

Help My Child:

Dermatologic topics, diagnosis, and treatment of pediatric conditions

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Disclosures

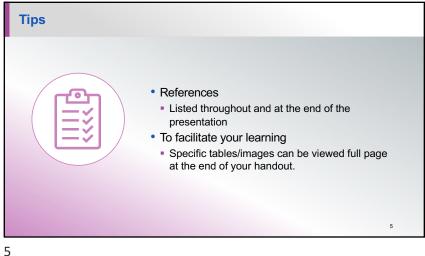
- Speaker's Bureau for Abbvie, Beiersdorf, Eli Lilly, Janssen, Sanofi Genzyme, Sanofi-Aventis/Regeneron[®], and Sun Pharma
- Strategic Advisor and Medical Board Member: Arcutis Biotherapeutics, Incyte Labs, Leo Pharma, and Novartis.
- No experimental or investigational use of drugs or devices will be presented.

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Objectives

- At the end of this presentation, the participant will be able to:
- Recognize symptoms and causes of common pediatric skin issues.
- Review the tests and exams necessary for immediate treatment, diagnosis, and care.
- 3 Outline and implement follow-up care.
- Become familiar with recent updates on the latest research, trials, and interventions.

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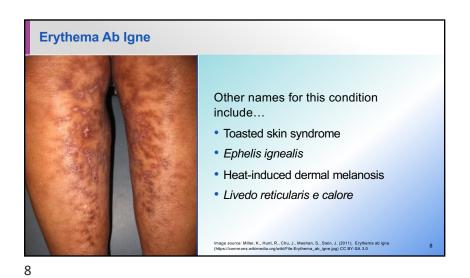
Pediatric Pharmacology Challenges

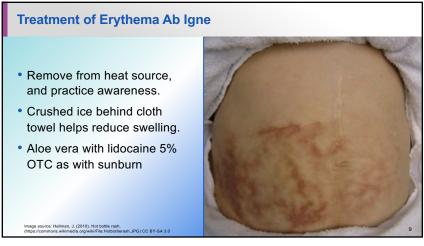
- Dosing often confused with adults
- Few clinical trials in children
- Off-label use is prevalent
- Hepatic clearance awareness
- Adverse effects panel is much broader
- Patient has difficulty communicating

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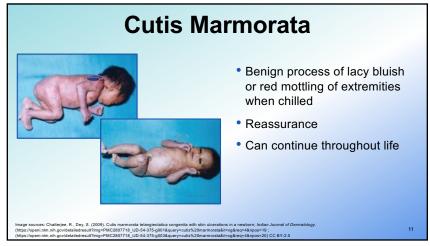
The Perils of the Modern Age Increasingly common heat-induced patches that develop into permanent hyperpigmentation Sources include heated car seats and recliners, heated popcorn bags, laptop computers, cell phones and space heaters. Image source: Laptop computer induced erythema ab igne: A new presentation of anold disease, Anais Brasileriros de Dermatologia. (https://openi.nlm.nih.gov/detailedresulf/img=PMCS325001_abb 91-05-s1-0079-9015aquery-eythema%20abb/20igne%20laptopait-tysaferq=48npos=9) CC BY 4.0





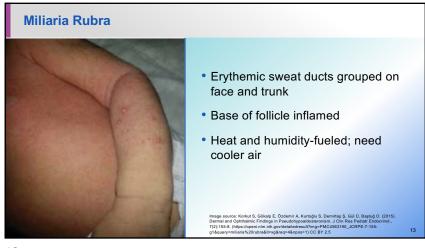
Prevention and Awareness

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Multiple white facial papules
Superficial keratinous "plugs" in follicles, akin to keratosis pilaris
Transient
Best left alone; no treatment



Percentage

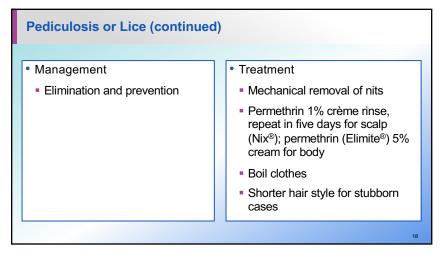
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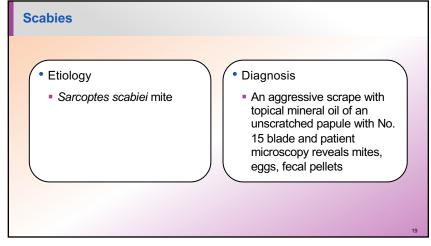
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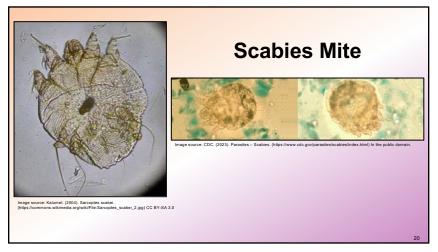


Pediculosis or Lice Clinical manifestations Myriads of oval, gray-white gelatinous egg capsules attached to hair shafts of scalp, neck, and eyelashes. Check underwear seams or pubic hair, if present.











Scabies Treatment

- Management
- Topical permethrin (Elimite®), lindane (Kwell®), or oral ivermectin
- Treat all family members.
- Examine parents
- Wash bedding, do not use same clothes for one-week.
- May need repeat treatment

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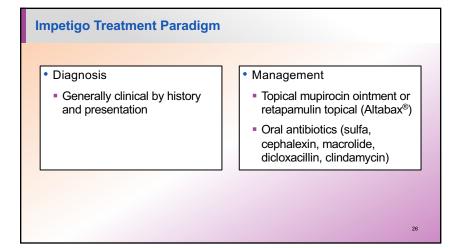


Impetigo

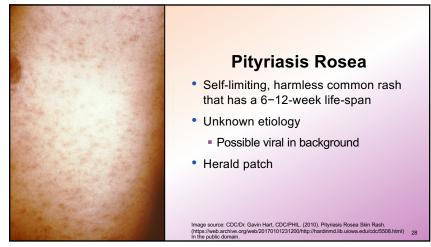
- Superficial infection of the epidermis with honey-colored crusts and erosions common on nose, lips, or chin.
- Can arise as a primary infection of minor breaks in the skin or secondary infection of pre-existing disease state (i.e., atopic dermatitis)
- Clinical lesions are often preceded by nasal colonization with S. aureus.

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Pityriasis Rosea (continued)

- Diagnosis is clinical.
- Peaks at 4-6 weeks
- Treatment is supportive with OTC lotions, antihistamines and mild corticosteroid creams.
- UV light helpful

Image source: Evanherk at Dutch (2005). Pit rosea. (https://commons.wikimedia.org/wiki/File:Pit_rosea_small.jpg) CC BY-SA 3.0



Pyogenic Granuloma

- 5-10 mm soft red papules that bleed easily when traumatized
- The result of excessive blood vessel formation in response to minor trauma
- Found on skin or mucosal surfaces
- Treatment

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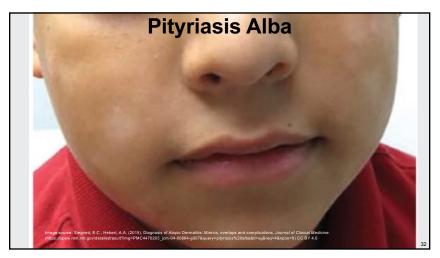
Shave with cautery, excision, but always biopsy

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Close-Up Pyogenic Granuloma This personce: Falsh, A (2013). Pyogenic Granuloma Elbow. (https://commons.wikimedia.org/wiki/File-Pyogenic_Granuloma_Elbow_(1).jpg) CC BY-SA 3.0. This personce: Screek; (2019). Bolinarycome. (https://commons.wikimedia.org/wiki/File-Pyogenic_Granuloma_Elbow_(1).jpg) CC BY-SA 3.0.



Pityriasis Alba Etiology and Treatment

- As the name suggests, it is a scaly off-white patchy condition primarily in Hispanic, Asian and Black children.
- Thought to have an eczematous background, OTC lotions and reassurance are the mainstay treatment.
- Often resolves in teen years

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Erythema Toxicum (continued)



Erythema Toxicum

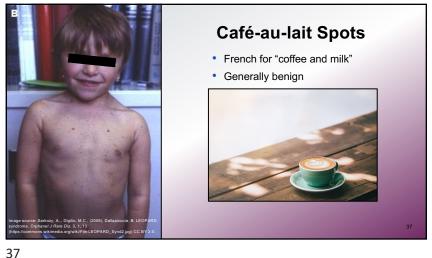
- Blotchy erythemic patches on trunk and extremities
- Result of increased eosinophils
- · Benign, self-limiting, no therapy required
- · Key differential and danger sign
 - Sheeting skin and fever

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Giant Congenital "Hairy" Nevus

- Well-defined dark hairy patch ("big birthmark")
- Can involute to melanoma
- Risk potential discussion, cosmetics a challenge





Café-au-lait Spots (continued)

- Six or more >5 mm diameter **before** puberty, **or** >15 mm diameter after puberty, consider neurofibramatosis type I
- Is there epilepsy, learning differences, vision disorders?







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Hemangioma

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- Vascular malformation
- Very distressing to parents
- Often red, rubbery
- 50% resolve by age 5 y, 70% by age 7 y, 90% by age 9 y



Hemangioma Treatment

- Reassurance and continued observation an option for some parents
- Glucocorticosteroids
- Oral, topical, and intralesional a familiar discussion
- Pulsed-dye laser surgery every 2–4 weeks until healed
- Surgical excision in dramatic cases

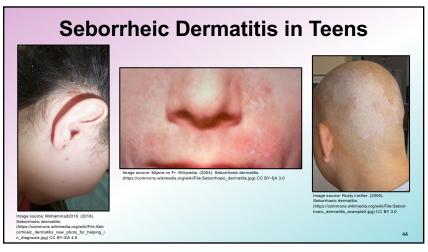
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Propranolol for Hemangioma Tx

Beta-blocker oral and topical off-label
Decreases, shrinks, destroys growth molecules within days
First-line therapy today
Generally safe and well-tolerated

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Seborrheic Dermatitis



Tinea Versicolor

Seborrheic Dermatitis (continued)

- Yellow, greasy, flaking plaques on scalp or flexural areas
- Very common as "cradle cap"
- Overgrowth of M. furfur
- Often responds easily to selenium sulfide or ketoconazole shampoos

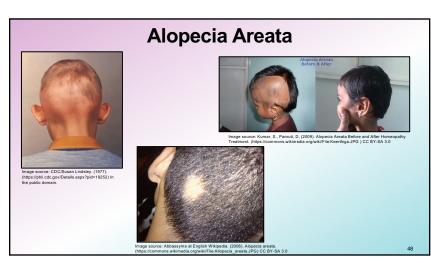
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Tinea Versicolor Facts and Treatment

- Common yeast M. furfur
- Treatment is geared toward topical dandruff shampoos as body washes.
- · Patient stresses about color loss.
- Observed either by light patches of scale or flat areas of hypopigmentation
- In rare cases can require oral ketoconazole 200 mg 1 PO BID once.

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Alopecia Areata (continued)

- Autoimmune hair loss, generally benign and asymptomatic but for stress
- Often one patch on scalp
- Prior to universalis and totalis
- Remission and recurrences common
- Treatment
- Topical, intralesional and systemic discussion

Molluscum Contagiosum

- Benign viral condition that generally affects children up to age 12 years
- Multiple treatment modalities
- Key point is to avoid its spread
 - · Contact, soap, towels
- Often confused with intradermal nevus or keratosis pilaris

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Molluscum Contagiosum Image source: CDC. (2015). Molluscum Contagiosum. (https://www.cdc.gov/pocv/russ/molluscum-contagiosum/) in the public domain. Image source: CDC. (2015). Molluscum Contagiosum. (https://www.cdc.gov/pocv/russ/molluscum-contagiosum/) in the public domain.

Treatment for Molluscum Contagiosum

- Liquid nitrogen
- Lidocaine injection and cautery
- Cantharidin 0.75% or 1%
- Tretinoin cream under occlusion
- Curettage
- Podofilox 0.5% gel 3 days on, 4 days off
- Observe

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Treatment of Verruca Vulgaris

- Consider similar treatments as for molluscum contagiosum
 - Additional therapy consideration is Candida albicans intralesional injection (CAI).
 - CAI is novel, simple, inexpensive.
 - Often destroys untreated warts in vicinity
 - Adverse effects peeling and itching

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Acanthosis Nigricans (AN)

- AN is not a disease in itself, but a symptom of underlying causes.
- More common in females
- Worsened by weight gain and increased glucose
- Classified as a pigmentation disorder and causes great distress
- Favors neck, axilla, and groin

Acanthosis Nigricans (AN) (continued)

Image source: Mehta Rai, V., Balachandran, C. (2010, Familial acanthosis rigiricans. (https://commona.wikimedia.org/wwk/File-Acanthosis-rigiricans.)

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Types of AN and Treatment

- In nearly all cases, a familial trait combined with high BMI and diabetes
- Other causes are endocrine, drug-related (OCP), and malignancy.
- Treatment
- Generally geared toward weight loss and diet
- Little help from urea, tretinoin, or hydroquinone

Hidradenitis Suppurativa (HS)

- Chronic scarring, painful cysts, foul odor
- Currently FDA-approved = Adalimumab (Humira®)
 - Dosed once per week alleviates moderate to severe HS

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Hidradenitis Suppurativa (continued)



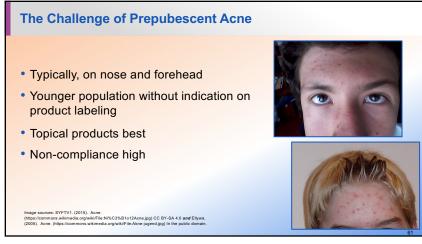
- Onset in puberty
- Predominately affects women
- Defect of apocrine glands
- Favors axilla, groin and under breasts

Another Treatment Option for HS



Amoxicillin/clavulanate
(Augmentin®) 875 mg
1 PO BID × 1-month, with 10 mg
prednisone 1 PO q day ×
1-month and daily sulfacetamide
wash proves extremely effective

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Early Acne Pearl
Consider the advice of a pediatric endocrinologist if hirsutism, body odor, genital maturation present as the androgen excess may be the result of a deeper process.

Image source: Kiewel. 3/University of Forda (NIH), (2018). (https://www.fickr.com/photos/64806478g) No.2806191788) in the public domain.

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Topical Treatment Options Retinoids Oral Benzoyl peroxide (BPO) Antibiotics Topical antibiotics Isotretinoin Paradigm Azelaic acid Salicylic acid Hormone therapy Combinations Corticosteroids Topical dapsone Sulfacetamide wash Other Laser therapy Dermal treatments 63 The Skinny on Acne and Diet

- Foods that increase insulin levels magnify male hormone effect.
- Dairy products boost insulin and are high in hormones made by pregnant cows that produce milk.
- Avoid dairy and sugar to lessen oil stimulus production.

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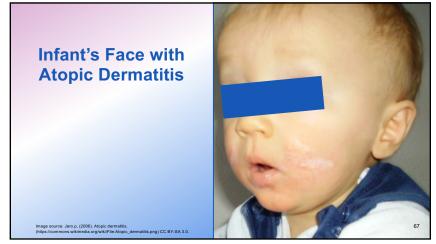


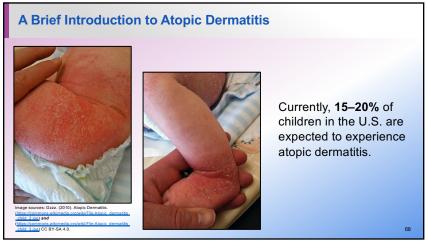
The most common chronic skin disorder seen in infants and children.

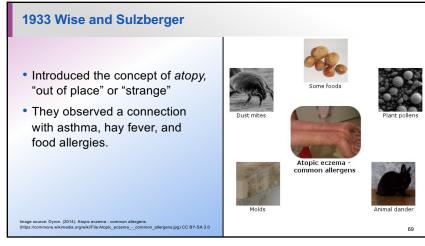
 Prevalence of this condition has risen dramatically during the last three decades.

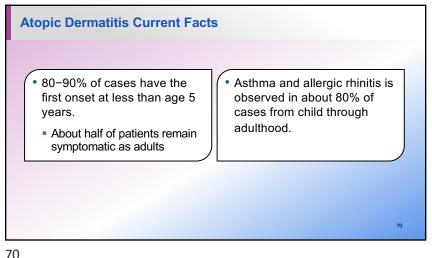
 Affected 7% of children circa 1960

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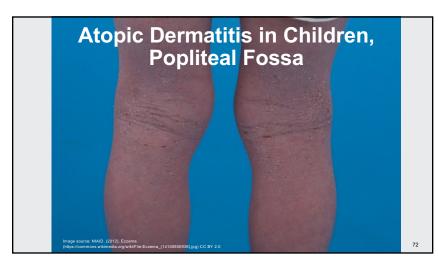




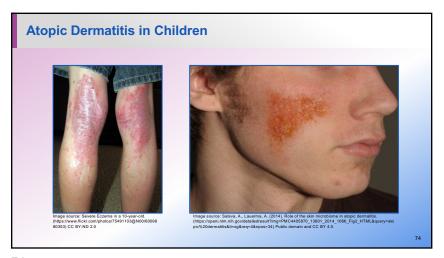


A Thoughtful Definition of Atopic Dermatitis

A genetically predisposed condition manifesting as exaggerated responses (vasodilation, pruritus, bronchoconstriction, IgE production) to environmental stimuli (irritants, allergens, drugs) predominately in the integument.









Theories in Atopic Dermatitis

- Defect of genetics or immunity?
- Dysfunction of barrier?
- Mechanical breakdown by external triggers and exposure?
- Secondary to asthma and foods?
- Outside in or inside out?
- Staph colonization?

Diagnosis of Atopic Dermatitis (AD) – Major Features

- Intense pruritus
- Primarily the facial and bilateral involvement of extensors
- · Chronic, relapsing
- · Personal and family history
- · Heavy scale, micro blisters, irregular borders

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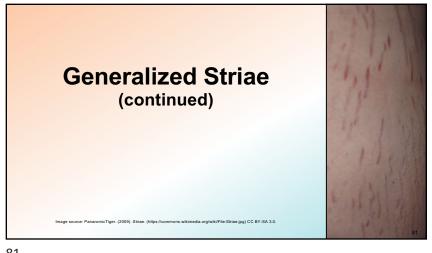
Topical Corticosteroids

- Important tool to gain control of AD
- 30 g covers entire skin of adult once
- Seven potency classes based on vasoconstrictor assay.
- The lower the number, the longer the use allowed.
- Creams and ointments preferred as gels have drying glycol base.

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Popliteal Fossa, Atopic Dermatitis



Topical Corticosteroids (continued)

- Low potency corticosteroid example
- Hydrocortisone 1%
- Desonide 0.05% creams
- Mid potency
- Triamcinolone 0.1%
- Super potent
- Clobetasol 0.05%
- Betamethasone 0.1%

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Topical Calcineurin Inhibitors (TCIs)

- Noncorticosteroidal milestone
 - Tacrolimus ointment 0.03%
- Pimecrolimus cream 1%
- Strong safety profile for current length and difficult skin areas
- Boxed warning for lack of long-term (4+ years) safety data

Atopic Dermatitis

- Prevention is foundational.
- Early on, distribution is generalized.
- Pruritus first hallmark
- Increased risk of secondary impetigo, generalized herpes and varicella in severe cases

Role of Hydration

- Fundamental concept is trigger control and proper skin care.
- "Soak and seal" emphasizes proper cleansers, moisturizers, barrier use.
- It is not about avoiding water, which dries upon evaporation, but immediate moisturizing.

The Bleach Bath Controversy

- On the "pro" side, ¼ cup to forty gallons (59.1 mL-151.4 L) seem to seriously lessen MRSA infections and result in clearer skin.
- On the "con" side, limited studies, can cause serious irritation to some, and odor is repulsive.

The Bleach Bath Controversy (continued)

- The American Academy of Dermatology, multiple experts in eczema recommend
- Exact mechanism is unknown.
- Not uncommon



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Biologic Treatment

- Dupilumab (Dupixent®) is the only FDA approved biologic treatment for children ages 6 to 11 years, and adolescents ages 12 to 17 years.
- Targets IL-4 and IL-13 cytokines
- Monthly subcutaneous injection based on age and weight paradigm.
- No labs or monitoring required

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End of Presentation Thank you for your time and attention.

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Biologic Therapy for Atopic Dermatitis

- Adverse effects include injection site reaction, ocular itching, and rhinitis.
- There is no black box warning and results are generally impressive, particularly with markedly lessened itching, inflammation and flares.
- Also approved for asthma and allergic urticaria

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Topical Corticosteroids Potency Chart

 National Psoriasis Foundation® Potency Chart, available at https://www.psoriasis.org/sublearn03 mild potency

These are continuously updated to reflect generic and brand names.

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