

# Clinical Pediatric Dermatology

ISSN: 2472-0143

Open access Short Communication

# Observational Ponder of Hospitalized and Non-Hospitalized Children with Skin Inflammation Herpetic

Jean Francois Stalder\*

Department of Dermatology, Nantes University Hospital, France

#### INTRODUCTION

Stress and emotional turmoil can trigger or worsen eczema symptoms in some children. Bacterial or viral infections can lead to flare-ups. Staphylococcus aureus is a common bacterial infection associated with eczema. While food allergies can exacerbate eczema in some children, they are not always the primary cause. Eczema is typically diagnosed based on clinical symptoms and a thorough medical history. The presence of red, itchy, and inflamed skin, along with a history of rashes and itching. Information about a family history of eczema, allergies, or asthma can be relevant. The duration and chronicity of symptoms are assessed to confirm the diagnosis. In some cases, other skin conditions with similar symptoms, such as psoriasis or contact dermatitis, need to be ruled out through tests or biopsies. Eczema management in children focuses on relieving symptoms, preventing flare-ups, and improving the overall quality of life. Low-potency topical steroids are often prescribed to reduce inflammation and relieve itching. Regular application of emollients and moisturizers helps maintain skin hydration and reduce dryness. These non-steroidal medications can be used on sensitive skin areas to reduce inflammation. These are used to alleviate itching and improve sleep quality in children [1,2]. Wrapping affected areas in damp bandages or clothing can help reduce itching and improve skin hydration.

## **DESCRIPTION**

Bathing with lukewarm water and using gentle, fragrance-free cleansers can help maintain skin moisture. Identifying and avoiding triggers, such as allergens or irritants, is key to preventing flare-ups. Providing children and their families with education and emotional support is essential for coping with eczema. Living with eczema can be challenging, especially for children who may not understand their condition fully. Explaining eczema to children in an age-appropriate manner can help them understand the condi-

tion and its management. Encouraging a consistent skin care routine, including moisturizing and applying prescribed medications, can empower children to take control of their condition. Promoting a balanced diet, regular exercise, and adequate sleep can contribute to overall well-being and may help prevent flare-ups. Encouraging children to express their feelings and frustrations about their condition can help them cope better. In some cases, counselling or therapy can be beneficial in addressing the emotional impact of eczema. Understanding the symptoms and signs associated with various procedures is crucial for patients and healthcare providers alike [3-5]. By being informed and vigilant about potential complications, patients can take proactive measures to address any issues promptly, ensuring a safe and successful plastic surgery journey. Preventing eczema is not always possible, given its multifactorial nature.

#### **CONCLUSION**

Identifying and avoiding triggers, such as allergens or irritants, can help prevent flare-ups. A consistent and appropriate skin care routine can maintain skin hydration and reduce the risk of eczema. Providing emotional support and education about the condition can help children cope better. Regular follow-up with a health-care provider can ensure that the child's condition is adequately managed. Eczema in children is a common and manageable skin condition. While it can be challenging for both children and their families, a combination of proper medical care, a healthy lifestyle, and psychological support can make a significant difference. Understanding the causes, triggers, and management of eczema is essential for ensuring that children with this condition can live comfortably and confidently while managing their symptoms effectively.

#### **ACKNOWLEDGEMENT**

None.

Received: Manuscript No: IPCPDR-23-18088 30-August-2023 Editor assigned: 01-September-2023 **PreQC No:** IPCPDR-23-18088 (PQ) **Reviewed:** QC No: IPCPDR-23-18088 15-September-2023 **Revised:** 20-September-2023 Manuscript No: IPCPDR-23-18088 (R) **Published:** 27-September-2023 DOI: 10.36648/2472-0143.9.3.23

**Corresponding author** Jean Francois Stalder, Department of Dermatology, Nantes University Hospital, France, E-mail: jf\_st-alder@mac.com

**Citation** Stalder JF (2023) Observational Ponder of Hospitalized and Non-Hospitalized Children with Skin Inflammation Herpetic. Clin Pediatr Dermatol. 9:23.

**Copyright** © 2023 Stalder JF. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

## **CONFLICT OF INTEREST**

The author's declared that they have no conflict of interest.

#### **REFERENCES**

- 1. Horbach SE, Ubbink DT, Stubenrouch FE, Koelemay MJW, Vleuten CJM et al. (2017) Shared decision-making in the management of congenital vascular malformations. Plast Reconstr Surg. 139(3):725e-734e.
- 2. Degner LF, Kristjanson LJ, Bowman D, Sloan JA, Carriere KC, et al. (1997) Information needs and decisional preferences in women with breast cancer. JAMA. 277(18):1485-1492.
- Legare F, Ratte S, Gravel K, Graham ID (2008) Barriers and facilitators to implementing shared decision-making in clinical practice: Update of a systematic review of health professionals' perceptions. Patient Educ Couns. 73(3):526-535.
- Mathijssen EGE, van den Bemt BJF, Wielsma S, van den Hoogen FHJ, Vriezekolk JE (2020) Exploring healthcare professionals knowledge, attitudes and experiences of shared decision making in rheumatology. RMD Open. 6(1):e001121.
- Irving G, Neves AL, Miller HD, Oishi A, Tagashira H, et al. (2017) International variations in primary care physician consultation time: A systematic review of 67 countries. BMJ Open. 7(10):e017902.