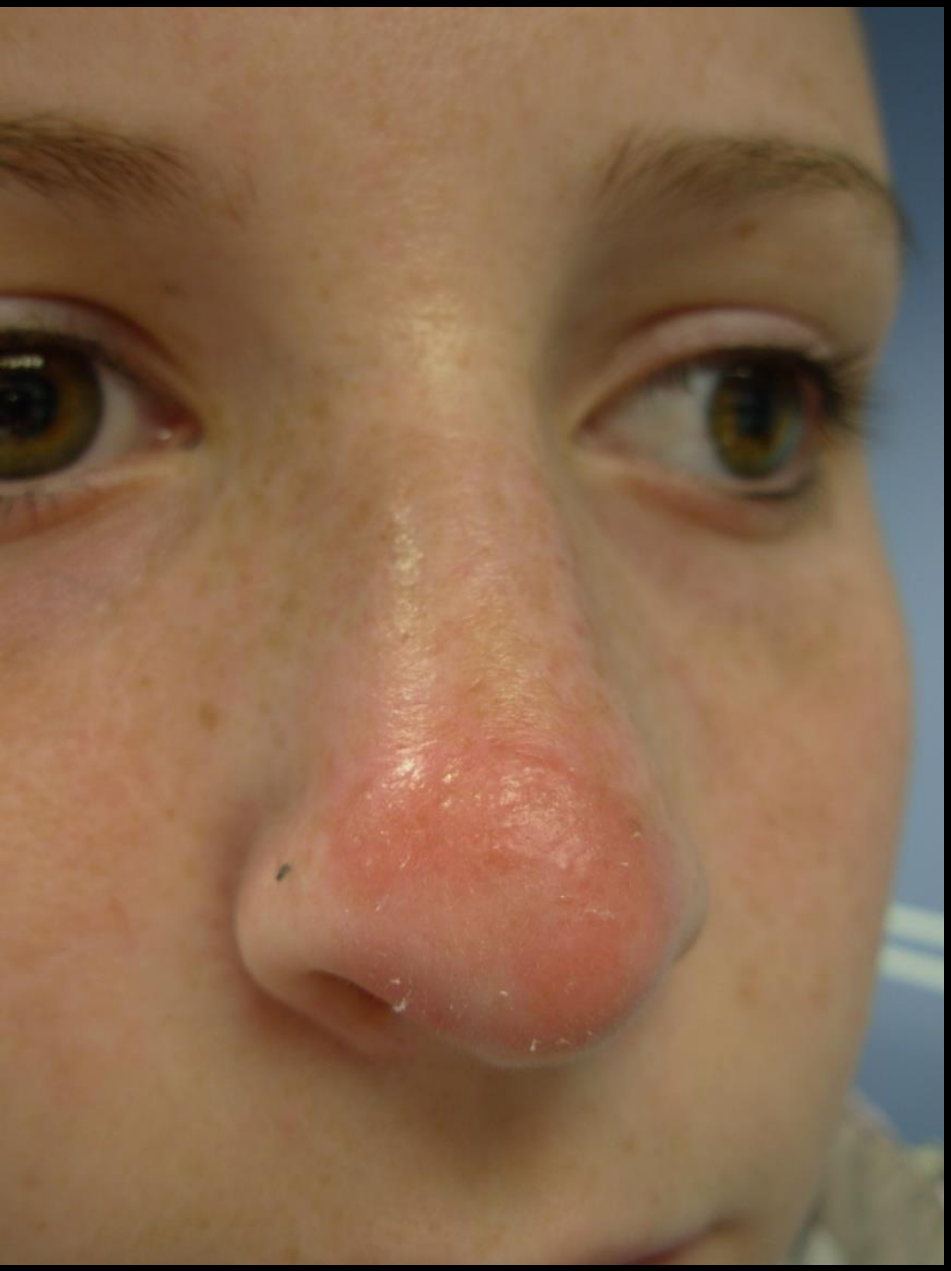
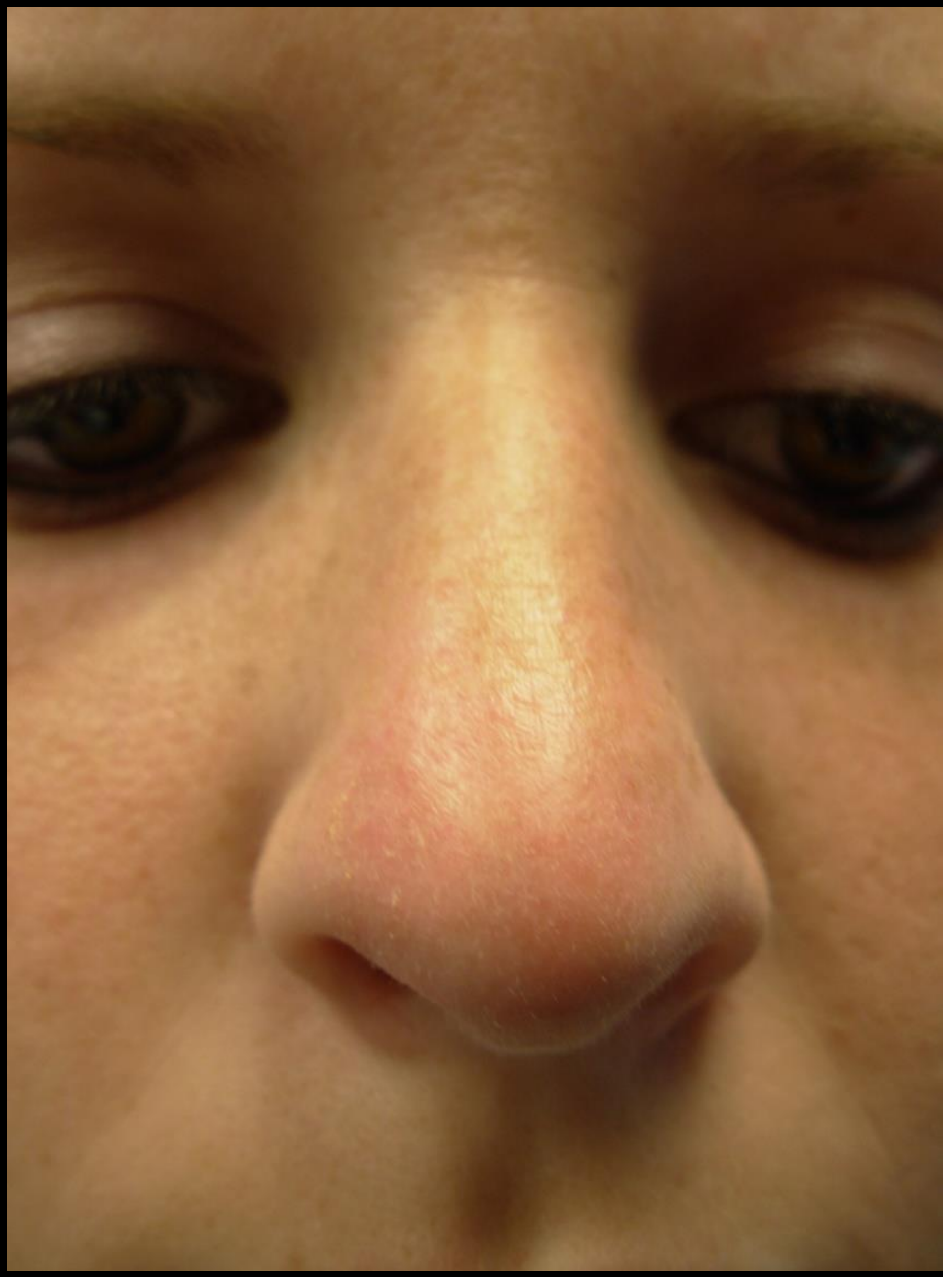
- History and Physical Exam
- Scrapping for culture or KOH exam
- Biopsy, if necessary

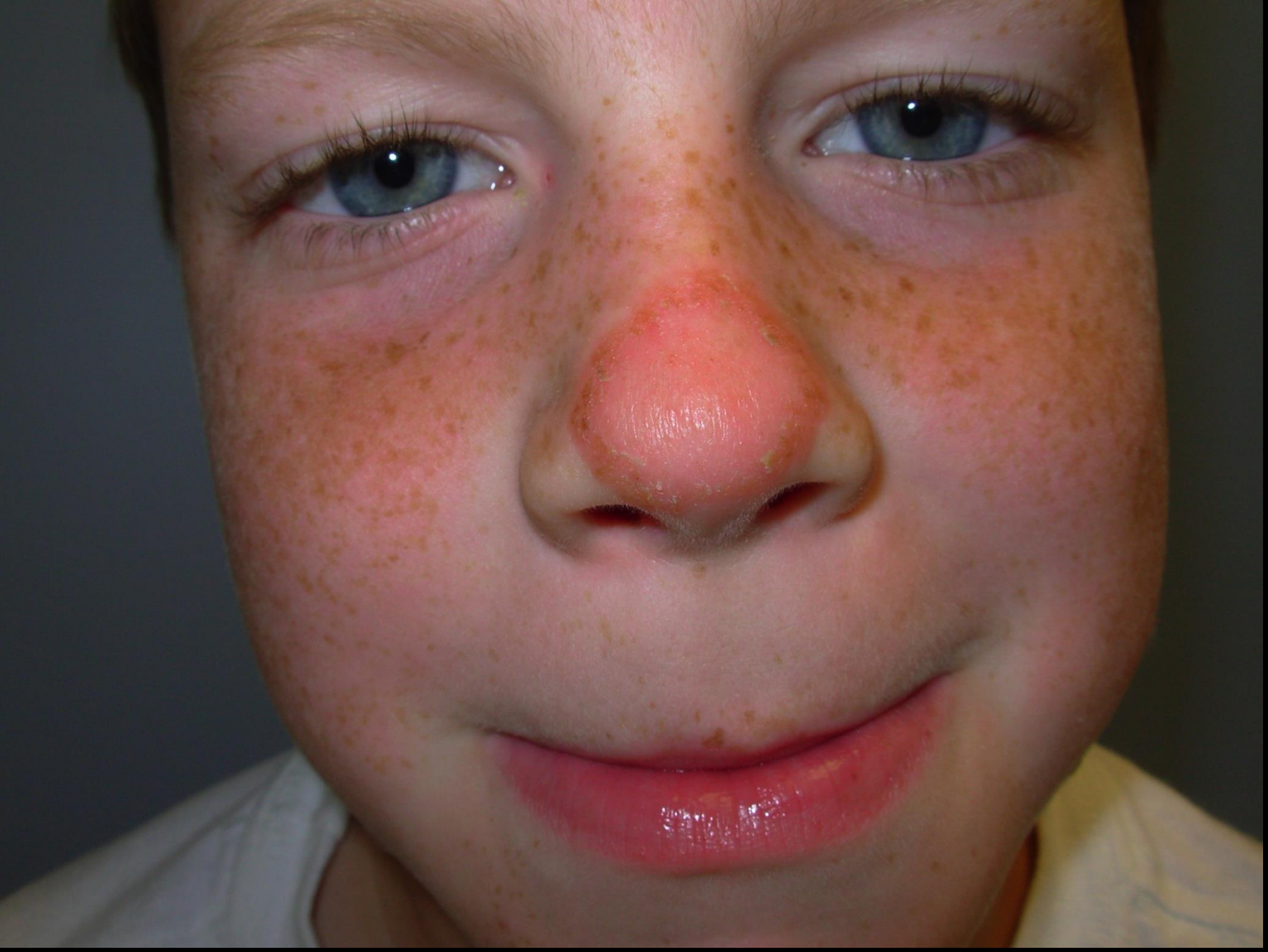
Differential Diagnosis

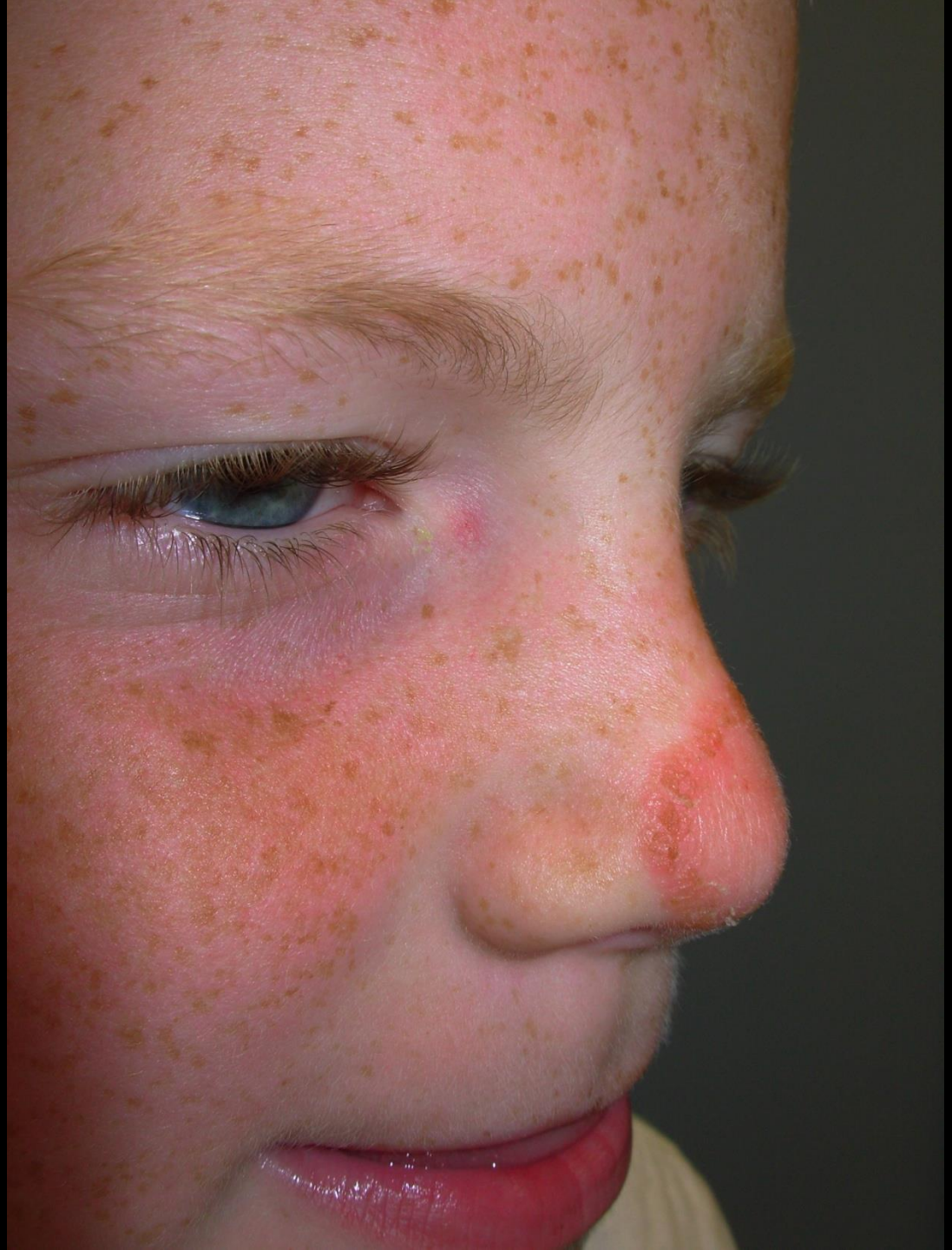
- Eczema (Atopic Dermatitis)
- Irritant Contact Dermatitis
- Allergic Contact Dermatitis
- Tinea Corporis / Incognito
- Lupus
- Tumor

Tinea Incognito

- Basically: just tinea corporis treated inadvertently over a period of time with a topical steroid
- The rash looks a little better, but actually is just “hiding”.
- The borders of the rash become indistinguishable, and there are little monomorphic acneiform papules
- Tx: stop the topical steroids; start topical antifungals

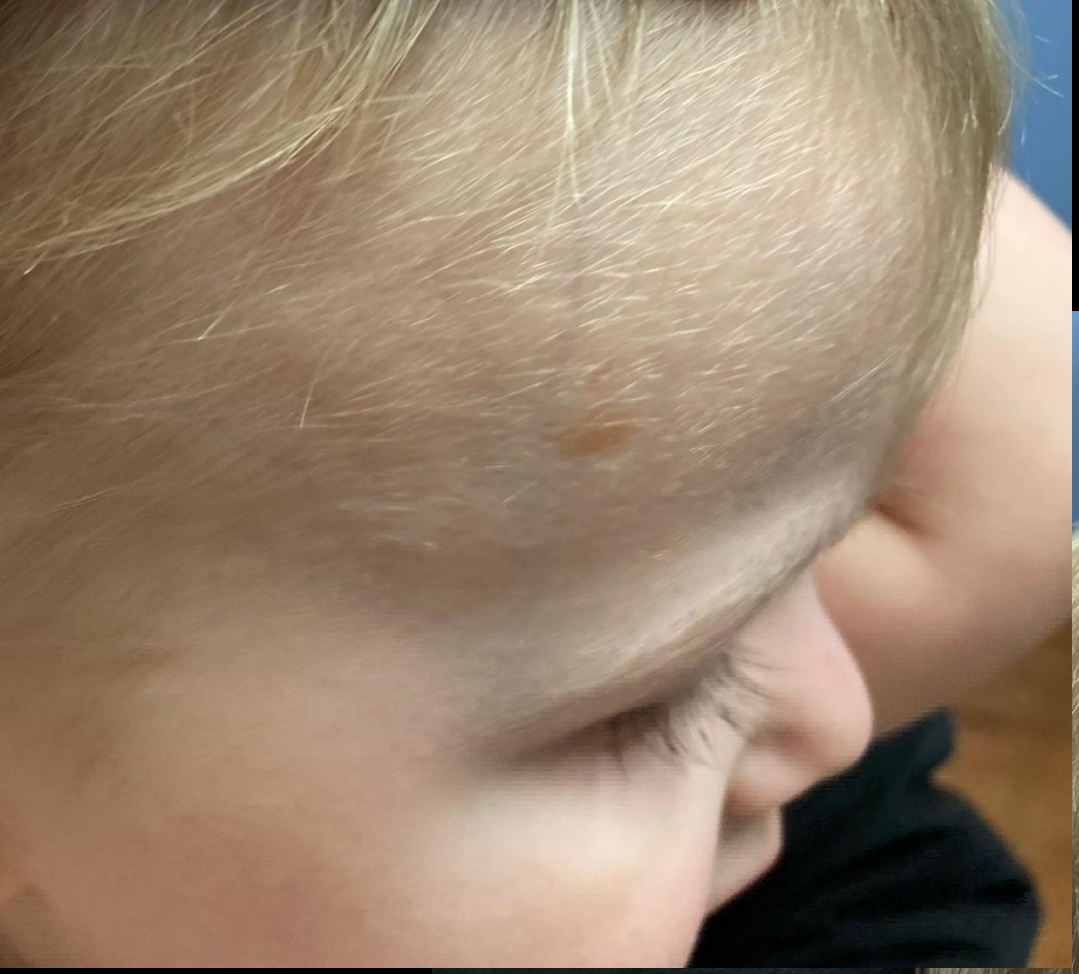



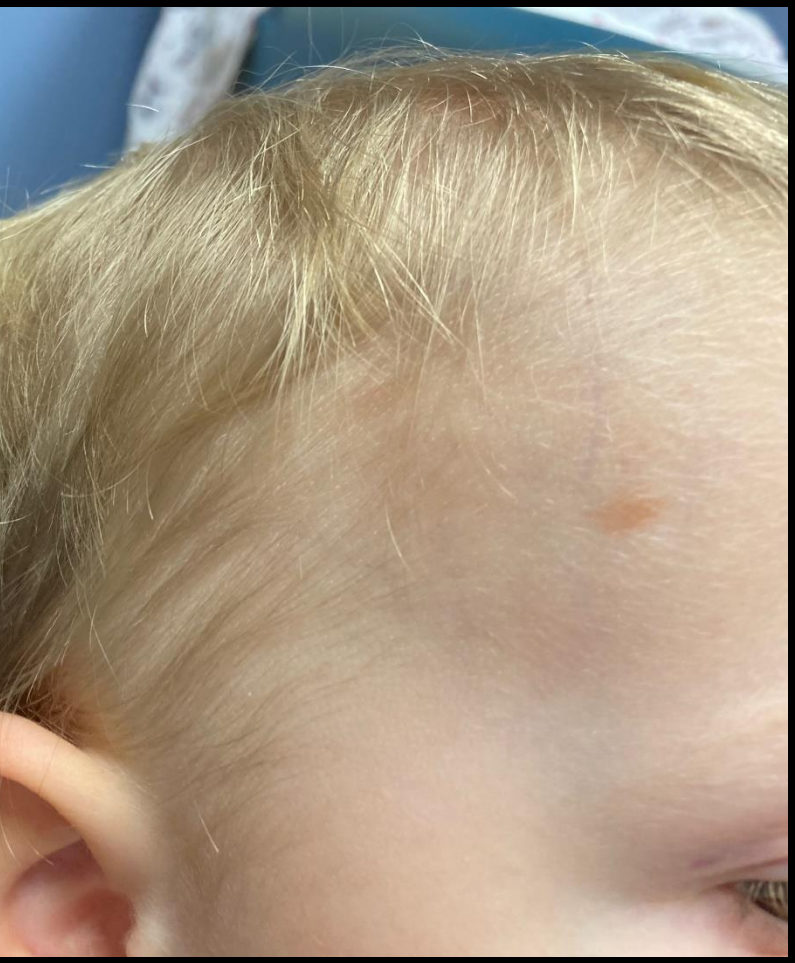


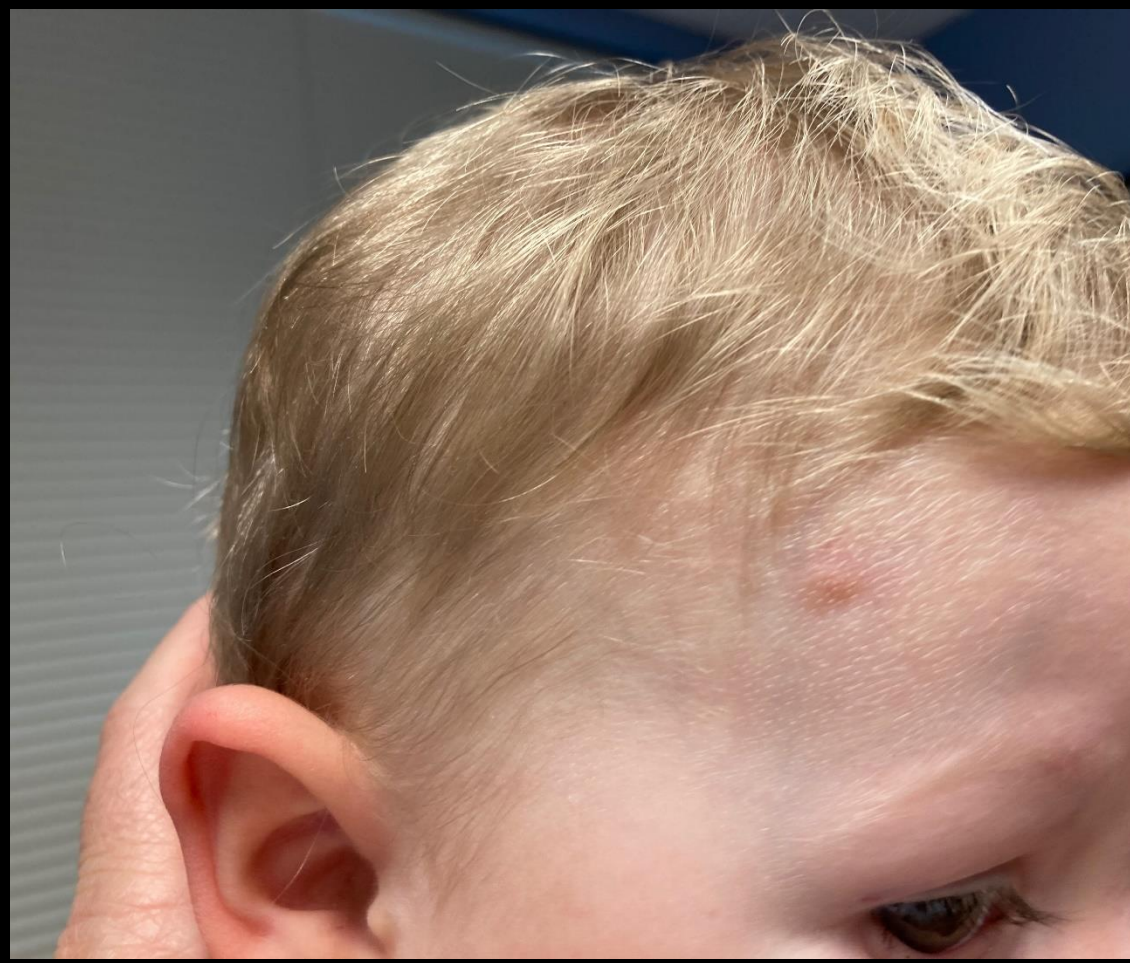


A 14 month-old toddler with a pinkish-brownish lesion on her right forehead

- Noticed within a few months after birth
- Hasn’t changed in size
- Doesn’t itch



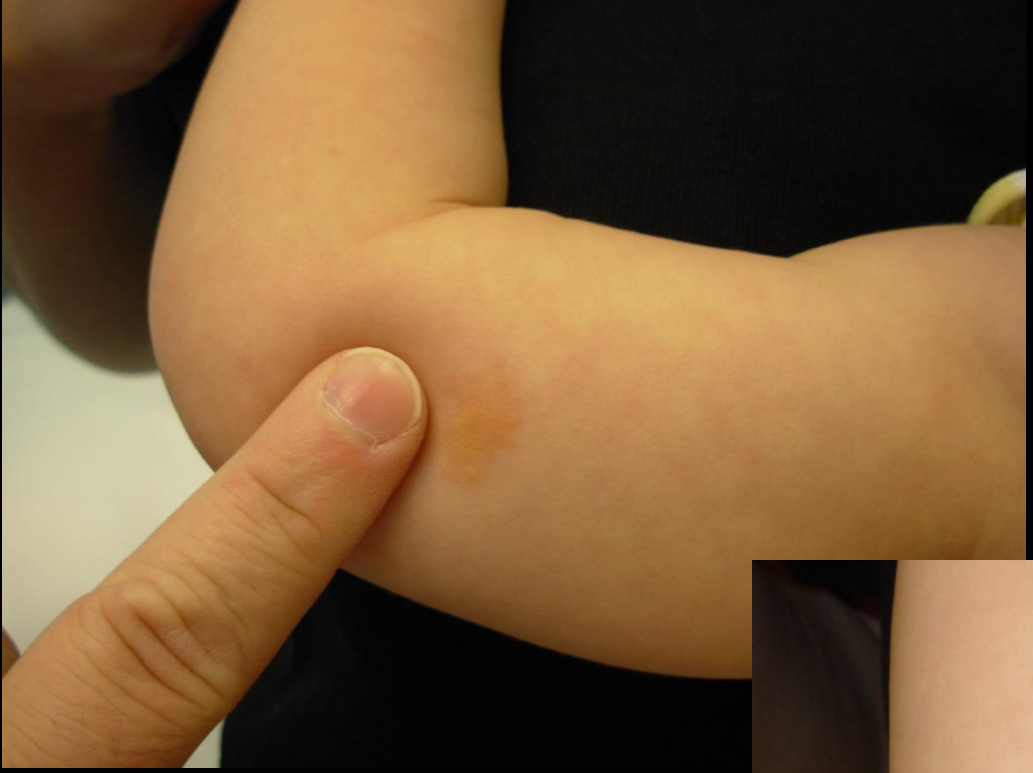


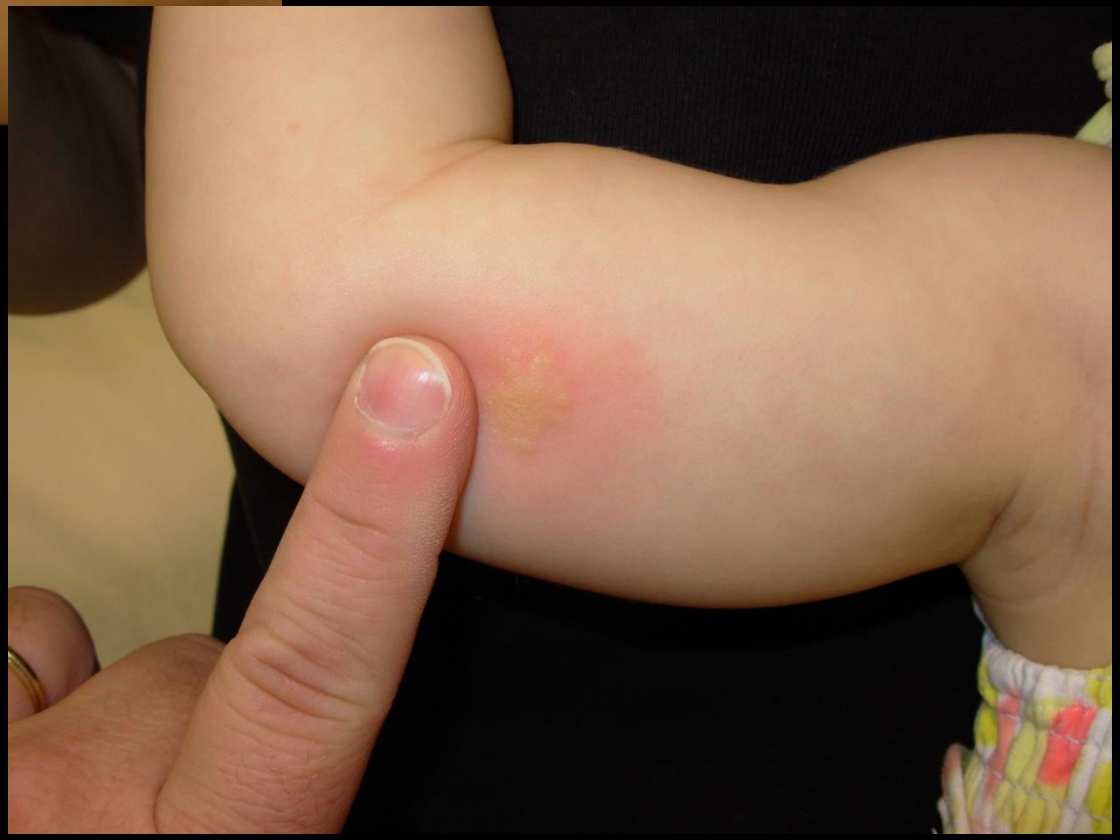


Solitary Mastocytoma

- Made up of Mast Cells
- ?Defect in KIT gene
- NOT genetically inherited / random
- Urticates when rubbed: “+ Darier Sign”
- Usually no treatment needed / oral antihistamines
- In days of yore: stay away from aspirin or codeine-containing products/ guaifenesin
- Goes away by puberty
- More than three lesions = Urticaria Pigmentosa….

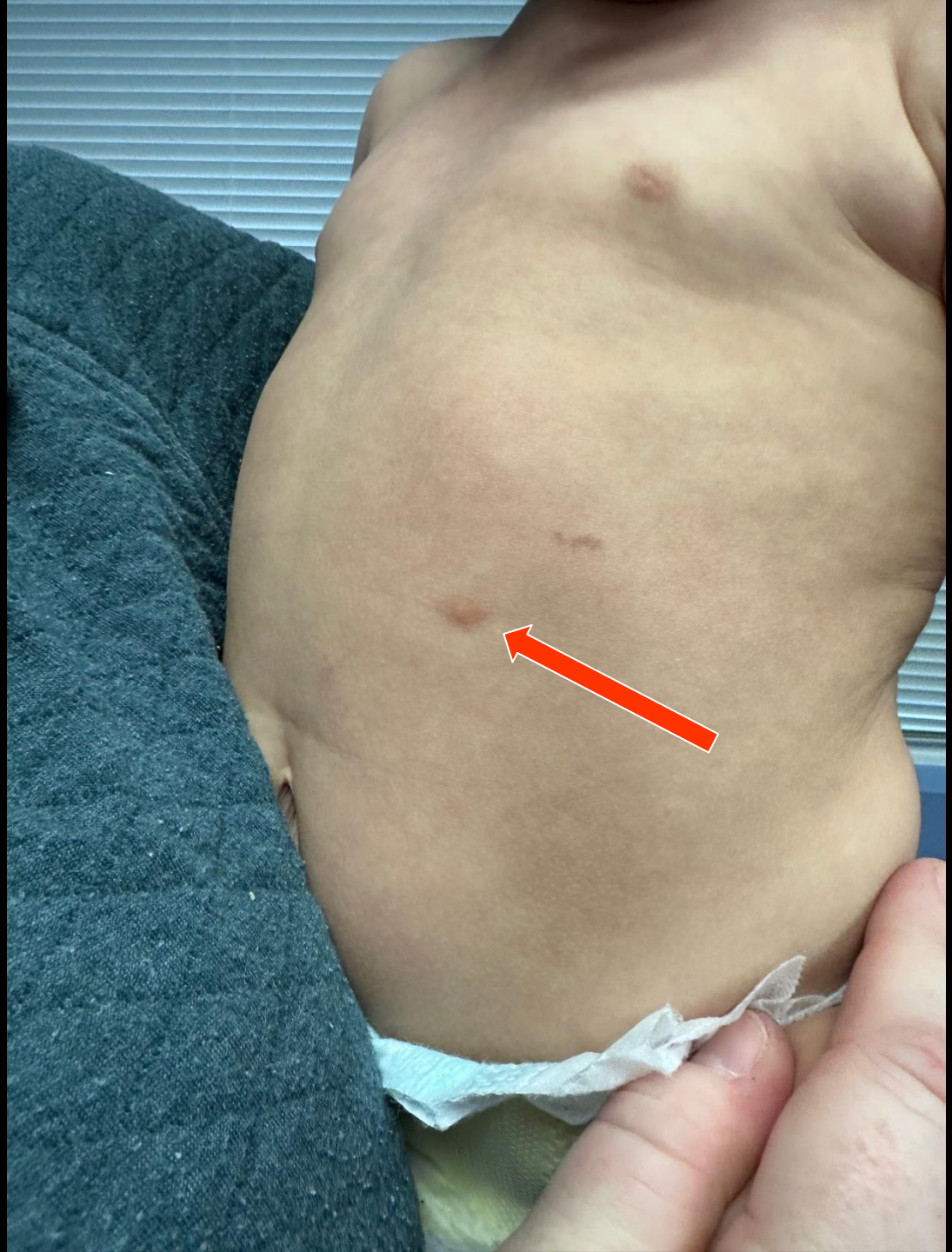
Darier's Sign





Another 14 month old toddler comes in with a solitary pinkish-brownish lesion on the stomach

- Developed soon after birth
- Asymptomatic
- + Darier Sign
- Dx: solitary mastocytoma
- Reviewed with family



- **HOWEVER, I also noticed a dark mole near her right knee….**

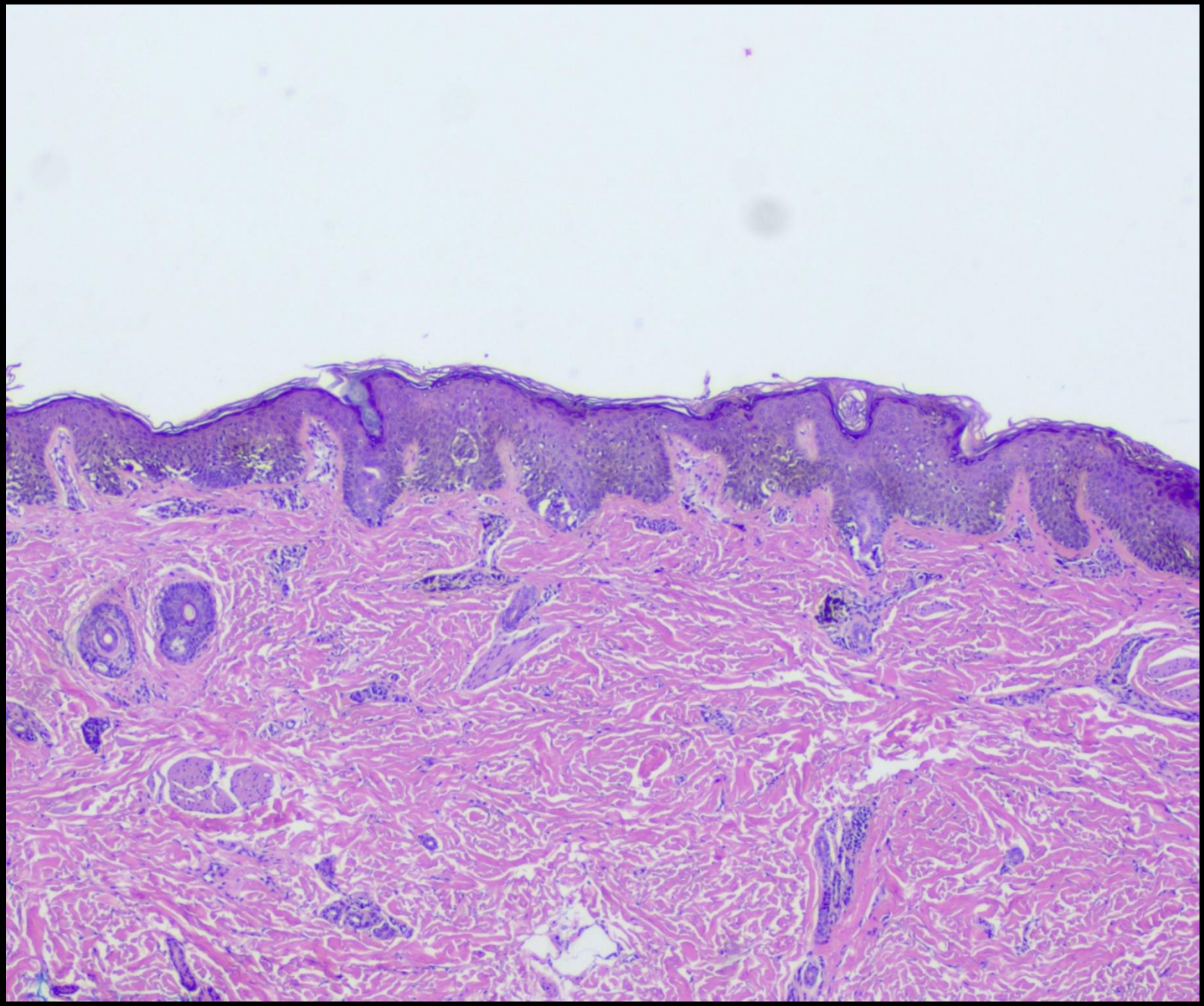
Turns out, she's had the dark mole for about 6-8 months….

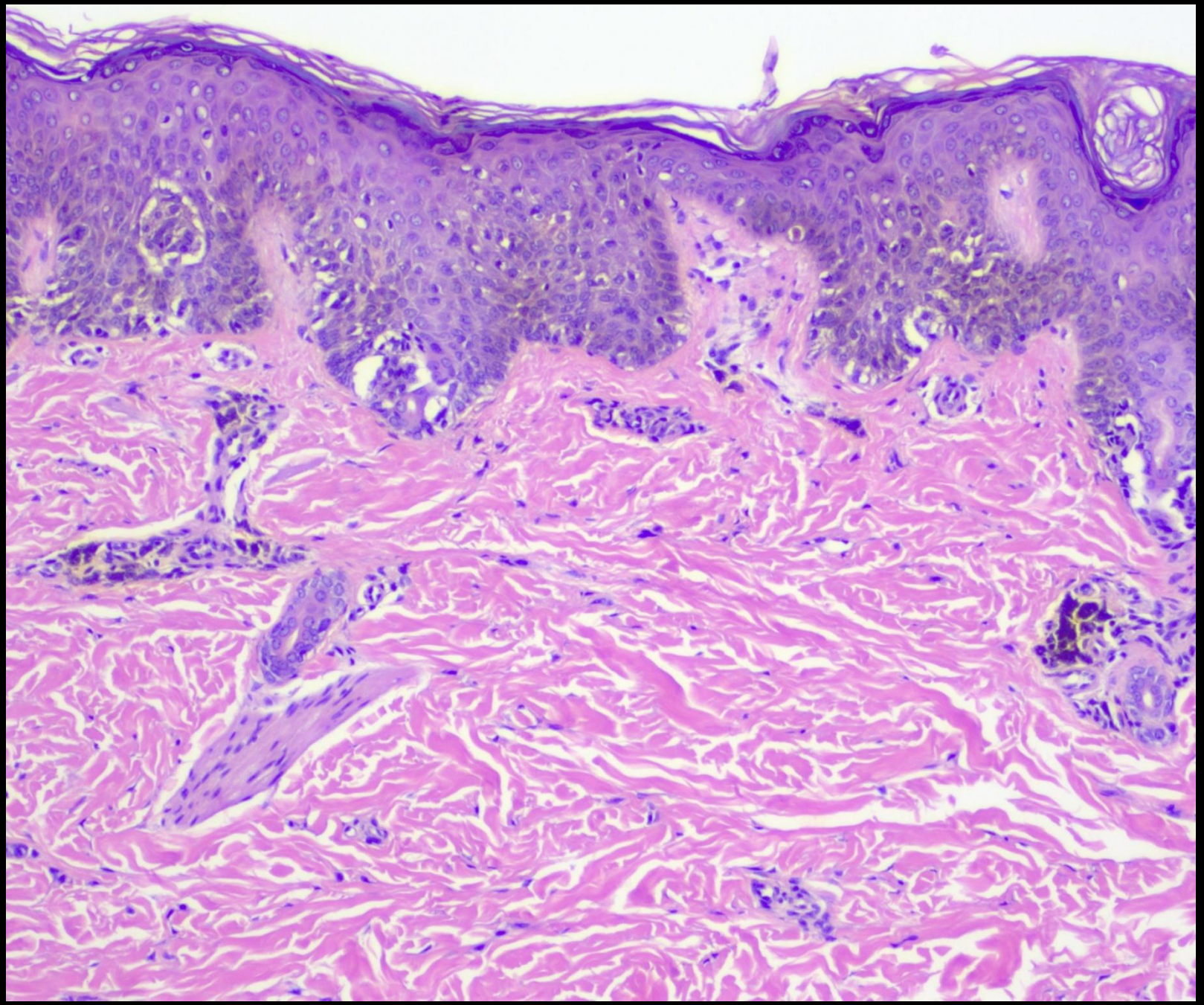
- I suggested that parents bring the child back for me to remove the mole and send it to pathology

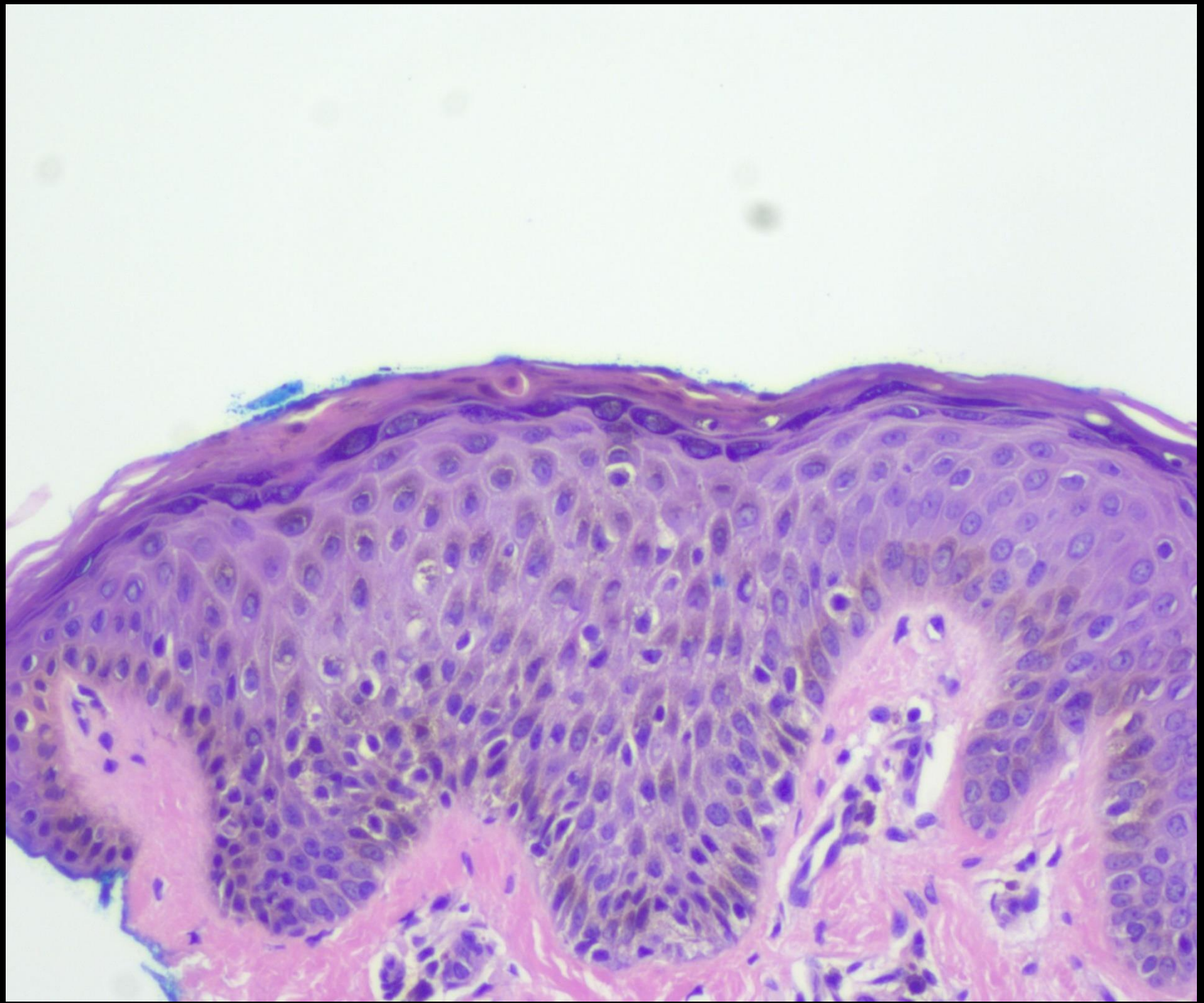
- Biopsy done
- Got a call from the pathologist the next day… "You wrote down that the patient is 14 months old. Did you mean 14 YEARS old??"

Pathology Diagnosis…

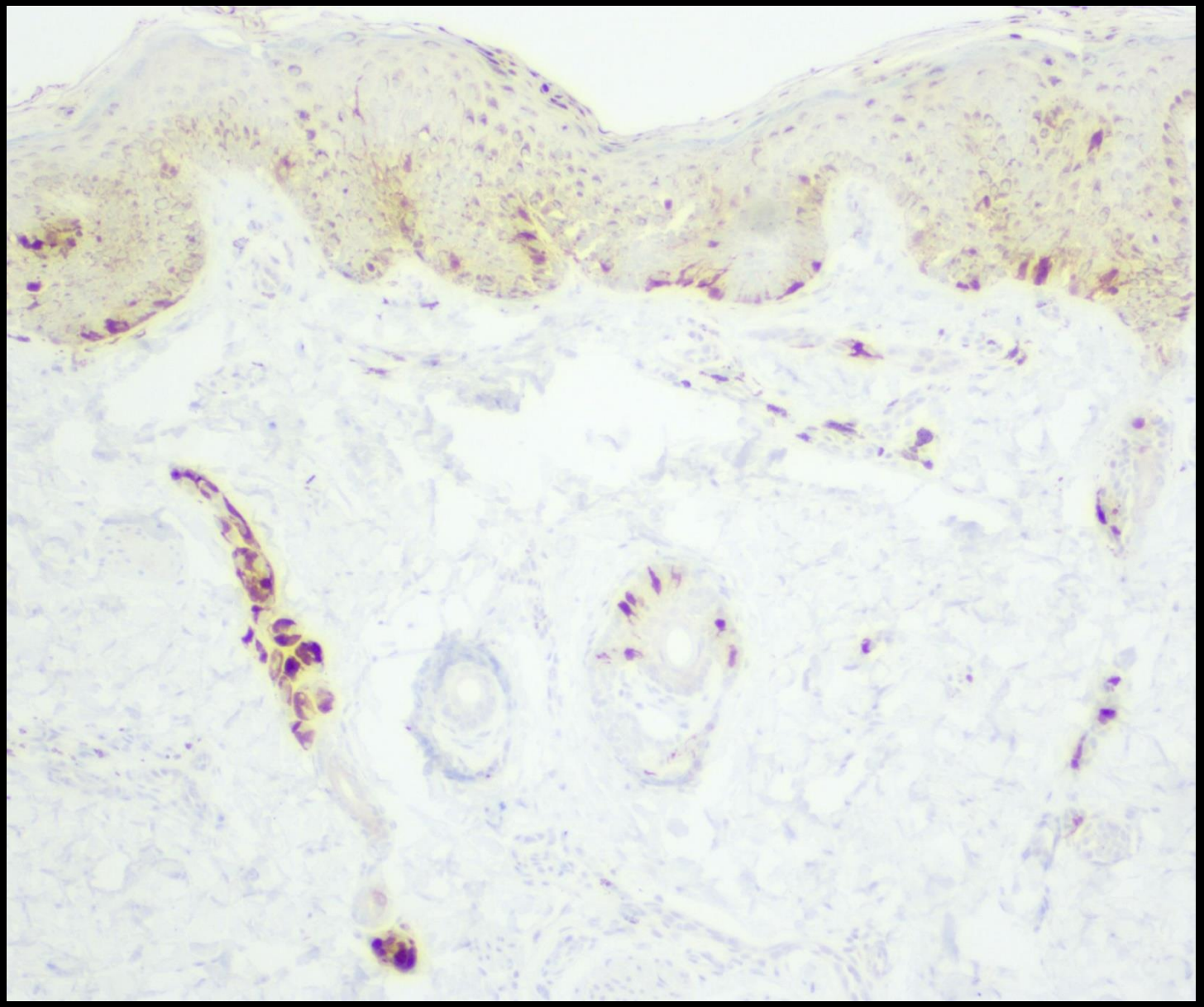
- ***"Severely Atypical Nevus", Borderline Melanoma***



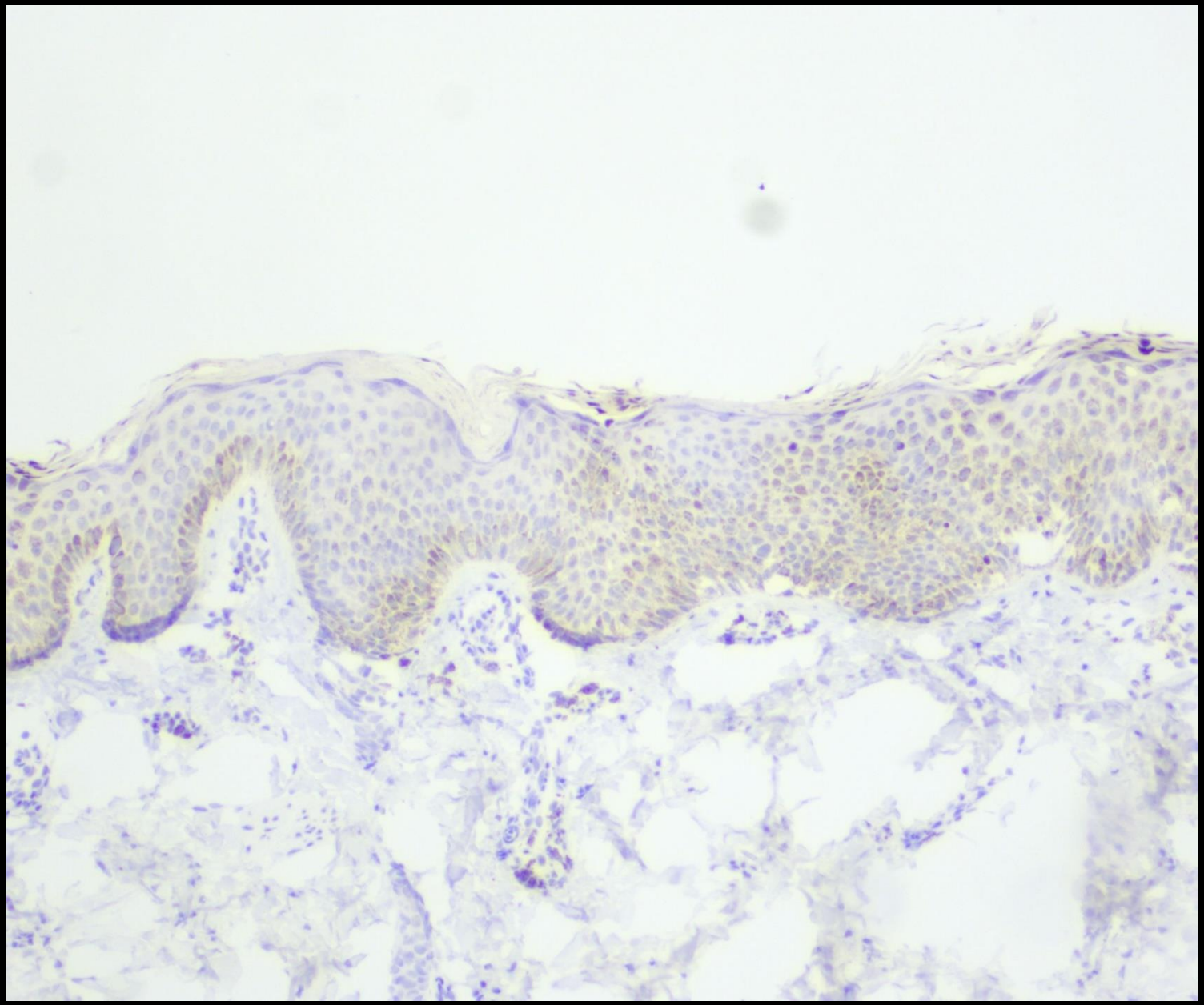




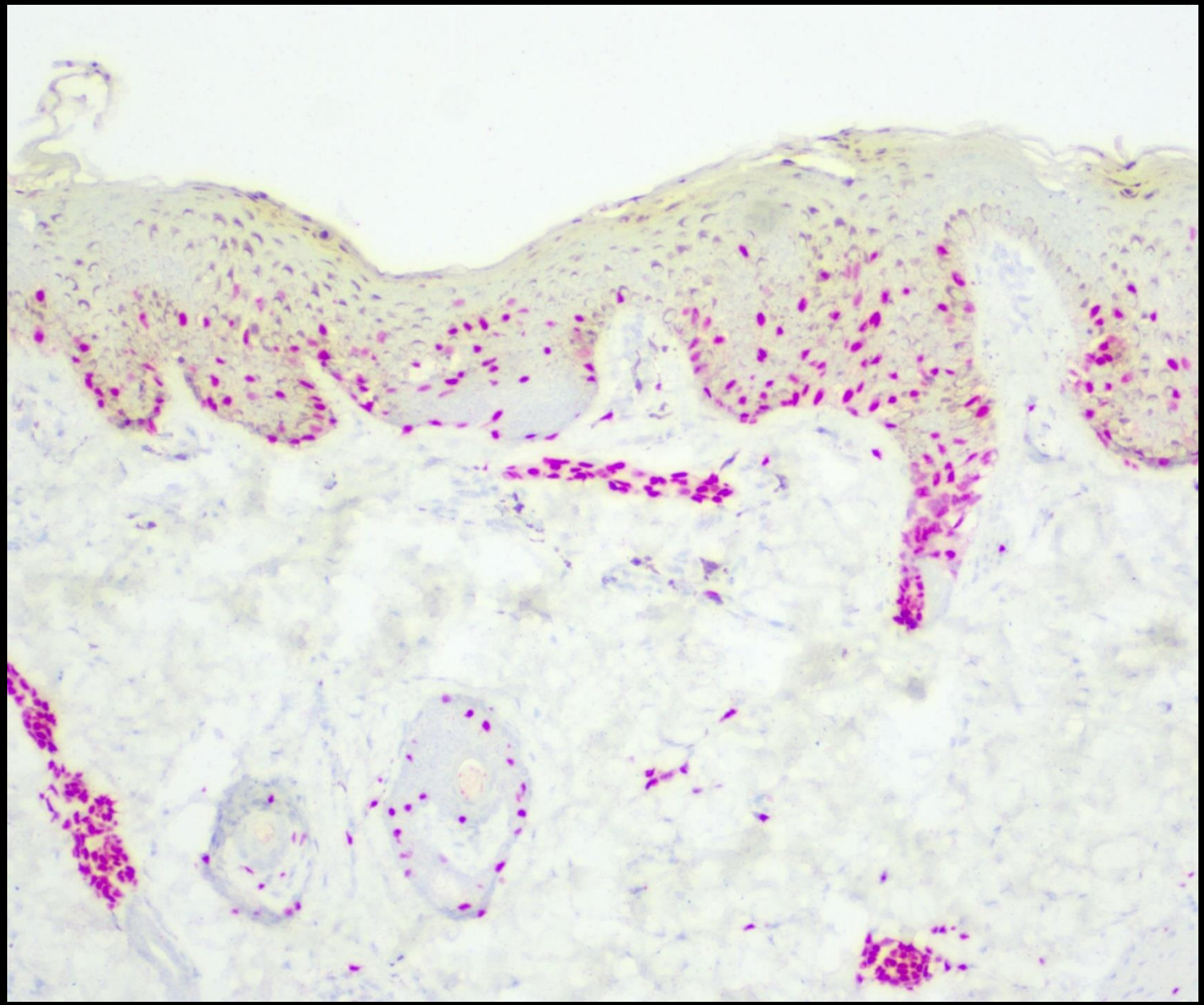
P16

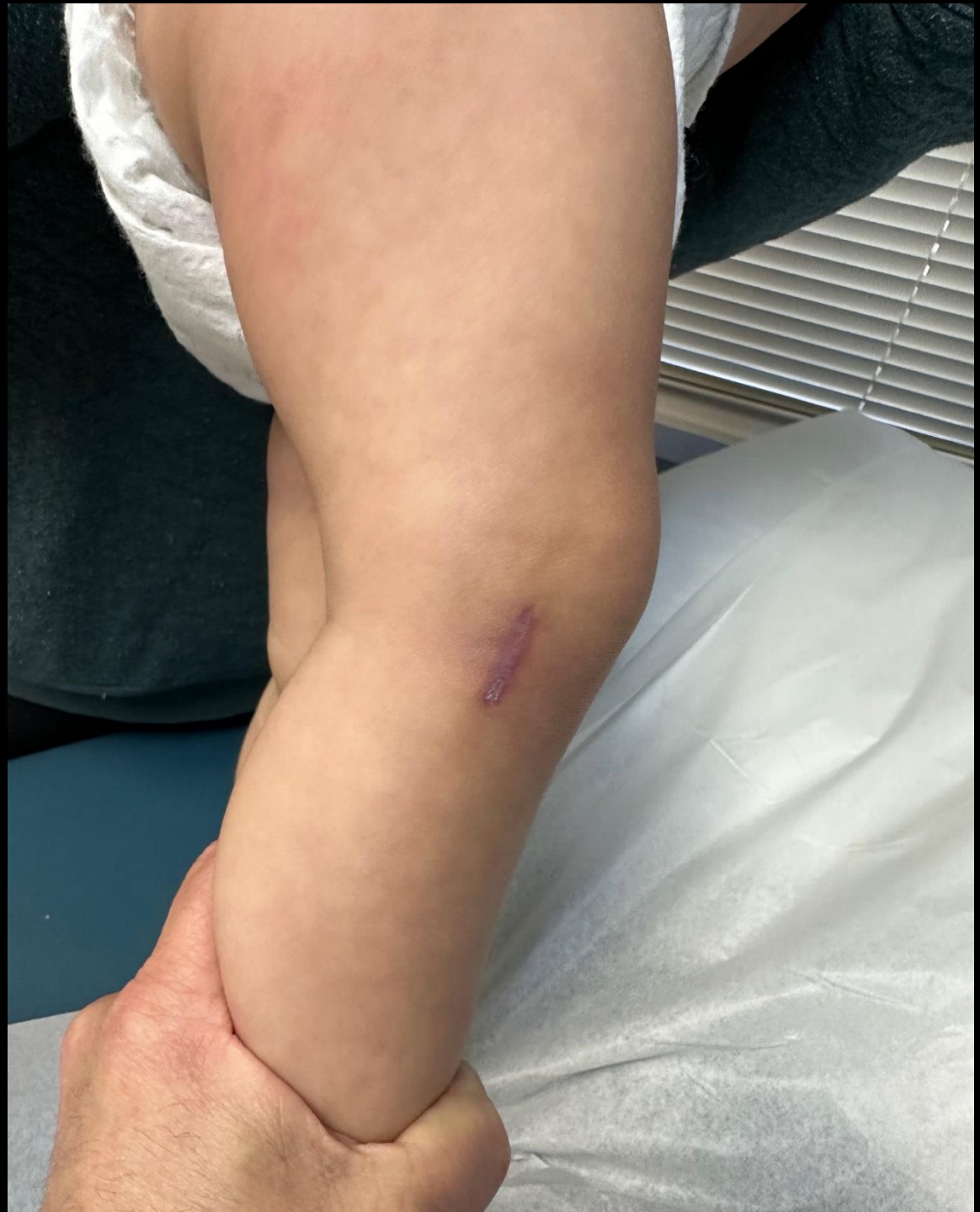


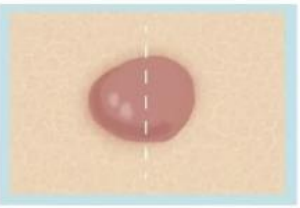
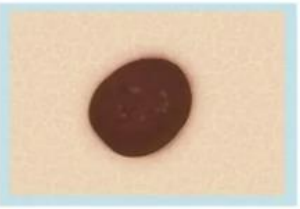
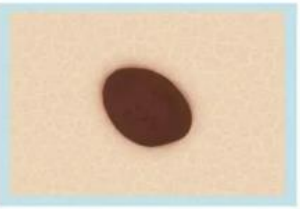
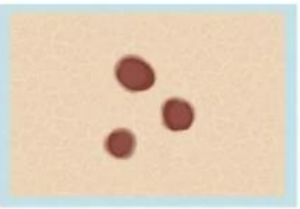
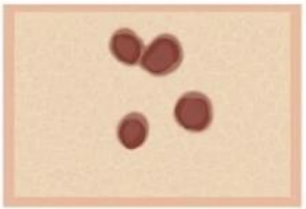
PRAME



SOX-10





MOLE FEATURES	BENIGN	SEE DOCTOR
A ASYMMETRY ONE HALF OF A MOLE DOES NOT MATCH THE OTHER.		
B BORDER THE EDGES ARE IRREGULAR, RAGGED, NOTCHED, OR BLURRED. NORMAL MOLES ARE ROUND OR OVAL.		
C COLOR THE MOLE IS NOT EVENLY COLORED. IT MAY INCLUDE SHADES OF BROWN OR BLACK, OR PATCHES OF PINK, RED, WHITE OR BLUE.		
D DIAMETER THE SPOT IS LARGER THAN 6 MILLIMETERS ACROSS	 LESS THAN .25 IN	 GREATER THAN .25 IN
E EVOLVING THE MOLE IS CHANGING IN SIZE, SHAPE, OR COLOR.		

Adult ABCD's vs Pediatric….

Adult-

A- Asymmetry

B- Border

C- Color

D- Diameter

E- Evolving

Pediatric-

A- Amelanotic

B- Bleeding Bump

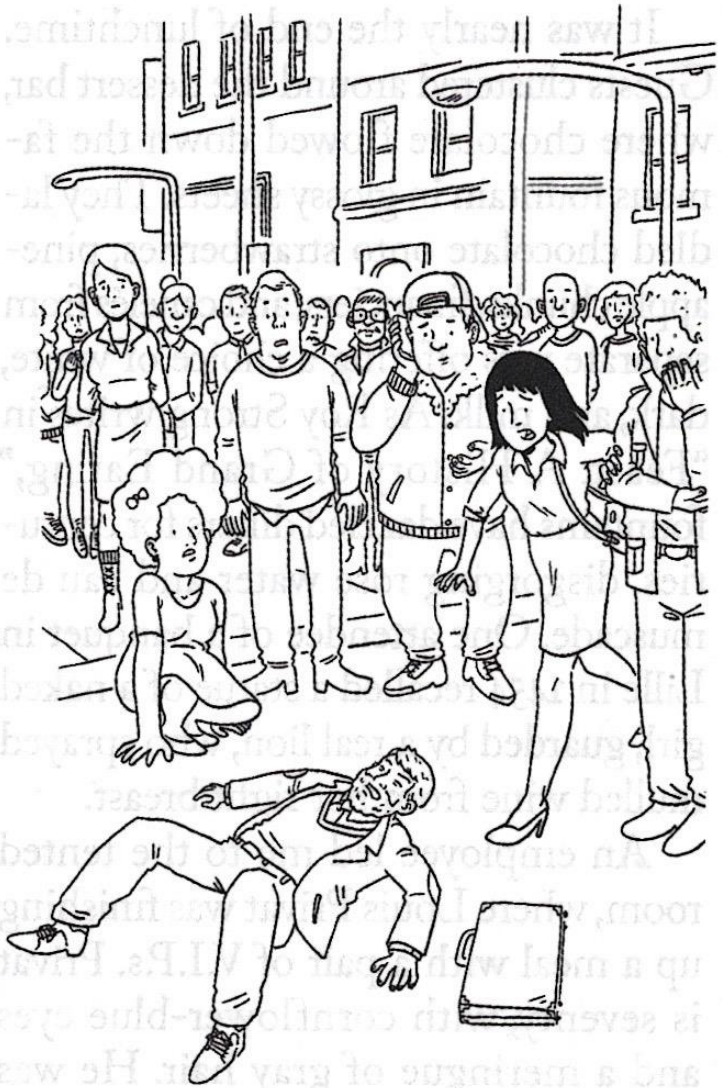
C- Color

D- DeNovo

E- Evolving

M.O.C. Learning Points…

- Some defects of the skin on the crown of the scalp require an MRI.
- Consider a broad DDx for rashes in the groin, including non-infectious causes.
- Not everything that is circular on the skin is ringworm.
- Treat “stinky feet” with a topical abx.
- Don’t treat fungus with a topical steroid.
- Melanoma in children is VERY rare, but it <u>does</u> happen.



"Out of the way—
I'm a doctor!"

Thanks for your attention!