

Skin and Rashes

Acne (newborn)

At 1 to 3 weeks of age the infant may develop an acne{ XE “acne, baby” }-like rash on the face which may extend to the scalp and the chest. Do not attempt to treat this rash. The rash resolves on its own without leaving any scars or blemishes. If there are large pustules or cysts, call my office for an appointment.

Acne (adolescent)

Acne{ XE “acne, adolescent” } is the physical change in the outer layers of the skin caused by several factors. It is usually triggered by the hormonal changes of puberty. Increased skin oils accumulate below plugs in the openings of the hair follicles and oil glands. In the area below the plugs, secretions accumulate and skin bacteria grow. These normal bacteria cause changes in the secretions and make them irritating to the surrounding skin. The result is usually a pimple, and occasionally may develop into a larger pocket of secretions or cyst. Blackheads{ XE “blackheads” } are formed when the surface secretions collect and the tanning pigment called melanin is deposited causing the dark colored pimples.

Cleanliness and good hygiene are important principles for everyone. While excessive dirt will certainly aggravate acne, scrupulous cleaning will not prevent it. I tell adolescents to wash their skin only to keep it clean and comfortable. Extra washing or very vigorous scrubbing is not only unnecessary but potentially harmful. Greases and creams on the skin may aggravate problems. Over-the-counter acne medicines may be quite helpful for many adolescents. The active ingredient of benzoyl peroxide{ XE “benzoyl peroxide” } is important. Look for it. This ingredient dries the pimples and helps kill bacteria on the skin. Diet is not an important factor for most people. Some foods obviously do aggravate their acne and these foods should be avoided or reduced. But concerns regarding greasy foods, ice cream, chocolate etc. are overexaggerated.

Sunlight may have definite effects on acne and mild tanning during summer months usually reduces the severity of most acne.

Most acne may be improved by simple home therapy. When you do not feel your adolescent is happy with the progress they have achieved, I have several approaches I can use to control and reduce the severity of the acne. I refer patients when there is no change or satisfactory improvement after I have used prescription treatments.

Diaper rashes

If there is a persistent, mild diaper rash you might try treating it before you need to call me. Expose the rash{ XE “diaper rash” } to air for ½ to 1 hour 4 times a day. Avoid using plastic pants. A good adhesive cream or ointment containing zinc oxide applied to the involved area 4 times a day will protect the skin and aid in healing. If these measures don't help after a few days or the rash becomes painful, call the office.

Birthmarks

We all want the best for our kids including a beautiful appearance. From birth, parents scrutinize every inch of their child. This is natural and I expect many questions when parents detect any imperfections. At birth the natural trauma produces all types of marks on the body. Bumps and bruises always disappear shortly after birth. Over the eye lids, forehead and the back of the neck are common spots for one of the most frequent birthmarks{ XE “birthmarks” }, a flat slightly reddened area that can be small or a couple of inches in diameter. These are collections of fine blood vessels and pigment that usually fade as the child grows. These are called nevus flammeus{ XE “nevus flammeus” }. No treatment is needed. Other areas of pigment deposited commonly around the back, or buttocks is called a Mongolian spot or spots. These are found more often in darker pigmented people. These do

not disappear and will grow with the body. No treatment or care is necessary because they really don't stand out and these will be covered by all but the most revealing swim suits. Other common birth marks appear as very pale areas from pea sized to an inch or more. These will later develop into a group of very red fine blood vessels. They will enlarge and be raised above the skin. They can be found anywhere on the body. They will grow as the body grows and during different times of the child's growth will enlarge then later shrink. Called hemangiomas{ XE "hemangiomas" }, the good news is most will disappear or gradually fade away. Some can be large and reside on the face or in areas where wear and tear result in repeated bleeding when injured. For cosmetic or practical reason these might need removal or repair. Lasers are used sometimes by experienced dermatologists or plastic surgeons. Most hemangiomas will not need treatment and will fade. And disappear.

Moles{ XE "moles" } can start appearing in middle to later childhood. I will examine these to detect any irregularities. If I am concerned or I feel you request more information or evaluation of these moles, I will discuss a dermatology consult with you. Biopsies of some moles are necessary, but rarely needed. The most common referral to a dermatologist occurs when a mole is bleeding and repeatedly scratched, along the bra line, neck hand or feet. Some moles are especially large and carry an increased risk of cancer potential. I will measure and discuss referral as necessary. These too are quite rare.

Skin tags{ XE "skin tags" } can be irritating and can bleed when repeatedly traumatized. In some cases I can tie a knot at their base with a suture and remove them successfully.

Insect bites

Summer months invite us out of doors for fun and recreation. Many times recreational activities include unwanted pests like mosquitoes, ants, ticks, fleas, bees and bugs of all sorts.

What should you expect when these critters bite you?

Insect bites{ XE "insect bites" } can cause several different types of reactions. The most common is a localized reaction. Near the bite there will be a raised red bump the size of a small speck to a large welt. Pain may last for a few seconds or minutes.

Often you will notice itching. There may be a small clear blister at the top of the bite. Usually, one bite is present but many can be scattered over the body or several clustered in a group. Examine the entire body thoroughly before calling for advice because certain insects attack specific parts of the body. By knowing where the bite occurred, I can more accurately respond to your questions. Occasionally, the reaction to the bite can be intense, with swelling, redness and warmth extend inches beyond the bite.

Insect bite treatment

Most bites{ XE "insect bite treatment" } are relatively harmless and if you do nothing, your child will do well. If the area around the bite is not clean, clean it.

Scratching an area that is dirty can promote an infection since scratching can break the skin.

To relieve itching, try over-the-counter 1/2% hydrocortisone creams. Apply the cream four times a day.

Oral antihistamines help too. Children 20 to 30 pounds should take 1/2 to 1 tsp. Every four hours as needed for itching. Older children 6 to 12 years should double that dose. If sleepiness interferes with their comfort, reduce the dose. A salve of water and meat tenderizer (like Adolph's) can help if applied immediately after the bite or sting. I would not use the salve on a cut or scrape. Wash off immediately if burning occurs.

Stronger medications may be needed but may be prescribed after I have seen the insect bite. Infections can appear after a bite is scratched. Persisting irritation, redness, warmth or streaking red lines could be a localized infection. If these features of the bite are noticed, call my office.

Allergic reactions to an insect bite can be serious, even life threatening. These reactions appear almost immediately after the bite. Swelling and itching are followed by a rash that appears over much of the body.

Hives

Hives{ XE “hives” } is an uncomfortable condition produced by a rash made of itchy welts. Oral antihistamines like Benadryl™{ XE “Benadryl™” } are useful in interrupting the allergic reaction — providing relief from the rash and itching. More serious reactions can include swelling of the fingers, toes, lips or other parts of the body. The airway may swell and difficulty of breathing can follow. This is an emergency! Medical attention must be sought immediately. If your child has ever had a serious reaction from an insect that resulted in difficulty in breathing, please inform our office. I will be better able to advise you and respond when someone calls about your child’s allergic reaction. I may prescribe an emergency treatment kit that can be used immediately following a bite. This can be life saving!

Red, itchy, small to large reactions occurring in the skin are often of an allergic nature. Hives appear suddenly anywhere on the body. They may appear as flat, raised or ringed spots up to several inches in size. Reactions to drugs, foods or illness may cause the appearance of hives. They can last minutes or persist for weeks. I notice them more in children a strong history of allergies — asthma, hayfever or eczema. The rash of hives may occur alone or with other allergic symptoms like wheezing or general shock. Unfortunately, most cases don’t have a definitive cause.

Treatment should begin by making your child comfortable. You may apply topical creams like Calamine™, Benadryl™ or hydrocortisone. These work well as long as the rash is in a small area of the body, but with hives, the rash is wide spread. It is not practical to cover large areas of the body with creams is not practical. Over-the-counter oral antihistamines work very well to interfere with the release of histamine, the chemical causing the hives. Benadryl™ liquid or capsules provide relief for most children and adolescents. I may prescribe other medications if over-the-counter drugs don’t work. Hives persisting longer than a few days require my attention. *Last reviewed 9/5/2005*

Facial rashes

One of the most common facial rashes { XE “facial rashes” } is called impetigo. Impetigo{ XE “impetigo” } is caused by bacteria such as Streptococcus or Staphylococcus. Children with runny noses from colds or allergies seem to be commonly effected.

Honey colored, crusts build up at the opening of the nose or nostrils. Then there is rapid spread around the mouth and face. Left unchecked, the rash spreads to other areas of the body by scratching. The infection can start as a simple pimple or pustule, enlarging with weeping crusts noticeable in some children. A scratching child collects the bacteria under their nails. If their skin or other children’s skin is scratched, new sores develop.

This infection is common before puberty. The chemical structure of the skin is different before puberty and is more susceptible to the invasion of the bacteria often found on normal skin.

At the first sign of this infection some simple measures may prevent spread, control the growth or clear up the topical infection. Many over the counter creams and ointments help. Try Bacitracin™,{ XE “Bacitracin™” } Neosporin™,{ XE “Neosporin™” } or Betadine™.{ XE “Betadine™” } Clearing the crusts with warm compresses, prevents the bacteria growing in the crusts from reinfecting the skin. If a couple of days of treatment produces little improvement, you should set up an appointment to determine if oral antibiotics are needed.

Eczema or atopic dermatitis

Eczema{ XE “eczema” } is a very common disease. I will detect some form of this disorder in about 10% of all the children and adolescents I examine. Although the cause is not know, there is a definite family trait producing this red, itchy rash. About ½ of all children diagnosed to have eczema will also have hay fever or asthma.

The first signs of eczema appear after the baby is a couple of months old. Most children will develop the rash by 6 years of age, if they have any tendency to produce it. Characteristically, the rash comes and goes over weeks to months. Most of the damage provoked by this itchy rash is caused from scratching and rubbing it. In babies the rash first appears on the face elbows and knees and diaper area. Later the rash will persist or reappear in

the folds of the knees or elbows. Three-quarters of all persons with atopic dermatitis will have the rashes on their hands. The appearance of the rash is not a helpful indicator if your child has atopic dermatitis because its characteristics vary so much individual to individual. Scratch marks often appear along with scaly, dry skin. Infection is a common complication. The skin can become quite thickened over time because of the frequent rubbing and scratching.

There is a strong family history of asthma, hayfever and atopic dermatitis{ XE “atopic dermatitis” }.

The cause of atopic dermatitis is unknown. The skin becomes inflamed causing redness, itching and swelling. Some trigger or defect in certain skin cells causes them to react and produce the inflammation. Until doctors understand what factors produce the inflammation, the treatment deals with the special trigger to the dermatitis or agents to calm down the inflammation.

Common triggers to produce the persistent inflammation are dry skin, irritants, emotional stress allergens, heat and sweating and infections.

Dry skin

Skin primary purpose is to provide a barrier against dirt, infections and chemicals.

In order for skin to provide optimal protection it should be soft and resilient. Atopic dermatitis{ XE “atopic dermatitis” } patients have dry and brittle skin{ XE “dry skin” }. This appears to be a defect in the normal characteristics of atopic skin. Heat and dryness in the air are hard on normal skin but worse for atopic skin. Too much bathing, soaping and washing with hot water can aggravate atopic dermatitis. They remove the natural moisturizers from the skin.

Stress is a definite factor in developing your child’s eczema{ XE “eczema” }. Anything that produces stress in your child can trigger an episode, but the problem is determining what things or how much stress is needed to produce the rash. When stress factors are recognized the task is to reduce the stress whenever possible. I didn’t say it would be easy.

Atopic dermatitis treatment

Ointments are helpful if they are not too thick and are uncomfortable. Creams can be used too. Bath oils work sometimes and all of these work best when applied after bathing.

Corticosteroids are very helpful and are used by applying them to the skin. These are not the same steroids athletes use. Prescription steroids are more powerful and effective than the over the counter weaker versions of the same medications. These will calm the effects of the itching and redness.

Antihistamines are used to reduce the intense itching apparent in many children. The side effects can cause sleepiness or irritability and their use is on a case by case basis.

Antibiotics are used when the severe scratching can contribute to infections of the irritated, inflamed skin. Over the counter use of neosporin, bacitracin or Betadine might work well, but in some cases I will need to determine the degree of infection and the need for oral antibiotics.

Atopic dermatitis might disappear in older childhood or adolescence. It can persist through adulthood, especially if the family history of adult eczema is present.

Atopic dermatitis{ XE “atopic dermatitis, treatment” } should not be disabling or disfiguring if adequate efforts are made to treat it.

Cradle cap or seborrheic dermatitis

Cradle cap{ XE “cradle cap” } is a very common condition of infancy, although a variation of the condition occurs well into adulthood.

You will notice an oily, yellow{ XE “seborrheic dermatitis” } or white scaling

over the top of the head. There may be scaling and redness in the eyebrows, eyelashes, creases of the nose, behind the ears, around the umbilical cord and various other places. It can become quite thick or be barely noticeable. The infant is not bothered by its presence. It may disappear without treatment or persist indefinitely.