

PEDIATRIC DERMATOLOGY

PRESENTED BY
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PEDIATRIC DERMATOLOGY

- Differentiate different skin conditions.
- Review the most common conditions seen.
- Discussed treatment options for these conditions.

SKIN LESION TYPE

Macule < 1 cm (flat, nonpalpable)

Patch > 1 cm (flat, nonpalpable)

Papule < 1 cm (elevated)

Plaque > 1 cm (elevated)

Nodule > 1.5 cm (elevated)

Vesicle < 1 cm (elevated)

TOPICAL STERIODS

Seven classes of steroids

Face, groin and axilla: low potency steroid

Body : medium – high potency

Advise to use less than 2 weeks

Side effects: atrophy of the skin and stretch marks

MOLLUSCUM CONTAGIOSUM

- Pearly umbilicated papules
- Cause by Poxvirus
- Very contagious and affects only humans
- Transmitted by skin-to-skin contact, objects and swimming lessons
- Self-limited but it can take 1-2 years to resolve
- Treatment: Ln2, Differin gel, Molluscum Rx
- Id Reaction

ID REACTION



COMMON WARTS

Cause by HPV

Most common areas: elbows, knees and hand

Warts on the genitals need to be biopsy and request type and screening

Child Protective Services (CPS) 1-800-4-A-CHILD

Treatment: LN2, compound W, electrocautery, and laser

ACNE VULGARIS

Increase sebum production

Follicular hyperkeratinization

Proliferation of the bacteria *Cutibacterium acnes*

Inflammation

Most common: face, chest and back

ACNE VULGARIS

MILD

- Benzoyl Peroxide wash
- Sunblock
- Clindamycin
- Retin-A

MODERATE

- Benzoyl Peroxide
- Sunblock
- Clindamycin
- Retin-A
- Oral antibiotics

ACCUTANE



Moderate to Severe



Lab work



I pledge



Side effects : **dryness**, headaches, nosebleeds, joint pain



Block box warning

CONFLUENT AND RETICULATED PAPILLOMATOSIS (CARP)

Hyperpigmented plaques

Etiology unknown

Chronic condition that is marked by exacerbations and remissions

Usually affects the upper central trunk, neck upper back, and axillae

Face is usually not affected

Treatment: tetracycline, Ketoconazole shampoo and Ketoconazole cream

TINEA VERSICOLOR

Hypopigmented macules, papules and plaques

Cause by yeast (*Malassezia*) that is not contagious

Most common in people living in hot, warm climate and sweating frequently

Most common location: chest, upper back, abdomen, neck, thighs and face

Chronic condition

Treatment: Antifungal creams and pills.

PITYRIASIS ALBA

Hypopigmented patches

Unknown cause

Sunblock daily

Mild topical steroid

Calcineurin inhibitor

VITILIGO

Autoimmune condition

Depigmented white patches of the skin

Affects the melanocytes

Etiology is unknown

Wood's lamp (UVA light)

Goal – halt progression

Treatment – topical steroids, calcineurin inhibitors, phototherapy, JAK inhibitors, and vitamins

KERATOSIS PILARIS

Very common harmless skin condition

Small, whitish bumps on the face, upper arms, thighs, back, and buttocks

Genetic

Exfoliate and moist

KERATOSIS PILARIS



ATOPIC DERMATITIS

Eczema

Chronic, relapsing, pruritic condition

Affects the scalp, torso, and extensor aspects of the extremities

The cause is unknown

Prone to infections : Staphylococcus aureus, MRSA and Herpes Simplex Virus



Atopic Dermatitis

DUPIXENT



First biologic for
Atopic Dermatitis

Only approved for 6
years and older

Medication is
recommended for life

NUMMULAR ECZEMA

- Coin-shaped, scaly plaques
- It is of uncertain etiology
- Associated with atopic dermatitis
- Rule out tinea corporis
- Skin biopsy to confirm diagnosis
- Treatment: topical steroids, antibiotics, and gentle skin care

ECZEMA HERPETICUM

- Herpes simplex virus
- Punched-out lesions
- Viral cultures
- Ophthalmologist referral if eye involvement
- Treatment: acyclovir



PERIORAL DERMATITIS



- Benign inflammatory eruption of unknown etiology
- Erythematous papules and pustules around the mouth, nose and eyes.
- Triggers: topical steroids, toothpaste, and mouthwash products
- Treatment: topical metronidazole and pimecrolimus.

TINEA FACIALE

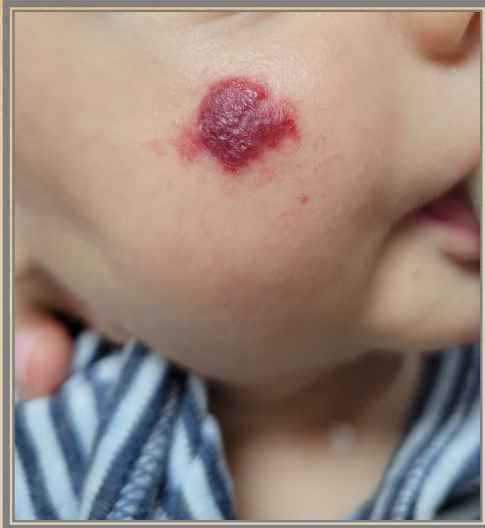


- Ringworm
- Very contagious and transmitted by contact
- Single or multiple pink-to-red, scaly patches
- The border is usually raised and may contain bumps, blisters or scabs

ALOPECIA AREATA

- T lymphocyte mediated autoimmune disease of the hair follicle
- Usually, 1 or 2 small patches
- Resolves spontaneously
- Diagnosis: scalp biopsy or clinically
- Treatment: mid- to high potency steroids, Ruxolitinib, Elidel

HEMANGIOMA



- Benign Vascular tumor
- Most common type is infantile hemangioma
- Superficial, Deep, and Mixed
- >3 recommend U/S
- Grow rapidly
- Gradual involution over several years
- Propranolol is the gold standard therapy

HEMANGIOMA



Pulse Dye laser

Hemangeol (Propranolol)

THANK YOU!