

## Dermatological conditions

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- Very common, may account for as many as 30% of office visits

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## Describe a rash

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- Color
- Margin
- Shape
- Palpation
- Number
- Arrangement
- Confluence
- Distribution

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## Descriptors

- **Macule:** flat, nonpalpable circumscribed area of change in the skin color, may be any size.
- **Papule:** small solid elevation of skin generally < 5 mm in diameter.
- **Plaque:** palpable, plateau-like elevation of skin > 5mm in diameter.
- **Nodule:** palpable, solid, round, or ellipsoidal lesion > 5 mm diameter.
- **Vesicle (blister):** circumscribed, elevated lesion that is < 5 mm in diameter containing serous (clear) fluid.
- **Bulla:** A vesicle with a diameter > 5 mm.
- **Pustule:** superficial, elevated lesion that contains pus.
- **Cyst:** an epithelial lined cavity containing liquid or semisolid material.
- **Wheal:** transitory, compressible papule or plaque of dermal edema

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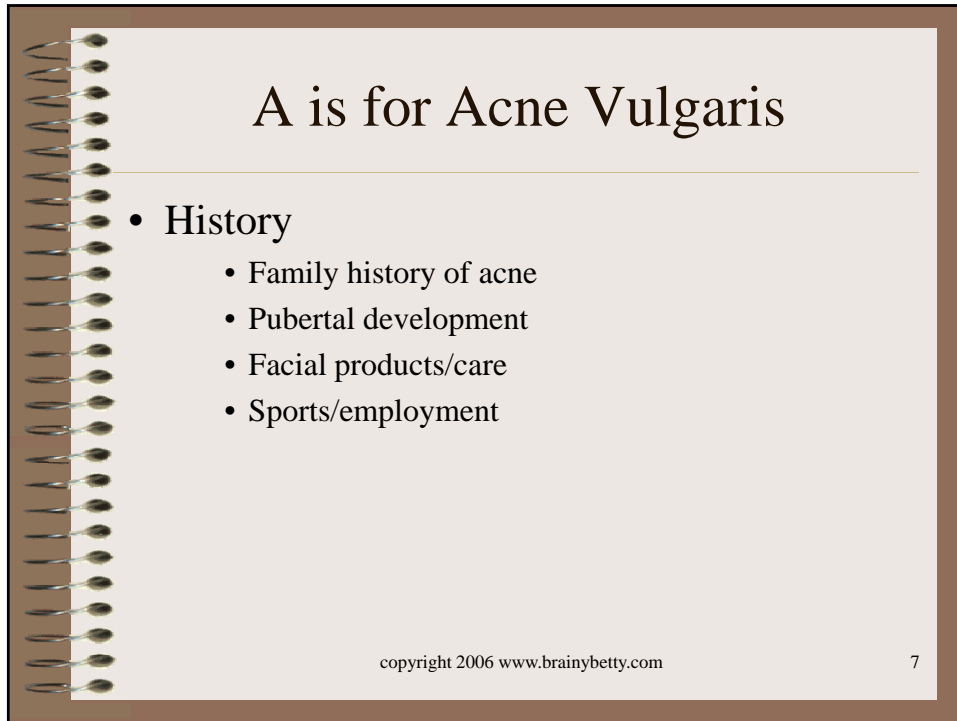
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## A is for Acne Vulgaris

- Chronic inflammatory disorder of the pilosebaceous unit
- Most common between 12 and 17 years of age, affects 80 to 85% of adolescents
- Multifactorial etiology
  - Familial predisposition
  - Increase in androgens
  - Increased sebum production with small pilosebaceous channels
  - Abnormal intrafollicular keratinization blocking sebum's route to the skin
  - bacteria

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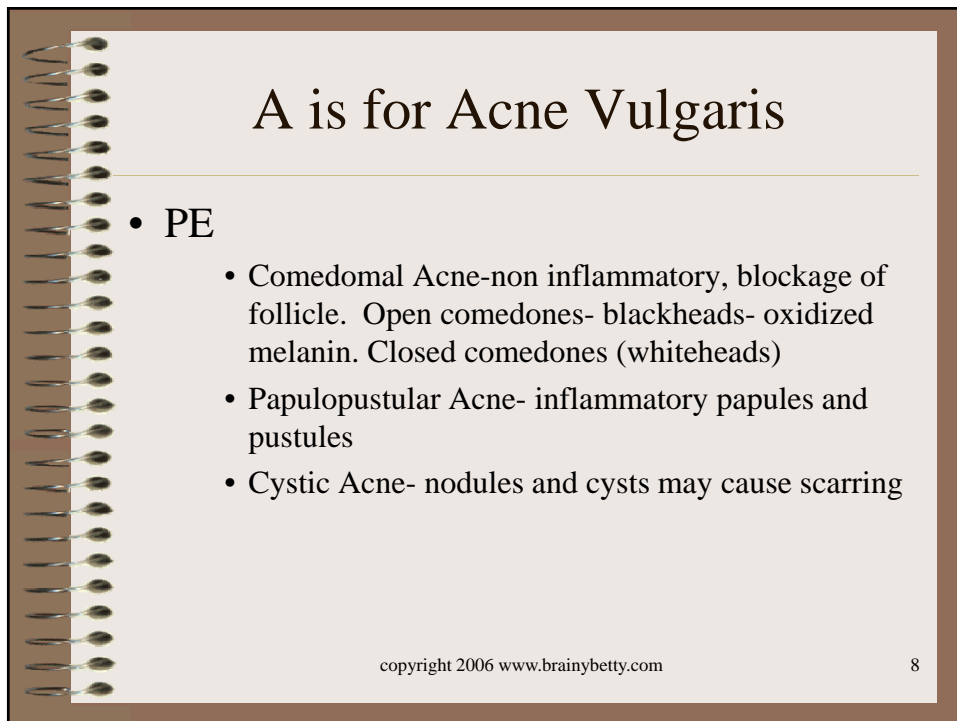
A graphic of a spiral-bound notebook with a brown cover and a light beige page. The spiral binding is on the left side. The page contains the title "A is for Acne Vulgaris" at the top, followed by a horizontal line and a bulleted list under the heading "History". At the bottom, there is a copyright notice and the page number "7".

## A is for Acne Vulgaris

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- History
  - Family history of acne
  - Pubertal development
  - Facial products/care
  - Sports/employment

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A graphic of a spiral-bound notebook with a brown cover and a light beige page. The spiral binding is on the left side. The page contains the title "A is for Acne Vulgaris" at the top, followed by a horizontal line and a bulleted list under the heading "PE". At the bottom, there is a copyright notice and the page number "8".

## A is for Acne Vulgaris

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- PE
  - Comedomal Acne- non inflammatory, blockage of follicle. Open comedones- blackheads- oxidized melanin. Closed comedones (whiteheads)
  - Papulopustular Acne- inflammatory papules and pustules
  - Cystic Acne- nodules and cysts may cause scarring

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## A is for Acne Vulgaris

- Management

- Comedomal

- » Benzoyl peroxide 5-10%
    - » Retinoic acid 0.01-0.25% in gel form and is a keratolytic agent. Or 0.1% Retin A microgel (teratogen) start every other night and work to each night, erythema and peeling are normal effects
    - » Adapalene gel often less irritating

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## A is for Acne Vulgaris

- Management

- Papulopustular

- Topical keratolytic agent benzoyl peroxide 5-10% once or twice a day
    - Add topical antibiotics Erythromycin 2% sol or 3% gel may also use 1% clindamycin twice a day
    - Or benzamycin twice a day
    - Or benzoyl peroxide twice a day

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## A is for Acne Vulgaris

### Continued

- May use a topical gel combination of clindamycin 1% and benzoyl peroxide 5%; apply once per day
- Oral antibiotics for 1 to 3 months (for those cases not responding to topical therapy)
- Erythromycin 500 to 1000 mg every day or twice a day or
- Tetracycline 500 to 1000 mg every day or twice a day (one hour before or two hours after eating) avoid sun! or
- Minocycline 50 to 200 mg a day

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## A is for Acne Vulgaris

- Management
- Cystic Acne
  - » For mild treat like moderate to severe papulopustular
  - » For severe cases refer to derm for possible Accutane (isotretinoin) treatment
  - » TERATOGEN! Need reliable contraceptive coverage, also possible link between isotretinoin and depression/suicide

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## A is for Acne Vulgaris

- Anticipatory guidance
  - Describe causes of acne
  - Clarify misconceptions that diet or lack of cleanliness cause acne
  - Advise to wash face with mild cleanser
  - Avoid picking or squeezing pimples
  - Normalize acne as condition experienced by 80-85% of adolescents
  - Follow up every 4-6 weeks until under control
  - Refer severe cystic, unresponsive or worsening acne to dermatology

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## A is for Atopic Dermatitis

- Atopic dermatitis
- Eczema
  - The itch that rashes and the rash that bleeds.
  - If it does not itch it is not eczema!!!!
  - Reddened erythematous with papules vesicles, crust and scales
  - Face scalp trunk and extensor surfaces of limbs
  - Chronic eczema, skin may become thickened

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# A is for Atopic Dermatitis

- Why care
  - Major effects on quality of life, sleep, work.

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## A is for Atopic Dermatitis

- Affects about 10% of children and 80% have onset in first year of life. Up to 20% in many countries. As many as 25% continue to have symptoms as adults
- Theories of etiology include immune aberrations IgE overproduction, diminished cell mediated immunity
- Correlation between eczema and other allergic conditions, reactive airway disease allergic rhinitis
- Atopic triad AD, asthma and allergies
- Strong family history is strong predictor

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## A is for Atopic Dermatitis

- Differential includes
  - Contact dermatitis
  - Psoriasis
  - Seborrheic dermatitis
  - Scabies
  - Impetigo or secondary infection

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## A is for Atopic Dermatitis

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- Treatment
- Avoid fragranced products, soaps, use pH balanced products
- Don't bathe too frequently
- Lubricate, lubricate, lubricate
- Emollients

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## A is for Atopic Dermatitis

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- Petrolatum skin protectant until no more itch and rash is flat
- Topical steroids to reduce inflammation use sparingly on face because of risk of hypo pigmentation, can also have a rebound effect

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## A is for Atopic Dermatitis

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- New treatments are non steroidal
- Pimecrolimus and Tacrolimus
- Benefits, apply BID, no systemic immunosuppression
- Antipuritics, diphenhydramine, hydroxyzine, loratidine, cetirizine

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## A is for Atopic Dermatitis

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- Rise in super infections particularly MRSA/ORSA.
- Many people are colonized and this can infect broken areas.
- For colonization Tx bactroban intranasally bid for 2 weeks and chlorhexidine showers

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## A is for Atopic Dermatitis

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- Oral antibiotics
- Cephalexin first line; dicloxacillin if staph resistant organism

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## B is for bacitracin

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- Was the contact allergen for 2003
- Neomycin is the top antibiotic sensitizer (and won the award for 2010)
- Clean and dry may be better than greasy and moist
- Mupirocin good but expensive has some coverage for MRSA/ORSA

American Contact Dermatitis Society

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## B is for Blue Gray Macule

- Used to be called mongolian spot
- Common in AA children and children of Mediterranean descent
- Typically over buttocks but can occur anywhere over the body
- Important to document because it looks like a bruise. Bruises go through stages
- Sometimes misdiagnosed as child abuse

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## C is for contact rash

- Location, location, location
- Any new product synthetic or natural eg. new clothes or detergents, soaps or even fabric conditioner
- Jewellery, fingers, wrists, earlobes or any other pierced area
- nickel is the biggest culprit
- (C is also for clip on a piece of jewellery)

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## C is for cellulitis

- Localized skin infection often following a skin disruption.
- Most often caused by strep also H flu and staph aureus
- Usually have history of injury. Warm indurated erythematous, streaking at the sight may be a bad sign.
- May have fever, malaise or anorexia

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## C is for cellulitis

- Obtain CBC, blood culture if appears toxic or infant under one year
- Differential erythema nodosum, urticaria, contact dermatitis
- Antibiotics: route depends on severity, cephalexin or amoxicillin/clavulanic acid
- Complications septicemia, necrotizing fasciitis, TSS

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## C is for Cutis Marmorata

- Normal finding in newborns.
- Described as lace like
- Usually self resolving and thought to be related to immature neurological status
- Sick newborns may develop this “rash”

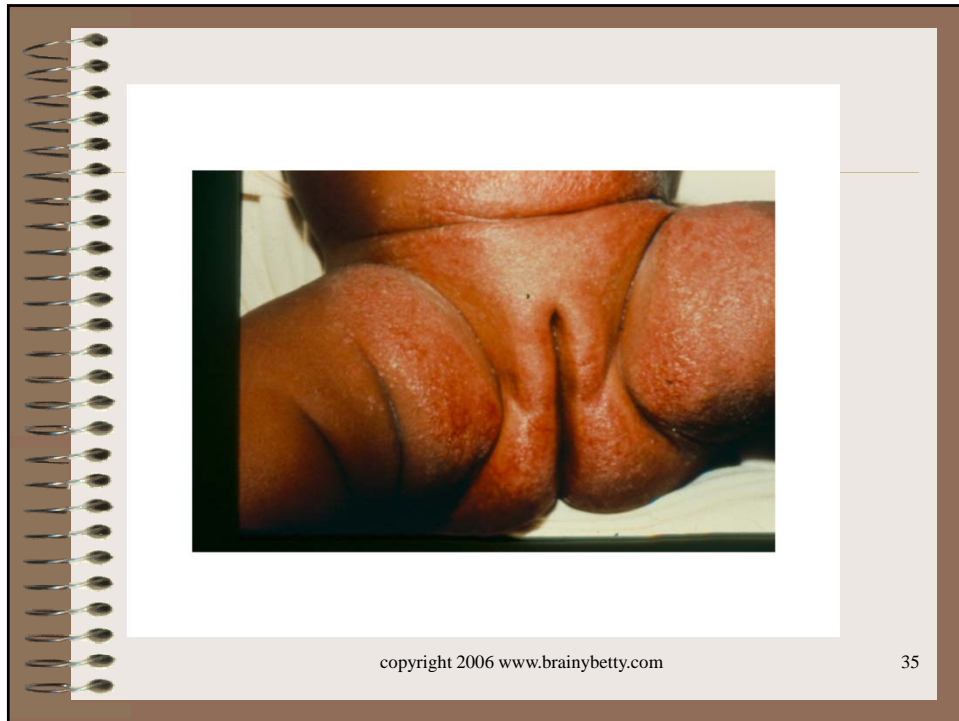
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- ## D is for Diaper Dermatitis
- Angry red rash in diaper area
  - Irritant diaper dermatitis most common form
  - Characterized by inflammation secondary to skin irritation
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## Diaper Dermatitis

- In decline secondary to more absorbable diapers
- Still affects about 50% of all babies, peak incidence 9-12 months
- Check about frequency of changing diapers and use of other products
- (Some poorer families “rinse” out disposable diapers so that they only need to use 2 per day.)

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## D Is for Diaper Rash

- Excoriated red painful looking
- Barrier creams or ZnO in some form.
- Thrush; fire engine red rash that crosses skin folds.
- Treat with nystatin or lotrimin

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## D Is for Diaper Rash

- Can have bacterial infection also.
- E.g. staphylococcal diaper dermatitis
- Pustules and scalded skin rash

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## Drug Eruptions

- Reaction to systemic drug with urticaria, erythema multiforme or morbilliform
- Onset 1-2 weeks or even after the med has been stopped
- History find out about any medications taken within the last three weeks and any systemic symptoms e.g. fever arthralgia or edema

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## Drug Eruptions

- PE  
Symmetrical macular papular erythematous rash that starts on trunk and moves distally
- DD
  - Viral, measles, scarlet fever, Kawasaki's TSS roseola

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## Drug Eruptions

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- Management
  - Discontinue the drug
  - Label the pts medical record
  - Antihistamines/topical steroids
  - Prednisone if significant
  - Allergist if significant reaction
  - Rash can get worse before getting better and can last 7-14 days
  - Consider medical alert bracelet if severe

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## E is for erythema toxicum

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- Common benign skin eruption
- Term infants/rare in preterm infants
- Most infants develop the rash in first few days of life, last a few hours
- Self resolving

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## F is for fungal infection

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- Tinea
- Capitis
- Corporis
- Jock itch
- Athletes foot

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## F is for Folliculitis and Furunculosis

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- Superficial infection of hair follicle; deeper infection with the follicle base is a furuncle
- Obstruction of follicular orifice moist environment, poor hygiene, prolonged submersion
- Staph aureus most common with pseudomonas from hot tubs

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## F is for Folliculitis and Furunculosis

- History: Pruritus with red raised rash, furuncles present as tender, red nodules
- PE: 1-2mm erythematous papules or pustules around a hair follicle
- DD: Candida, tinea, acne, contact dermatitis

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## F is for Folliculitis and Furunculosis

- Management
  - Warm compresses
  - Topical antibiotics if localized erythromycin or clindamycin
  - Systemic antibiotics if widespread keflex or dicloxacillin
  - Review hygiene

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## G is for Griseofulvin

- Treatment for Tinea capitis
- Take with full fat milk or ice cream
- Treat at least 6 weeks
- Got to be older than 2 years
- Pets

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## H is for hemangiomas

- Various types
- May be raised or flat
- Raised include capillary and cavernous
- Flat are port wine stains and nevus flamus (stork bite)



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## H is also for Herpes Zoster

- Herpes Zoster
- Recurrent varicella infection (shingles)
- More common in adolescents, (rare under age 10) immunocompromised children and following varicella (chicken pox)
- After chicken pox infection virus persists in dorsal root ganglia and is reactivated during illness or times of stress.

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## H is also for Herpes Zoster

- Rash follows dermatomes
- Stinging burning or tingling precedes rash by about 1 week may have fever malaise and headache 1-3 days before eruption
- Clustered groups of vesicles on an erythematous base occur unilaterally, eventually become pustular, rupture and crust over

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## I is for Impetigo

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- Honey crusted lesions
- Generally a staph infection
- Highly contagious
- Mupirocin for localized
- Cephalexin if more widespread

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## I is for Impetigo

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- Superficial bacterial skin infection, predominantly involves face
- Highly contagious more frequent in summer months poor hygiene and warm climates
- Primary pathogens are 70-80 staphylococcus aureus, group A beta hemolytic streptococci and streptococcus pyogenes

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## I is for Impetigo

- Area of red swollen skin with blisters and moist honey colored crusts
  - Lesions may be painful and or itchy
  - PE
    - Nonbullous: vesicles or pustules developing into honey colored crusts with underlying erythema
    - Bullous: pustular blisters that result in a smooth shiny appearance with underlying erythema.
- Regional lymphadenopathy

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## I is for Impetigo

- Differential diagnosis
  - Eczema, herpes simplex
- Management
  - Apply cool water to facilitate cleaning of lesions
  - Topical antibiotics if lesions are localized e.g. for a few lesions on the face mupirocin 3 times per day for 10 to 14 days

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## I is for Impetigo

- Oral antibiotics for more generalized lesions  
cephalexin 40 mg/kg/day for 10 days if allergic  
can use erythromycin; dicloxacillin 12.5-  
50mg/kg/day for staph resistant to first line  
treatment
- Educate family regarding condition, treatment  
and prevention of spread

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## M is for molluscum contagiosum

- Benign common viral skin infection. Contagious  
and affects skin and mucous membranes. Type 1  
head neck and extremities, type 2/3 genital
- History/PE
  - Firm small discrete umbilicated papules 1-6 mm, may  
occur in clusters

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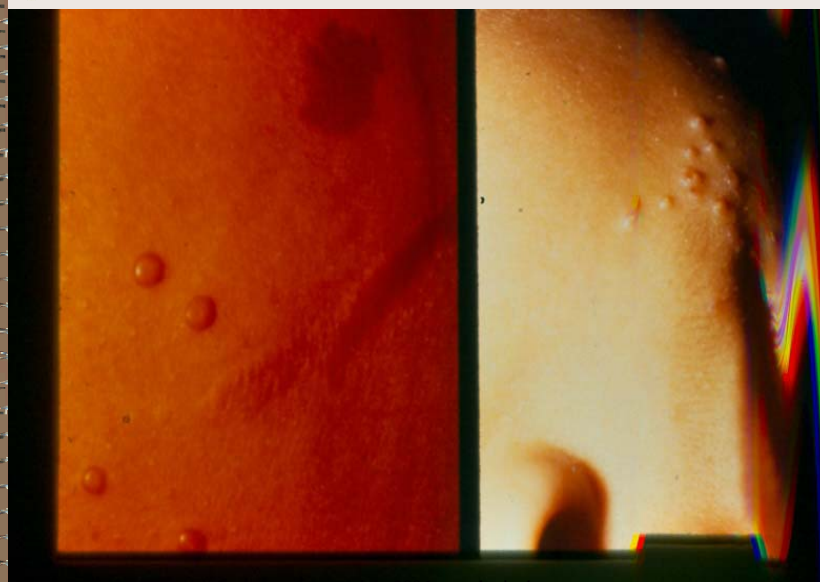
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## M is for molluscum contagiosum

- Management
  - Self limiting but may take years to resolve, can try duct tape, imiquimod, tretinoin cream, trichloroacetic acid
  - Can refer to derm for excision

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## P is for Pityriasis Rosea

- Self limiting papulosquamous skin condition
- Common in adolescence minimally contagious, may be caused by human herpes 7 virus
- Presents with persistent rash that may be very itchy, no prodrome

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## P is for Pityriasis Rosea

- This is the condition with the herald patch and the Christmas tree rash on the back
- Get annular scaly erythematous lesion 2-5 mm precedes other lesions by 1-2 weeks these are generalized erythematous papules round to oval thin scales, more common on trunk and proximal extremities
- Dark skin individuals more common on neck and extremities

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## P is for Pityriasis Rosea

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- Management
  - Comfort measures
  - Topical steroids
  - Avoid sun
  - If mouth lesions may apply triamcinolone acetonide in orabase
  - Educate! May last up to 14 weeks with some pigmentation changes

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## P is for pediculosis

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- Pediculosis capitis
- Parasitic louse affecting scalp and hair
- Most common in school age kids from sharing personal items. 6-12 million per year
- Pearly grey white

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## P is for pediculosis

- More common in Caucasians and less common in AA
- Caused by pediculosis capitis, spread through direct or indirect contact
- Incubation period 7-10 days
- Highly contagious until all lice and ova are destroyed
- Reports of resistant lice are increasing

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## P is for pediculosis

- History
- Itching of scalp frequently starts at the back of the head, white flakes on hair shafts
- PE
- Small white to whitish gray oval cases nits or eggs on hair shafts About ¼ inch from scalp and are difficult to remove
- Macular papular lesions with mild erythema especially behind ears, pustules if secondary infection – rare. Regional lymphadenopathy

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## P is for pediculosis

- Lab - Woods lamp, nits fluoresce with a pearly color. Microscopic exam of ova
- Differential diagnosis
  - bites from other insects, scabies, dandruff
  - bacterial infections

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## P is for pediculosis

---

- Management
  - Permethrin 1% first line. 99% effective, 10 to 14 day residual kill and safe. Although no safety studies in kids under 6 yo.
  - Binds to hair shaft
  - Shampoo and towel dry hair then apply for 10 minutes and rinse. Do not wash for 24 hours
  - Reports of resistance increasing

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## P is for pediculosis

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- For permethrin resistant lice use Malathion
- Pyrethrin is pediculocide not an ovicide
- Use a nit comb to remove nits until nit free

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## P is for pediculosis

- 1:1 vinegar solution applied to scalp and covered in a warm moist towel for 30 mins facilitates removal of nits
- Can also buy commercial products

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## P is for pediculosis

- AAP STATEMENT:
- **IT IS NOT NECESSARY TO REMOVE NITS BEFORE RETURNING TO SCHOOL!!!!**
- Head lice are not a health hazard or a sign of poor hygiene and, in contrast to body lice, are not responsible for the spread of any disease. No healthy child should be excluded from or miss school because of head lice, and no-nit policies for return to school should be abandoned.

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## P is for pediculosis

- If lice are resistant to permethrin may use Lindane but not with pregnant women or infants under 6 months because of neurotoxicity
- Can also use permethrin but leave on 4-8 hours or overnight
- Sulfamethoxazole/Trimethoprim also used for resistant lice same dose as for any infection
- Examine family members and close contacts. Treatment often advised even if nit free

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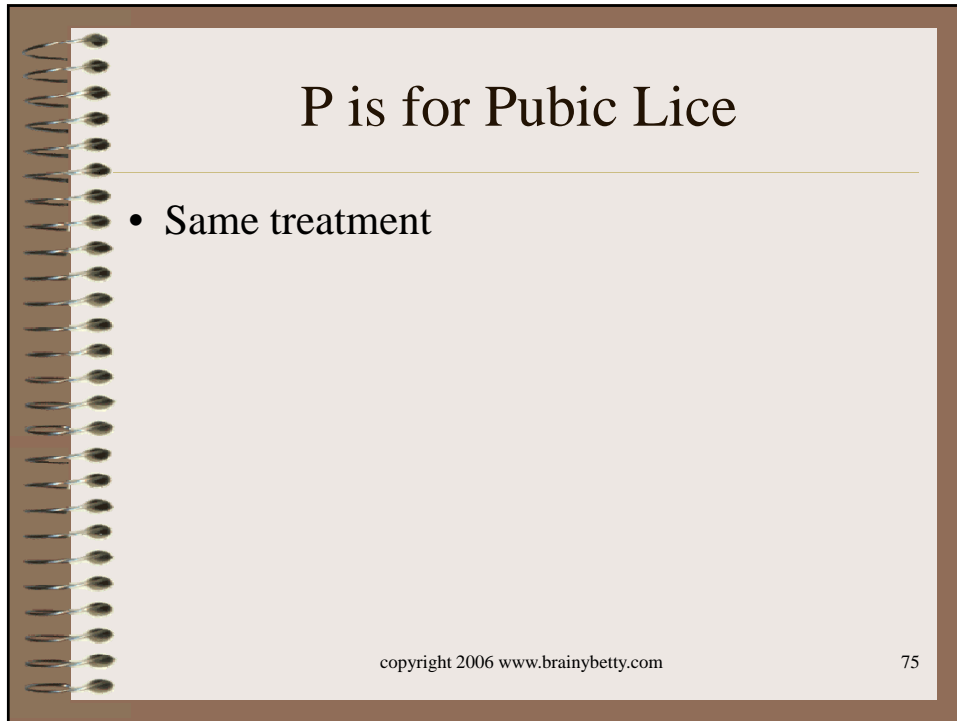
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## P is for pediculosis

- Anticipatory guidance
  - Wash all linen clothing and headgear in hot water and dry in hot temp for 20 minutes
  - Vacuum all furniture and carpets
  - Any item that cannot be washed store in a sealed plastic bag for 2 weeks e.g. soft toys
  - Soak all brushes combs and hair accessories in alcohol or pediculocide for 1 hour followed by a hot water rinse
  - No scientific evidence to support mayonnaise and petrolatum jelly
  - Failure secondary to misdiagnosis or improper use of products need to break the chain

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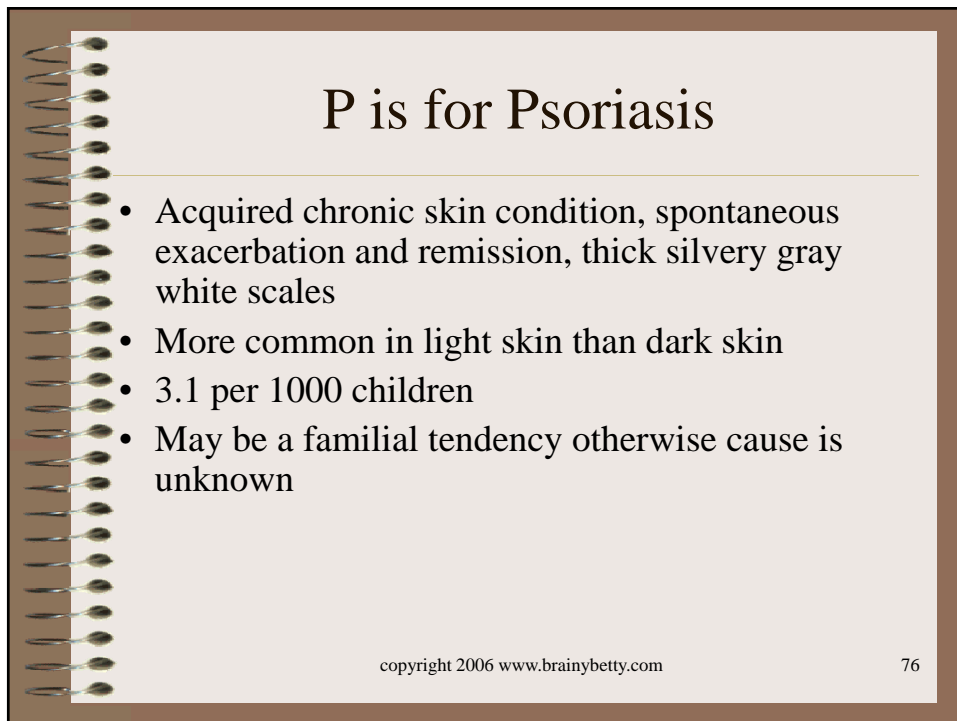
A graphic of a spiral-bound notebook with a brown cover and a light beige page. The spiral binding is on the left side. The page contains the title "P is for Pubic Lice", a bullet point, and footer information.

## P is for Pubic Lice

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- Same treatment

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A graphic of a spiral-bound notebook with a brown cover and a light beige page. The spiral binding is on the left side. The page contains the title "P is for Psoriasis", a list of four bullet points, and footer information.

## P is for Psoriasis

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- Acquired chronic skin condition, spontaneous exacerbation and remission, thick silvery gray white scales
- More common in light skin than dark skin
- 3.1 per 1000 children
- May be a familial tendency otherwise cause is unknown

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## P is for Psoriasis

- History
  - Family history positive in about 13 of cases
  - Trauma or streptococcal pharyngitis prior to onset
- PE
  - Erythematous symmetrical rash, well delineated margin, which becomes papular with silver scales, increased concentration on knees, elbows, scalp, and hairline. In infant diaper dermatitis with silver scales

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## P is for Psoriasis

- Lab
  - Throat culture if lesions are widespread and occurring on trunk and proximal extremities (acute guttate psoriasis)
  - KOH scraping or culture to rule out fungal infections
  - VDRL in adolescents to rule out secondary syphilis

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## P is for Psoriasis

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- Differential Diagnosis
  - Pityriasis rosea
  - Seborrhea
  - Candida
  - Contact Dermatitis
  - Eczema
  - Tinea
  - Secondary syphilis

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## P is for Psoriasis

---

- Management
  - Apply topical steroids 3 x per day
  - Keratolytic shampoos for the scalp
  - Mineral oil and warm moist towels to remove plaques
  - Keratolytic agents such as 3% sulfur or 6% salicylic acid for thick unresponsive plaques
  - Tar preparation with ultraviolet treatment
  - Follow up every two weeks until under control
  - Educate family about course of disease and advise to avoid skin injury, strep infection, tight clothes, shoes, stress and occlusive dressings
  - Consider dermatology referral

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## S is for seborrhoea

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- Cradle cap
- Dermatitis of face or scalp caused by over production of sebum
- Flaky thick crusts of yellow greasy material
- Self limiting in infants tends to be chronic in adolescents

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## S is for Seborrhea

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- Comb it out in babies
- Apply baby oil to soften the flakes
- Antiseborrheic shampoos (Zinc pyrithrone) leave in for 10-15 mins
- May respond to topical steroids

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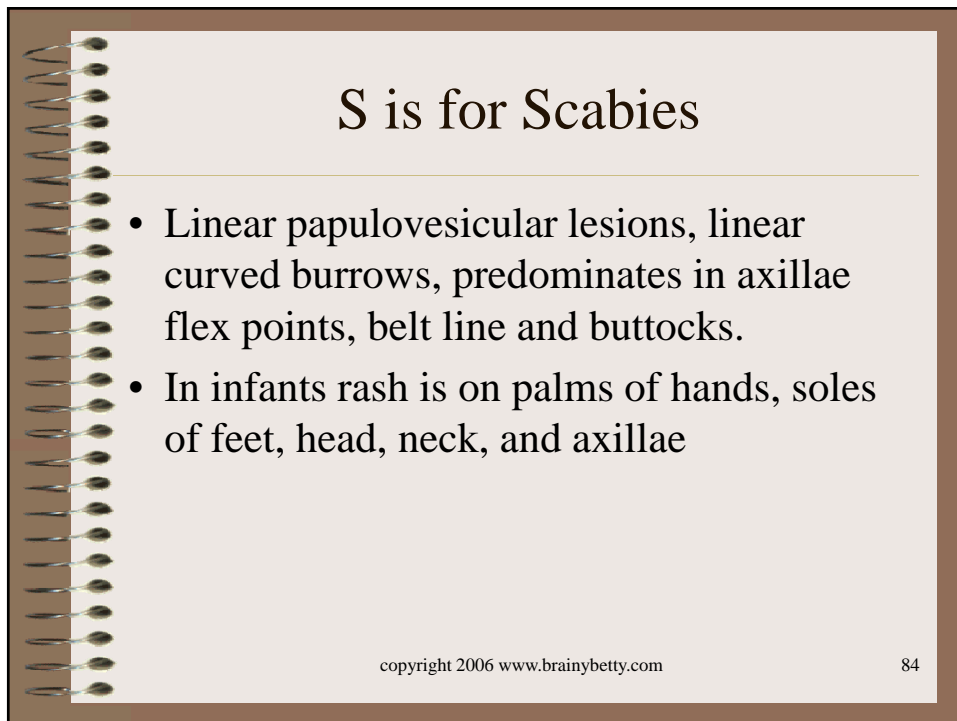


**S is for Scabies**

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- Contagious skin condition caused by parasitic mite infestation
- The female burrows through skin to lay eggs
- Linear lesions threaten webs
- Itch like crazy and particularly at night

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**S is for Scabies**

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- Linear papulovesicular lesions, linear curved burrows, predominates in axillae flex points, belt line and buttocks.
- In infants rash is on palms of hands, soles of feet, head, neck, and axillae

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## S is for Scabies

- Can have regional lymphadenopathy, pustules indicate secondary bacterial infection.

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## S is for Scabies

- Treatment
- Permethrine first line because safe and effective. Apply to all skin surfaces after bathing and drying skin. Rinse off after 8-14 hours and repeat in 7 days
- Itch and rash may persist for up to 3 weeks

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## S is for Scabies

- Can treat with Lindane
- Can't use if pregnant
- Slight seizure risk associated with Lindane
- Use antihistamines to reduce pruritus
- Exam and treat all household contacts
- Wash all clothes and linens in hot water and dry in hot dryer
- Store non washable items in a sealed plastic bag for 1 week

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## T is for tinea

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- Ringworm
- Fungal infection
- Tinea capitis
- Tinea corporis
- Tinea cruris
- Tinea pedis
- Tinea versicolor

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## T is for tinea

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- Capitis
  - Definition: Superficial dermatophyte infection of the scalp
  - Incidence/etiology: Most commonly caused by *Trichophyton tonsurans* 90-95% but also *Microsporum canis*, *Microsporum audouinii*, and *Trichophyton mentagrophytes*
  - Spread by direct indirect contact with infected individuals, animals, head gear and other personal items, can be spread from infected dogs and cats
  - More common in AA
  - Incubation period thought to be 10-14 days

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## T is for tinea

- History
- Itching of scalp, scaling areas, areas of baldness
- Physical
  - Scaly plaques of various sizes with broken hair, with or without alopecia, may present as diffuse scaling. Papules and pustules with honey colored crusts may also be present.
  - Erythematous areas with broken hairs leaving a “black dot” appearance- caused by tonsurans
  - Kerion - boggy inflamed mass filled with pustules – hypersensitivity reaction to tinea

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## T is for tinea

- Lab
  - Woods lamp microsporum canis will fluoresce
  - KOH scraping from affected areas of scalp or broken hairs will confirm hyphae and spores of dermatophytes. Fungal cultures are most reliable
- Differential diagnosis
  - Impetigo, seborrhea, dermatitis, eczema, psoriasis, alopecia areata, trichotillomania

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## T is for tinea

- Management

- Griseofulvin 20mg/kg/day once a day for 6-8 weeks
- Administer with fatty food
- Monitor with CBC and diff with LFTs if treatment for longer than 3 months
- Side effects headache, nausea, diarrhea or crampy abdominal pain.
- Not approved for children under age 2 – can try topical ketoconazole. Send culture and await results
- Itraconazole, fluconazole, terbinafine, ketoconazole all used but not approved

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## T is for tinea

- Advise parents to shampoo child's hair with selenium sulfide containing shampoo e.g. selsun blue – decreases spore count and infectivity
- Treat large kerion with prednisone 1-2 mg/kg/day for a week
- Anticipatory guidance
  - Avoid sharing personal items, avoid touching or scratching or affected areas, follow up in 6 weeks

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## T is for tinea

- **Corporis**
  - Superficial fungal infection of face or body commonly called ringworm
  - Caused by *mycosporum canis*, *trichophyton tonsurans*, or *epidermophyton floccosum*
  - Spread same as capitis
  - Rash with pruritus
- **PE**
  - Scaly plaques of various sizes, mildly erythematous borders with central clearing. Lesions spread peripherally and heal centrally. Numerous lesions are uncommon

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## T is for tinea

- **Differential diagnosis**
  - Contact dermatitis, eczema, psoriasis, pityriasis rosea
- **Treatment**
  - Treat with topical antifungal (miconazole, clotrimazole) three times per day until lesions have been clear x 2-3 days usually 3-4 weeks
  - Treat with griseofulvin if extensive
  - Educate about course of treatment and communicability

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## T is for tinea

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- Cruris Jock itch
- Superficial fungal infection of groin thighs and intertriginous folds
- More common in adolescent males more commonly caused by *Epidermophyton floccosum*
- History
  - Itchy rash in groin or thigh area
- PE
  - Scaly symmetrical lesions with raised erythematous border

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## T is for tinea

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- Labs
  - Not necessary usually
- Differential diagnosis
  - Contact dermatitis, seborrhea, psoriasis, candidiasis, impetigo
- Management
  - Same as corporis – loose clothing, good hygiene after sports activities especially if involved in wrestling

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## T is for tinea

- Pedis Athletes' foot
- Superficial fungal infection of the feet, more common in adolescent males
- History
  - itchy stinging burning rash on feet with or without odor
- PE
  - White scaly peeling rash between toes and soles of feet. Rash may be vesicular macerated or fissured. Dorsum of foot is clear.

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## T is for tinea

- Labs
  - same as corporis
- DD
  - contact dermatitis, eczema and candida
- Management
  - Same as corporis
  - Wash hands before and after topical treatment
  - Treat secondary bacterial infection if present
  - Dry feet carefully, between toes, open toed shoes, when possible wear cotton socks, avoid sharing personal items, wear rubber soled sandals in shower to prevent infection spread

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## T is for tinea

- Versicolor
- Superficial fungal infection affecting the trunk
- Common in adolescents and more common in warm humid climates. More common in chronically ill or immunosuppressed children. Caused by *Pityrosporum obiculare*
- History
  - Rash on trunk with intermittent mild itching

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## T is for tinea

- PE
  - Multiple scaling macules ranging from hypo to hyperpigmented (salmon to brown) on the neck, shoulders, upper back, and chest
- Lab
  - KOH scrapings are positive. Woods lamp will fluoresce scrapings

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## T is for tinea

- DD
  - Pityriasis alba, pityriasis rosea, secondary syphilis
- Treatment
  - Apply selenium sulfide 2.5% shampoo or ketoconazole shampoo to affected areas for 15-30 minutes per day for 14 days. Repeat once per month for prophylaxis for 3 months
  - May use miconazole or clotrimazole twice a day for 2 – 4 weeks
- Sun exposure causes lesions to appear hypopigmented as surrounding skin tans
- Hypopigmentation fades after several months

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## U is for Urticaria

- Hypersensitivity reaction known as hives
  - Transient or acute lasts < 8 weeks
  - Chronic or recurrent > 8 weeks
- Etiology
  - Complex antigen/antibody response to the release of histamine
  - Reaction to foods, drugs, animals, infections
  - Many are idiopathic

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## U is for Urticaria

- History
  - Review family history, PMH, recent triggers, foods, infections, physical triggers, medicines. Presents with itchy red hive like lesions
- PE
  - Erythematous raised wheals or welts. May be localized, generalized or coalesced. Will blanch. May appear suddenly and fade quickly, then may reappear.
  - Inspect for associated edema or anaphylaxis

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## U is for Urticaria

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- DD
  - Atopic dermatitis, erythema multiforme, scabies, vasculitis
- Management
  - Remove offending substance/medicine
  - Oral antihistamines
  - Topical antipruritics
  - Refer if chronic for further eval and possible allergy testing
  - Educate parents/person that cause may never be found.

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## U is for Urticaria

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- Hives wheals or welts may itch
- Triggers, exposures
- Treat oral antihistamines

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## V is for Vitiligo

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- Family history is common
- Determine any recent trauma or chronic illnesses
- Presents as hypo pigmentation of the skin
- Flat white macules, papules patches with scalloped distinct borders of varied size
- Most common on trunk and face

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## V is for Vitiligo

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- DD
  - Tinea versicolor, pityriasis albi
- Management
  - No cure
  - Mild steroid cream may help
  - Partial repigmentation in about 50%
  - Refer to derm for possible UVA treatment
  - Use sunscreen and may need cover up agents or skin dyes
  - Very distressing to most families

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## W is for Warts

- Viral induced lesion with wide variety of clinical presentation all correlated with HPV
- Occur in about 5% of children, 65% will self resolve in 2 years
- High recurrence rate

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## W is for Warts

- Common wart (*verruca vulgaris*)
  - Solitary papule with irregular scaly surface, cauliflower like, found anywhere including genital area. Called plantar warts on pressure areas where the papule is pushed into the skin
- Flat wart (*verruca plana*)
  - Multiple flat topped, broad, skin colored appears in groups on face or extremities
- Filiform warts appear on lips, nose, eyelids
- Genital wart (*condylomata acuminata*)
  - multiple confluent papules with irregular surface

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## W is for Warts

- Management
  - If asymptomatic no treatment necessary. Treat based on comfort, amount of lesion, size, location. Single treatment not usually helpful
    - Cryotherapy
    - Salicylic acid
    - Imiquimod 5% cream
    - Podophyllum
    - Surgical excision

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Y is for Your questions

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