

## YOUR CHILD'S RASHES –when to call your Physician

The advent of vaccines, antibiotics, and antiseptic techniques has saved our millions of our children from pneumonia, meningitis, kidney, heart, and liver damage, upper respiratory infections, and paralysis. Some of the pediatric viral and bacterial killers of as recent as 20 years ago, have become almost extinct thanks to the miracles of modern Medicine and public health measures.

However, the “bugs” physicians now see affecting children’s skin have changed. Rare are the cases of measles, German measles, mumps, etc., which had distinctive skin appearances but were untreatable. These illnesses now are replaced by cases of Staphylococcus aureus and Group A Streptococcus bacterial manifestations, and some common viral diseases mentioned below. These can be harder to diagnose because of their variable appearance, but some are treatable with antibiotics and anti-inflammatory medications, though some still may be deadly.

About 20% of Pediatrics visits involve skin manifestations of viral, bacterial, or other infectious agents. Here is a list of just some of the relatively common rashes that the Pediatrician, Family Practitioner, or Dermatologist sees, from the more mundane to those that require immediate medical attention:

- Impetigo – from a toxin that Staph or Strep bacterial species produces causing localized “honey-colored” crusts typically around the nose, mouth, or eyes (but can be on any skin site). It is contagious but treatable with topical and/or oral antibiotics. In children less than 5 years, if the rash spreads with fever, this may be “Staphylococcal Scalded Skin Syndrome” and needs immediate attention.
- Tinea Capitis – a fungal infection of the hair of the scalp causing hair loss, scale, & itch. It more often involves African-American children due to hair texture. If on the skin of the body, it is termed “ringworm” or tinea corporis.
- Head Lice – small 6-legged arthropods that lay eggs on the hair shaft and go to the skin of the scalp to feed on blood. Head lice is mainly seen in Caucasian- or Asian-type hair textures. It is highly contagious.
- Scabies – another small arthropod that burrows under our skin and lays eggs. Causes intense itching with a rash at the armpits, genitals, hands, and buttocks. Also is highly contagious.
- Pityriasis Rosea – from the HHV-7 virus. Rash can start off as one larger skin lesion (a “herald patch”) with a spread of the small scaly plaques on the back and chest in a “Christmas tree” distribution. It is not thought to be contagious and does not usually require treatment.
- “Slapped Cheeks” – aka Erythema Infectiosum, is caused from Parvovirus B19, where the child gets bright red cheeks and then a lacy red pattern on the arms and rarely joint pain. Parvovirus infection can be dangerous to the fetus if transmitted to pregnant women in the second trimester.

- Chicken Pox – though much less common because of the Varicella vaccine, there are breakthrough cases of “atypical” chicken pox still seen. Classically, there are small, red, itchy blisters that start on the chest or back and spread outward in crops to the face, arms, etc. . This very itchy rash is highly contagious unless the receiving individual is properly immunized
- Scarlet Fever – from a toxin that *Strep pyogenes* (from strep throats) causing fever, red “strawberry” tongue, a sandpapery rash, and a rash on the inner elbows or sides of groin. The kidneys can be affected.
- Kawasaki’s Disease - often in children less than 5 years old with at least five days of fever, hand and foot skin changes, lymph node swelling, red eyes. Child must be treated in the hospital with anti-inflammatory medications, and will need a cardiac evaluation.
- Erythema Multiforme– usually a skin reaction from the Herpes Virus (or various medications) causing fever, skin pain, and “bulls-eye” lesions on the palms and soles. If these blisters go on to affect larger areas of the skin or the mouth, eyes, or genitalia, the child needs immediate medical attention.

As parents, caregivers, and teachers, you should worry if the child has a new rash associated with a persistent fever (e.g. a rectal temperature of over 100.4°F if less than three months old or above 101-103°F otherwise). Fever is just part of the equation, so if your child seems listless and difficult to wake up, with poor appetite, severe nausea, vomiting, and/or diarrhea, headaches, neck stiffness, light sensitivity, gets sudden seizures, has difficulty breathing or sleeping, and “just doesn’t seem right,” call your Doctor or 911, or go to the Emergency Room.

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