



Current Advances in the Diagnosis and Management of Atopic Dermatitis in Children

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INTRODUCTION

Pediatric dermatology is a crucial subspecialty focusing on diagnosing and managing skin conditions in children. Unlike adults, children often present unique dermatologic challenges, given their developing immune systems and distinctive skin physiology. Common conditions encountered in pediatric dermatology include atopic dermatitis, which remains one of the most prevalent disorders, particularly in infancy and early childhood. Children with eczema frequently suffer from intense pruritus, skin xerosis, and erythematous patches, which, if untreated, can lead to secondary bacterial infections such as impetigo. These bacterial infections, often caused by *Staphylococcus aureus*, present as non-bullous impetigo with honey colored crusting or bullous impetigo characterized by fragile vesicles. Another condition that often coexists with eczema is keratosis pilaris, which manifests as rough, follicular papules on the upper arms, thighs, or cheeks [1,2].

DESCRIPTION

Infectious dermatoses are a significant subset of pediatric skin disorders. Viral conditions like molluscum contagiosum and warts are commonly observed. Molluscum contagiosum presents as dome-shaped, umbilicated papules caused by a poxvirus, while verruca vulgaris, or warts, are attributed to human papillomavirus. Children frequently contract these conditions through direct contact or contaminated objects. Tinea infections, or dermatophytoses, are fungal infections commonly seen on the scalp or body. These infections often present as annular lesions with central clearing and peripheral scaling, requiring antifungal therapy. Scabies and pediculosis capitis remain additional common parasitic infestations in pediatric patients, leading to significant pruritus and discomfort. Another group of skin conditions that pediatric dermatologists frequently manage are viral exanthems, which include measles, rubella, and erythema infectiosum. These viral rashes are often associated with systemic symptoms such

as fever, cough, and malaise, presenting as maculopapular or vesicular eruptions. Kawasaki disease is a critical condition that also involves the skin, presenting with polymorphous exanthema, erythema of the lips, strawberry tongue, and desquamation of the palms and soles. This condition requires prompt recognition and treatment with intravenous immunoglobulin to prevent coronary artery complications. Among pigmentation disorders, vitiligo is a notable concern, characterized by depigmented macules resulting from melanocyte destruction. Conversely, conditions like café au lait spots, frequently associated with neurofibromatosis, present as hyper pigmented macules that may require evaluation for underlying systemic involvement. Epidermal nevi and nevus sebaceous are additional pigmented lesions that are congenital and may evolve with age. Congenital hemangiomas and vascular malformations are common cutaneous findings in neonates. Infantile hemangiomas, which appear as bright red, raised lesions, typically undergo rapid growth followed by slow involution. In contrast, port-wine stains, seen in conditions like Sturge-Weber syndrome, are capillary malformations that persist throughout life. Pediatric autoimmune and inflammatory skin disorders are also important to address [3-5].

CONCLUSION

Juvenile dermatomyositis, a rare inflammatory condition, involves heliotrope rash on the eyelids, Gottron's papules on the knuckles, and proximal muscle weakness. Psoriasis, although less common in children than adults, presents as erythematous plaques with silvery scales, often triggered by infections such as streptococcal pharyngitis. Lichen planus, another inflammatory condition, manifests as violaceous, pruritic papules, sometimes associated with mucosal involvement. Hair and nail disorders are not uncommon in pediatric dermatology. Alopecia areata, an autoimmune condition, presents as well-demarcated, non-scarring hair loss, often in patches. Onychomycosis, or fungal infection of the nails, can lead to nail dystrophy and discoloration, requiring

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prolonged antifungal therapy. Nail abnormalities may also arise in systemic conditions like psoriasis or hypothyroidism.

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CONFLICT OF INTEREST

None.

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