May 2016

Rashes Not To Be Missed In Children

Dr Chan Yuin Chew

Dermatologist

Dermatology Associates

Gleneagles Medical Centre

Scope of presentation

- Focus on rashes
  - May lead to significant morbidity if not treated early or appropriately
  - May be aggravated by the use of steroid-antibiotic-antifungal creams
  - GP is likely to encounter in clinical practice

Herpes simplex virus infection

- Herpetic whitlow
- Treatment: oral and topical acyclovir

Eczema herpeticum

- Disseminated HSV infection in patient with eczema
- Treatment:
  - Oral acyclovir
  - Moisturiser

Herpes zoster

- Differential diagnosis: impetigo
- If uncertain – prescribe both antiviral and antibiotic medications.

Hand-foot-and-mouth disease

- DD: chickenpox, HSV, bullous impetigo
- Can be extensive
- Vesicular eruption usually starts on the limbs

Bullous impetigo

- Due to staphylococcal exfoliative toxins
- Treatment:
  - Antiseptic wash eg. chlorhexidine
  - Fusidic acid or mupirocin ointment
  - Oral antibiotics if extensive

Summary of essential points

- Vesicles – consider HSV, shingles, chickenpox, HFMD, bullous impetigo
- HSV may be itchy
- Shingles can occur in children
- HFMD starts on acral surfaces, can be extensive

Scabies

- DD: eczema, insect bites
- 0.5% malathion lotion
- 5% permethrin cream/lotion for children less than 6 months old and mothers who are breast-feeding
- Left on for 24 hours, repeat 1 week later

Majocchi's granuloma

- Clinical variant of tinea corporis
- Dermatophyte folliculitis
  - After using potent topical steroid on unsuspected tinea
  - After shaving
- Perifollicular papules, pustules
- Treatment: oral and topical antifungal medication

Cutaneous candidiasis

- Skin folds, nappy area
- Treatment: topical imidazoles

- How about steroid-antifungal-antibiotic creams?

Summary of essential points

- Itchy rash in children
  - Eczema is common, but consider fungus infection, scabies, head lice
- Advise parents not to use steroid-antibiotic-antifungal creams beyond 2 weeks

Perianal warts in the infant

- Likely due to perinatal infection with a latency period preceding clinical expression
- Treatment
  - Imiquimod (Aldara)
  - Liquid nitrogen cryotherapy

Atypical mycobacterial infection

- Histology: granulomas, AFB +
- PCR for species identification
- Non-tuberculous mycobacteria – found in water, soil
- Treatment:
  - Oral antibiotics
  - Surgical excision

Infantile acne

- May result in scarring
- Treatment:
  - Topical benzoyl peroxide, retinoids or antibiotics
  - Oral erythromycin

Perioral dermatitis

- Cause is unknown, may be induced by steroid use
- Treatment:
  - Topical erythromycin, clindamycin, metronidazole
  - Oral erythromycin

Tinea capitis

- Scalp scaling, plaques, pustules or abscesses + hair loss
- DD: bacterial infection, psoriasis, eczema
- Skin swab for fungus culture
- Oral antifungal medication (eg. terbinafine, griseofulvin) + antifungal shampoo for 4 to 6 weeks
- Look for infection in family members

Pustular Psoriasis

- Uncommon psoriasis variant
- Pustules are sterile
- Skin biopsy: subcorneal pustules, neutrophilic infiltration
- Treatment: moisturisers, oral methotrexate, cyclosporine or acitretin

Neonatal lupus erythematosus

- Caused by the transplacental passage of maternal autoantibodies (anti-Ro, anti-La)
- Mothers of patients with NLE may have SLE, Sjögren syndrome, undifferentiated autoimmune syndrome, or rheumatoid arthritis
- Incidence of congenital heart block in infants with NLE is 15-30%

Adverse drug reactions

- Common culprit drugs in children – antibiotics, NSAIDs, anti-epileptics
- Onset of rash – few minutes to few weeks, usually 3 to 7 days
- Common morphologies – morbilliform, urticarial, fixed drug eruption, vasculitis, erythema multiforme, AGEP

Rashes not to be missed in children

- Rashes that may lead to significant morbidity, or even mortality, if not treated early or appropriately – infections, adverse drug reactions
- Rashes that may be aggravated by the use of steroid-antibiotic-antifungal creams – infections, acne, perioral dermatitis