

PEDIATRIC DERMATOLOGY

I. CLASSIC EXANTHEMS

A. First Disease (MEASLES, Rubeola)

1. Etiology: myxovirus
2. Clinical: age of onset after 6-12 months, 10-11 days' incubation, then fever, coryza, rash
3. Enanthem: Koplik's spots - 1-2 days prior to onset of rash
4. Exanthem: morbilliform
 - a eruption 14 days after inoculation
 - b Posterior scalp-- neck-- face-- trunk, upper extremities
 - c 2-3 days' duration
5. Sequelae: neurologic in up to 50%
6. Prevention:
 - a live attenuated vaccine (MMR) after 12 months
 - b earlier killed vaccines led to atypical measles

B. Second Disease (SCARLET FEVER)

1. Etiology: erythrotoxin from Group A Beta-hemolytic Strep, usually from pharyngeal infection ("Strep" Throat)
2. Clinical: Sudden, severe after 2-4 days' incubation with fever, sore throat, headache
3. Exanthem:

- a oropharyngeal erythema
 - b "Strawberry" tongue
4. Sequelae:
- a rheumatic fever 2-3 weeks post infection
 - b glomerulonephritis
5. Treatment: Penicillin
- C. Third Disease (RUBELLA, German Measles)
1. Etiology: paramyxovirus
2. Clinical:
- a 12-25 days' incubation
 - b 4-5 day prodrome (fever, malaise) with adenopathy (post cervical)
3. Exanthem:
- a 2-3 day course
 - b small pink papules on face with peripheral spread to trunk and arms over 1 day
 - c clearing in upper extremity, with involvement of lower extremity
4. Enanthem:
- a Forchheimer's spots - petechiae on soft palate
 - b coincident with exanthem
5. Sequelae:
- a Usually none
 - b Neonatal Rubella Syndrome
6. Prevention: live attenuated virus (MMR)
- D. Fourth Disease (Duke's Disease)

1. Historical significance only
2. ? ECHO virus exanthem
3. ? Scarlatiniform eruption

E . Fifth Disease (Erythema Infectiosum)

1. Etiology: Human Parvovirus
2. Clinical:
 - a children 5-15 years
 - b mild constitutional symptoms
 - c 1-2 week duration, waxing and waning
3. Exanthem:
 - a "slapped" cheek appearance
 - b reticulated erythema over upper back, shoulders, buttocks
4. Enanthem: none
5. Sequelae: none, but adults may have lingering malaise, arthragias, fever

F . Sixth Disease (Exanthem Subitum, Roseola)

1. Etiology: Herpes Virus VI
2. Clinical:
 - a young children (6 months to 2 years)
 - b 10-12 days' incubation
 - c High fever spike, 2-3 days' duration
3. Exanthem:
 - a abruptly follows defervescence
 - b short lived (1 day's duration)

- c faint pink macules from neck to trunk
- d facial sparing
- 4. Enanthem: none
- 5. Sequelae: febrile seizures, (non specific)
- 6. Prevention: none

II. VARICELLA (CHICKEN POX)

A. Etiology: Varicella Zoster Virus

B. Clinical:

- 1. 10-20 days' incubation
- 2. 1 day prodrome of fever, malaise

C. Exanthem:

- 1. successive crops
- 2. congested papules becoming vesicular ("dew drop on a rose petal"), then crusted
- 3. central distribution (face, scalp, trunk) palms, soles spared
- 4. 1 week's duration (maybe up to 3 weeks)

D. Enanthem: flaccid vesicles progress to white ulceration on hard palate, tonsillar pillars

E. Sequelae:

- 1. uncommon in immunocompetent
- 2. Zoster (Shingles)

F. Treatment: Acyclovir, Valcyclovir, Famcyclovir

G. Prevention: Vaccine

III. KAWASAKI'S DISEASE (mucocutaneous lymph node syndrome)

A. Etiology: uncertain

B. Clinical: infants, young children

C. Criteria:

1. 5 or more days of fever
2. conjunctivitis
3. Strawberry tongue, oropharyngeal erythema
4. erythema and subsequent peeling of hands, feet
5. scarlatiniform rash
6. acute cervical adenopathy
7. elevated platelets

D. Sequelae: coronary arteritis, aneurysms

E. Treatment:

1. ? Antibiotics
2. ? Steroids

IV. COMMON CHILDHOOD PROBLEMS - (treatment considerations)

A. Atopic Dermatitis

B. Warts

C. Molluscum Contagiosum

D. Poison Ivy

E. Ringworm

F. Drug eruptions

G. Viral Exanthems

H. Acne

I. Impetigo

NEONATAL DERMATOLOGY

I. "TORCH" SYNDROME - "blueberry muffin baby"

- A. Toxoplasmosis
- B. Other
- C. Rubella
- D. Cytomegalovirus
- E. Herpes Simplex

II. COMMON NEONATAL ERUPTIONS

- A. Erythema Toxicum [Neonatorum]
- B. Neonatal Acne
- C. Milia