Pediatric Dermatology
Update
Alaska ACP & AKOMA
May 19, 2013
G. Scott Drew, DO, FAOCD
Smith Clinic
Department of Dermatology
Ohio State University College of Medicine and Public Health
Clinical Adjunct Faculty
Ohio University College of Osteopathic Medicine
Dermatology Residency Faculty
Marian University College of Osteopathic Medicine
Associate Professor of Dermatology

Acne Vulgaris, the # 1 pediatric derm chief complaint

[Images of patients with acne]
Remember the Pathophysiology
1. Increased androgens
2. Microcomedones
3. P. acnes
4. Inflammation/PMN's

Early Comedonal Acne Vulgaris

Papulopustular
Cystic Acne

Treatment – where to begin?

• Plethora of choices
• No magic bullet
• Education
• Compliance
• Time
• Reassurance
• No picking

Treatment Options - Topical

• Retinoids
  – Retin A, Tazorac, Differin, et al
• Retinoid combinations
  – Epiduo, Ziana, et al
• Benzoyl Peroxide
  – Washes, gels, foams, pads
• Antibiotics/Anti inflammatories
  – Clindamycin, dapsone, erythromycin
Acne Conglobata

Therapeutic Options-systemic

- Oral antibiotics
  - Minocycline and Doxycycline are the war horses
- Hormonal agents
  - Spironolactone and Oral contraceptives
- Isotretinoin
  - Category X and I pledge program

Keloids
Special Therapeutic Circumstances

- Intralesional injections
- Acne surgery/comedonal extraction
- Systemic steroids
- Etiologies other than Acne vulgaris
- Pregnancy
- Chemical peels
Sometimes it's not just acne

Signs of systemic Disease
Polycystic Ovarian Syndrome
2nd Most Common Peds Derm
Chief Complaint: Atopic Eczema

Atopic Dermatitis
- Key to management in MAINTAINCE
- Pruritus Control
- Moisturization
- Superinfection elimination

Therapeutics in Atopic Eczema
- Topical Steroids - attention to vehicle
- Antipruritics - topical and/or oral
- Calcineurin inhibitors
  - tacrolimus/pimecrolimus
- Bland moisturizers and cleansers OTC/Rx
- Education/reassurance
Atopic Eczema with secondary impetiginization
Secondary Bacterial Infection
Secondary Herpetic Superinfection

Regarding HSV, which one is true

A. Differentiating HSV 1 from 2 is an essential part of tx.
B. Recurrences are more severe than primary episodes.
C. Prodromes are rare.
D. Suppressive tx is indicated if >6 episodes/year.
E. Regional adenopathy is uncommon in primary outbreaks.
Herpes Gladiatorum

- Highly contagious amongst pediatric pts, wrestlers, STD
- In the genital area, not pathognomonic sign of abuse
- Often require no tx in small numbers
- Treatment modalities include cryo and topical destructive agents. Rarely surgery
- In adults, unexplained infections are rare

Secondary Molluscum Superinfection

Molluscum Contagiosum
One week history of mildly pruritic eruption

Bullous impetigo treatment with topical antibiotics

Impetigo
This 12 year old boy has impetigo, which one of the following is true

A. Likely has pseudomonas or klebsiella
B. Likely has HSV I
C. Requires gram + oral coverage
D. Will generate a phone call from the principal to mom or doctor
E. Is not contagious

HPV

Common Warts (Verruca Vulgaris)
Tinea Capitis with Kerion

Scarring from kerion

Tinea Faceii
Tinea Faceii

In Tinea Capitis,

Which is true:
A. It is best treated with low dose Griseofulvin (5mg/kg)
B. Can usually be cleared topically
C. Regional adenopathy is common
D. Candida is the likely cause in these pt.
E. Bed sheets are likely the source of infection
17y/o with scarring alopecia

A. Scleroderma
B. Morphea
C. Tinea capitis
D. Trichotillomania
E. Psoriasis

Two week pruritic truncal eruption

Pityriasis Rosea
Acanthosis Nigricans

This lesion has been present since birth. It is (a)

a. Hemangioma
b. Port wine stain
c. Nevus sebaceous
d. Morphea
e. Alopecia areata
Epidermolytic Hyperkeratosis

Linear Epidermal Nevus
Morbilliform Drug Eruption

Cutaneous T Cell Lymphoma