

Spot the Rash: Interactive Pediatric Dermatology Review

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SPOT THE RASH



Akron
Children's

Disclosures

I have no relevant financial relationships to disclose.



Objectives

- Differentiate common neonatal skin findings
- Recognize and manage common pediatric dermatologic infections
- Identify hallmark clinical features of major pediatric rashes
- Identify rashes requiring referral or further evaluation

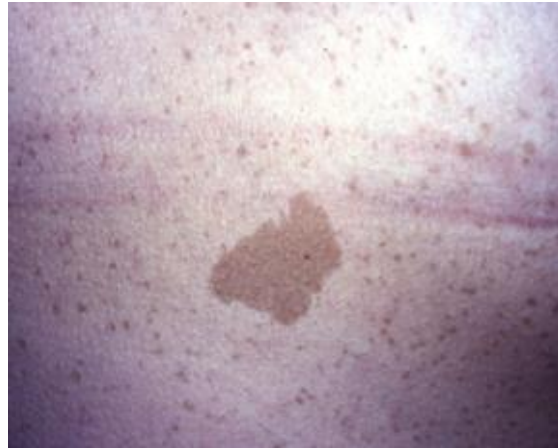


Image Source



Rash Morphology: Flat

Macule



Rash Morphology: Raised & Solid

Papule



Tumor or Nodule



Wheal



Rash Morphology: Raised & Solid

Plaque



Scale



Rash Morphology: Fluid Filled

Vesicle



Bulla



Pustule



Rash Morphology: Secondary Lesions

Crust



Fissure



Ulcer



Rash Arrangement

Annular



Target



Linear



Cluster



Rash Arrangement

Scattered



Reticulated-Lacy



Rash Arrangement

Confluent



Discreet



Fitzpatrick Skin Phototypes

| Skin type | Reaction to sun exposure* |
|-----------|-----------------------------------|
| I | Always burns, never tans |
| II | Always burns, minimal tan |
| III | Burns minimally, gradually tans |
| IV | Burns minimally, tans well |
| V | Very rarely burns, tans profusely |
| VI | Never burns, tans deeply |

NOTE: Slight variations on the definitions of the phototypes appear in the literature. Progression from type I to type VI often correlates with increasing baseline skin pigmentation.

* After the first 1 hour of sun exposure on previously unexposed skin on the first day of spring.

Rash Color

Erythematous -pink or red



Rash Color

Hypopigmented - decreased pigment



Rash Color

- Hyperpigmented –tan brown or black



Age of Skin

- Newborn
 - Thinner skin
 - Fewer melanosomes
- Teen
 - Thicker skin
 - Increased sebum



Newborn Rashes

- Common in newborn period
- Most are benign



Pustules or Vesicles



Let's Kahoot!



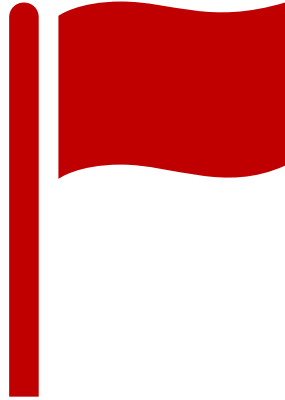
Akron Children's

History

- Age
- Season
- Travel
- Exposures (insects, animals, illness)
- Medications
- immunizations
- Prodrome
- Timing
- Anatomic progression
- Associated symptoms
- Rash changes
- Treatment & response



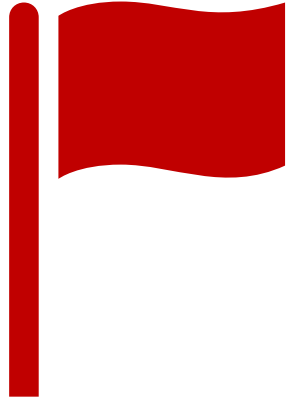
Rashes Requiring Further Evaluation



- Purple
 - Petechiae
 - Purpura



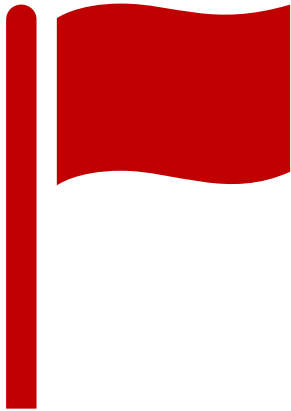
Rashes Requiring Further Evaluation



- Purple
 - Petechiae
 - Benign
 - Platelet Disorders
 - Vasculitis
 - Coagulopathy
 - Trauma
 - Tick borne
 - Sepsis with DIC
 - Purpura



Rashes Requiring Further Evaluation



- Painful

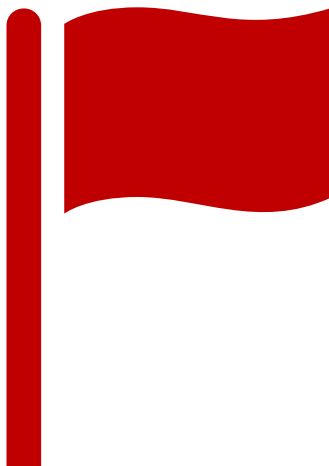
Mucosal changes in Stevens-Johnson syndrome/toxic epidermal necrolysis



- HSV/Shingles
- Herpetic eczema
- DIC
- Steven Johnson Syndrome/toxic epidermal necrolysis
- Staphylococcal scalded skin



Rashes Requiring Further Evaluation



- Peeling

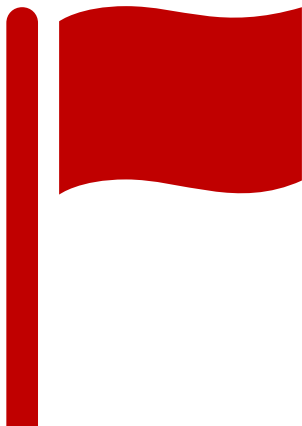
Staphylococcal scalded skin syndrome



- Necrotizing fasciitis
- Kawasaki's
- Staphylococcal scalded skin
- Toxic Shock Syndrome
- Steven Johnson Syndrome/toxic



Rashes Requiring Further Evaluation



- Pustules

Herpes simplex virus blepharitis



- MRSA (abscess)
- Staphylococcal scalded skin
- Staphylococcal aureus
- Streptococcus Group A
- Eczema herpeticum
- Herpes Simplex
- Varicella



Rashes Requiring Further Evaluation

- Patterned



Bruising patterns that suggest child abuse

Looped cord



Stick/whip



Board or spatula



Hand/knuckles



Spots to Remember

- Most newborn rashes are benign
- Careful history & description of rashes can help with diagnosis
- The 5 P's-Purple, Painful, Peeling, Pustules, & Patterned requires further evaluation



TAKE PAWS



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References

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