Common Childhood Skin Disorders in the Nurses Office

Skin Disorders to be covered

- Bacterial:
  - Impetigo
  - Scarletina rash
  - MRSA
  - Inflammatory disorders
    - eczema

Skin disorders covered, cont

- Verrucae
  - Plantar warts
  - Common warts
  - Molluscum contagiosum
- Herpes simplex types I and II
- Tineas:
  - Ringworm
- Bites:
  - Bug bites
  - Tick bites: Lymes
Principles of Dermatologic Therapy

- Thorough history is most important
- Pearls for Examination of a Rash
  - Examine soles, palms, and mucus membranes
  - Check to see if rash is symmetric and how it is distributed
  - If rash is symmetric and extends all over the body, THINK SYSTEMIC.
  - If rash is on one part of the body, THINK LOCALIZED

Bacterial:

- Impetigo: contagious bacterial infection
  - Etiology: staph or strep
  - Present as moist vesicles with erythematous base, rupture and form thick honey-colored crusts.

- Bullous: fragile bullae rupture and form scaled shiny red lesion. Almost always staph.
Bacterial: Strep rash

- Scarletina Rash: associated with Scarlet Fever
- Etiology: GABs
- Rash appears 12-48 hours after start of fever
- The rash usually starts below the ears, neck, chest armpits and groin, then spreads to extremities
- Scarlet spots or blotches with a boiled lobster appearance are often the first sign of rash

Scarletina rash

Strep rash cont’d

- Rash is increased in body folds, particularly groin. As rash fades, peeling occurs especially palms and soles.
- Peeling palms, soles telltale sign of s/p strep infection
- Sandpaper rash associated with strep pharyngitis
Sandpaper rash

Methicillin-resistant Staphylococcus aureus  MRSA

- Important aspects of the history in a child with skin and soft tissue infections include risk factors for methicillin-resistant S. aureus (MRSA),
- Trauma to skin, including any foreign body that could be imbedded, ex: insect bite, impetigo
- Exposure to ill contacts (eg, group A Streptococcus), animal exposure or bites, travel history, others with MRSA

MRSA cont’d

- Localized pustules – Localized pustules have a number of infectious causes. Two common causes in children include impetigo and folliculitis
- Skin abscess – Skin abscesses are collections of pus within the dermis and deeper skin tissues.
- Cellulitis
What is Trichotillomania?

- Trichotillomania is a behavioral disorder characterized by the repetitive pulling out of one’s own hair, resulting in noticeable hair loss.
- It is often accompanied by anxiety and distress.
- This behavior can lead to significant hair loss and damage.
- Treatment typically involves psychological and medical interventions to address the underlying cause.

MRSA

- MRSA (Methicillin-resistant Staphylococcus aureus) is a type of bacteria that is resistant to common antibiotics.
- MRSA can cause skin infections and bloodstream infections, especially in healthcare settings.
- Proper hygiene, such as frequent hand washing, is crucial to prevent MRSA transmission.
- Treatment involves antibiotics that are effective against MRSA.
### Tineas

- **Tinea capitis** - ringworm on the scalp with or without alopecia. Presents with broken hairs, crusting pustules and boggy areas. Lymphadenopathy can be palpated in occipital/posterior cervical nodes.

- **Tinea corporis** - ringworm on the body presents with annular sharply defined papulovesicular border with central clearing on trunk, face extremities.

- **Tinea pedis** - ringworm on feet presents with small, scaly, pruritic erythematous vesicles and fissures between and under the toes. Found in chronically warm, mostly feet-between toes.

### Tineas cont’d

- **Tinea cruris** - well marginated, erythematous scaly plaques on the inguinal folds and between thighs. Ringworm.

### Tinea capitis

![Image of Tinea capitis](image-url)
Inflammatory Disorders

- **Atopic dermatitis:** pruritis, papules, erythema, excoriation, serous drainage, crusting, lichenification. Ex. eczema.
- **Seborrheic dermatitis:** cradle cap, whitish-yellowish scaly, oily plaques on scalp, skin folds.
- **Contact dermatitis:** localized area of erythema/pruritis. Result of direct contact with irritant.
What is this?

Eczema
- Dry, pruritic, scaly often starts in an annular pattern
- Often on flexor surfaces
- Can become confluent
- Can become severe, extending to many body parts and can cause of many secondary infections
- Needs to be kept moist with emollient cream; steroids may be needed.

Atopic dermatitis: eczema
**Dyshydrotic Eczema**

**What is this?**

**Psoriasis**

- Autoimmune
- Often pruritic, thick, lichenified, scaly patches on the extensor surfaces quite often
- Can be familial
Contact dermatitis: poison ivy

Viral Infections

- Verrucae: is a human papillomavirus (HPV). They are classified based on their clinical presentation
- Common warts: verrucae vulgaris
- Plantar warts: verrucae plantaris
- Flat warts: verrucae plana
- Molluscum contagiosum: poxvirus presents as pearly colored, dome shaped papules
- Herpes complex type I: generally orolabial lesions
- Herpes complex type II: soft fleshy papules in anogenital area

Common wart
Molluscum contagiosum

Herpes labalis

What is this rash?
Fifth's Disease

- Parvovirus B19 most classically causes erythema infectiosum (EI), a mild febrile illness with lacy rash called Fifth's Disease.
- It often occurs in outbreaks among school-aged children, although it can occur in adults as well. EI is also referred to as "fifth disease" since it represents one of six common childhood exanthems, each named in order of the dates they were first described.

Fifth's Disease cont’d

- The illness begins with nonspecific prodromal symptoms, such as fever, coryza (nasal mucous membrane inflammation), headache, nausea, and diarrhea.
- Two to five days later, the classic erythematous malar rash appears (slapped cheek rash).
- This facial rash is often followed several days later by a reticulated or lace-like rash on the trunk and extremities.
What are these?
- Can take up to 10 days 

Fifth Disease
Lyme Disease

- Tick Born Pathogen: Spirochete
- Possible fever, swollen lymph nodes, fatigue, signature bullseye rash

Red Flags

- Rashes that don’t blanch
- Signs of infection (increasing erythema, warmth, drainage)
- Alopecia

References

- Kaplan, S. Evaluation and management of suspected methicillin-resistant Staphylococcus aureus skin and soft tissue infections in children
- Jordan, JA. Clinical manifestations and diagnosis of parvovirus B19 infection
- S. Sawyer, Pediatric Physical Examination & Health Assessment, chapter 5.