

The Child With A Skin Condition

Chapter 29

Congenital Lesions

- Strawberry Nevus
 - Hemangioma
 - Harmless and usually disappear without treatment. (60% by 5 yrs, 90% by 9 yrs).
 - At first it is flat, then gradually becomes raised.
 - Lesion – bright red, elevated and sharply demarcated.
 - Laser treatment or excision if area becomes ulcerated.

Congenital Lesions

- Port - Wine Nevus
 - Present at birth,
 - Caused by dilated dermal capillaries.
 - Flat, sharply demarcated, and purple to pink.
 - Darkens as child gets older.
 - Area small, cosmetic my disguise lesion.
 - Area larger, laser surgery.

Infections

- Miliaria
 - Prickly heat.
 - Caused – excess body heat and moisture.
 - Retention of sweat in sweat glands. may become blocked or inflamed.
 - Rupture of leakage into skin causes inflamed response.
 - Appears suddenly as tiny, pinhead-sized, reddened papules with occasional clear vesicles.
 - May be accompanied by pruritus (itching).

Infections

- Miliaria
 - Seen during hot weather or in newborns who sleep in overheated rooms.
 - Occurs in diaper area or in folds of skin where moisture accumulates.
 - Reversible – removing clothing, bathing, skin care, and frequent diaper changes.

Infections

- Intertrigo
 - Chafing
 - Found in folds of skin.
 - Patches red and moist.
 - Located along neck and in inguinal and gluteal folds.
 - Aggravated by urine, feces, and moisture.
 - Prevention – keeping affected area clean and dry.
 - Allow to be of diapers to expose to air and light.

Infections

- Seborrheic Dermatitis
 - Cradle cap
 - Inflammation of skin that involves sebaceous glands.
 - Thick, yellow, oily, crustlike scales.
 - Found on scalp and forehead.
 - Seen in newborns, infants, and at puberty.
 - Does not itch, resembles eczema, and negative family history.

Infections

- Seborrheic Dermatitis
 - Treatment
 - Shampooing hair on regular basis.
 - Scales – apply baby oil.
 - Soft brush to remove particles.
 - Dandruff shampoo for adolescents.
 - Topical antifungal agents.

Infections

- Diaper Dermatitis
 - Diaper rash
 - Irritation from prolonged contact with urine, feces, retained laundry soaps, and friction.
 - Seen with response to solid foods or breast to bottle feedings.
 - Fragrance or chemicals.
 - Redness or scales, blisters, and ulcerations.
 - Beefy red rash in diaper – Candida – thrush.

Infections

- Diaper Dermatitis
 - Treatment and Nursing Care
 - Easier to prevent than cure it.
 - Remove diaper and expose skin to air and light.
 - Thoroughly cleanse with warm water and gently dry.
 - Plastic pants avoided..
 - Cleanse after bowel movement.
 - Cleanse skin folds and dry.
 - Rash – mild hydrocortisone cream.
 - Protective ointments – Petrolatum, A and D ointment, or zinc oxide.

Acne Vulgaris

- Inflammation of sebaceous glands and hair follicles in skin.
- Hormonal – enlarge at puberty and secrete increase amt of fatty substance – sebum.
- Genetic factors and stress play a part.

Acne Vulgaris

- Comedo – a plug of keratin, sebum, or bacteria.
 - Two types
 - Open – blackhead.
 - Closed – whitehead.
- Seen on chin, cheeks, and forehead.
- More severe in winter.

Acne Vulgaris

- Treatment
 - Regular, well-balanced diet.
 - General hygiene – cleanliness, rest, and avoidance of emotional stress.
 - Squeezing pimples – ruptures intact lesion and causes local inflammation.
 - Vit A acid – eliminates keratinous plugs.
 - May need to take antibiotic with topical med.

Acne Vulgaris

- Accutane
 - Monitor liver studies and lipid levels.
 - Not prescribed during pregnancy or to those at risk for pregnancy because of fetal deformity.

Acne Vulgaris

- Distressing to adolescent when face is extensively involved.
- Feel different and embarrassed.

Herpes Simplex Type 1

- Cold sore or fever blister.
 - Viral infection.
 - Feeling of tingling, itching, or burning on lip.
 - Healing – 8 to 10 days.
 - Spread by direct contact.
 - Recurrence – common – virus lies dormant in body until activated by stress, sun exposure, menstruation, fever, and other causes.

Herpes Simplex Type 1

- Treatment and Nursing Care
 - Topical acyclovir – reduce viral shedding and hasten healing.
 - Ointments applied with gloved hands.
 - Contact precautions.
 - Do not pick at lesion – spreading.
 - Do not share lipstick and avoid kissing while lesions active.

Infantile Eczema

- Atopic dermatitis
 - Inflammation of genetically hypersensitive skin.
 - Local vasodilation in affected areas.
 - Caused by allergy.
 - Emotional factors are involved.
 - Symptom rather than a disorder.
 - Allergens – oversensitive to certain substances.
 - Enter body – food, dust, pollen, wool, soap, strong sunlight, insect bites, and vaccines.

Infantile Eczema

- More common during first 2 yrs.
- More severe on face but entire body esp skin folds are involved.
- Worse in winter with periods of temporary remission.
- Infant scratches due to itching being constant.
- Irritable and unable to sleep.
- Lesions become infected by bacterial or viral agents.
- Should not be exposed to adults with cold sores – will develop systemic reaction with high fever
- May flare up after immunizations
- Increase in immunoglobulin E (IgE) and eosinophil levels.

Infantile Eczema

- Treatment and Nursing Care
 - Relieve itching, hydrating skin, relieving inflammation, and preventing infection.
 - Emollient bath – soothing effect. (Oatmeal and mixture of cornstarch and baking soda).
 - Hair washed with soap substitute.
 - Bathing should be to a minimum.
 - Bath oil – Alpha Keri.
 - Corticosteroids
 - Sedation
 - Fingernails short and cotton gloves.
 - Avoidance of fragrances and harsh chemicals.

Staphylococcal Infection

- Common bacteria
- Found under skin as small pustules.
- Seen in premature infants and newborns with low resistance.
- Newborn infections occur in umbilicus or circumcision wound.
- Will spread from one infant to another.

Staphylococcal Infection

Treatment and Nursing Care

- Antibiotics
- Staph that invaded the body developed resistance to drugs – Methicillin Resistant
- Staphylococcus Aureus (MRSA).
- Strict isolation with individual equipment for pts and aseptic techniques.

Scalded Skin Syndrome

- Cause – S Aureus.
- Mild erythema with sandpaper texture.
- Vesicles appear and rupture and peeling occurs exposing a bright red surface.
- Skin looks scalded.
- Child abuse is often expected.

Scalded Skin Syndrome

- Treatment
 - IV antibiotic
 - Strict isolation
 - Prevention of secondary infection.
 - Warmth
 - Fluid and electrolyte balance.
 - Healing takes place without scarring.

Impetigo

- Infectious disease of skin caused by staph or group A beta – hemolytic strep.
- Organism becomes in contact with a break in skin.

Impetigo

- Signs and Symptoms
 - Red papules – first symptoms.
 - Become small vesicles or pustules surrounded by a reddened area.
 - Once blister breaks, it weeps and is raw.
 - Lesion is mostly found around nose and mouth and anywhere there is moisture.
 - Older children – crust may form and they will scratch it causing infection.

Impetigo

- Treatment and Nursing Care
 - Antibiotics
 - Wash lesions three or four times a day.
 - Bactroban ointment.
 - Treat small cuts properly.
 - Want to prevent disease.
 - Spread of disease from one child to another.
 - Nephritis – complication of beta – hemolytic strep.

Fungal Infections

- Known as ring worm.
- Fungi are larger than bacteria.
- Transmitted from person to person or animal to person.

Tinea Capitis

- Ringworm of scalp.
- Seen in school age children.
- Patches of hair is lost – alopecia.
- Hair loses its pigment and may break off.
- Papules become pustules to red scales.
- Areas of circular balding.

Tinea Capitis

- Diagnosis
 - History and appearance.
 - Wood's light – strain of tinea capitis glow green under light.
 - Treated – Griseofulvin
 - Given with meals or after meals.
 - Topical meds.
 - Not to miss one dose.

Tinea Capitis

- Treatment
 - May last 8 to 12 weeks.
 - Can go to school but can not exchange hats, combs, or personal items.
 - May take several weeks to clear.