Cases from the Curbside: Cases That Have Been Emailed, Texted, or Sent by EHR

Jim Treat, MD

Associate Professor of Clinical Pediatrics and Dermatology

Irritant Dermatitis

Presentation:

- Red, scaling or vesiculated patches with minor itching and burning on the site of chemical exposure
- Common Causes:
  - Household chemicals
  - Soaps: Especially CHG in Hospitals
  - Deodorant
  - Scrubbing the skin

Pathophysiology:

- Direct toxicity to the epidermis

Therapy

- Avoidance
- Moisturization, and topical steroids

Testing? NO

Annular Urticaria vs Erythema Multiforme

- Urticaria
  - Blanchable
  - Central
  - Itchy
  - Dermatographic
  - Transient
  - Facial and hand/foot edema
- Erythema Multiforme
  - Non-blanchable
  - Central duskiness
  - Painful
  - Fixed

Scabies Therapy in children under 2 months

5-10% Precipitated Sulfur?

- May not work as well
- Smells terribly
- Very difficult to obtain

Permethrin? (off label)

- Permethrin has been associated with 11q23/MLL rearrangement leading congenital leukemia when aerosilized permethrin was abused heavily. NOT topical permethrin.
- CHOP Pharmacy and Dermatology therapeutic alternative: Consent form for use in children under 2 months of age.

Archives of Disease in Childhood Fetal & Neonatal Edition. 88(5):F436-7, 2003 Sep.

Tinea Corporis

- If it's scaley…scrape it! (or culture it)
- fungal cultures are simple!
- Tinea can look like eczema but is typically localized
- Ask about pets
- Topical steroids will worsen but may help in the diagnosis
- If topical steroids have been used, systemic antifungals may be needed
- If it's getting worse with topical steroids- think Tinea

Periorificial Dermatitis

- Small red papules around the mouth>nose>eyes
- The distribution is characteristic and there is not much else which does this!
- Risk factors include: inhaled and topical steroids
- They get worse with steroids!!
- Treatment: topical metronidazole +/- oral erythromicin or if age appropriate doxycycline
- Treatment takes 3-6 weeks to work