

## The Ages of Children and their Dermatoses

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### Abstract

Pediatric dermatology deals with diseases of skin from birth to adolescence including neonatal period (from birth to 1 month), infancy (1 month to 2 years), childhood (2 to 12 years), and adolescence (12 to 18 years). Each period has specific dermatological diseases and problems. Dermatological problems account for 30% of all outpatient visits to a pediatrician. Further, around one third of all patients seen in dermatology clinic are children [1,2]. Approach and management of children with skin diseases differs from that of adults. These differences are both in the form of disease presentations and therapeutic approach. There are many diseases, which exclusively occur in childhood and many others that may present at any age but show differential features in children. Further treatment differs in the form of drugs, their safety, their dosage and side effects. Thus pediatric dermatology in itself is a specialized field, requiring sound knowledge of both dermatology and pediatrics.

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### Neonatal Period

Neonatal skin undergoes a series of changes to adapt to the extra uterine environment. The cutaneous integument though well developed at term shows important anatomic differences with adult skin. Vernix caseosa, which is protective in utero, gets wiped off after birth exposing the neonate to dry ambient air. Further physiological desquamation of stratum corneum predisposes the neonate to a variety of environmental insults including dehydration, hypothermia, injuries from sunlight and increased absorption to topically applied substances [3].

During first month of life a variety of transient benign physiological eruptions develop which if not diagnosed correctly can arouse undue stress in parents and care givers. These eruptions usually subside on their own without much squeal. Toxic erythema of new born, sebaceous hyperplasia, neonatal cephalic pustulosis and sucking blisters are few such Dermatoses. Maternal diseases transmitted in-utero or during delivery can also present in neonatal period. Autoimmune diseases like neonatal lupus and neonatal pemphigus and infections like syphilis, herpes, toxoplasma and varicella are certain such diseases. Other skin disorders, which can present at birth or during neonatal period, include developmental abnormalities, vascular malformations, disorders of keratinization and epidermolysis bullosa. Many

times newborn skin gives essential clue to diagnosis of genetic syndromes such as neurofibromatosis, tuberous sclerosis, incontinentia pigmenti and piebaldism. Identifying these subtle markers of complex congenital syndromes is essential in further follow up of these patients.

### Infancy

Infancy is the period when skin matures and starts to resemble adult skin. As the effect of maternally transmitted immunity decreases, the infant is exposed to various infections. Development of recurrent severe infections may be a hallmark of congenital immunodeficiency. During infancy eczemas especially atopic dermatitis and diaper dermatitis are frequent and need to be managed carefully. Further certain infestations like scabies have peculiar presentations during infancy. Hemangiomas and congenital nevi also may first appear during infancy, so are a variety of genetic disorders like progeria, Rothmund Thomson's syndrome and many others [4].

### Childhood

The period of life from 2 years to 12 years of life is termed as childhood phase. Atopic dermatitis is the most prevalent disorder at this age. Exposure to environmental infections and infestations predisposes children to develop dermatophytosis, impetigo,

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herpes simplex, chicken pox, warts, scabies and pediculosis. Because of increasing outdoor activities, toddlers are also prone to develop contact dermatitis, photosensitive Dermatoses and insect bites. Many disorders such as vitiligo, psoriasis and alopecia areata first appear during childhood [4].

## Adolescence

Adolescence is a phase of rapid physical development. Changes in hormonal levels result in development of new diseases like acne and seborrheic dermatitis. This is a phase of sexual maturity of teenagers and their high-risk behavior like unprotected sex predisposes them to a variety of sexually transmitted diseases. Further their self-consciousness prevents them from seeking medical advice thus aggravating the problem by manifolds. Increasing social activities also predispose adolescents to infections and infestations. Certain genodermatoses like psudoxanthoma elasticum, Fabry's disease and Darier's disease also have their onset in adolescence [4].

An important concern of pediatric dermatologists is to take a

complete clinical history and perform examination. It is of utmost importance to create a friendly atmosphere and to involve parents while assessing children. Small children will find the presence of their mother in examination room reassuring while, adolescent may be more comfortable to discuss their problems alone. Thus each age group has to be tackled individually depending on their concerns.

## Conclusion

Pediatric dermatology deals with skin disorders from birth till 18 years of age. This long time period is further divided into four phase's namely neonatal period, infancy, childhood and adolescence. Each phase has its own specific dermatoses. Also disease manifestations differ in each phase. Thus a sound knowledge of these differences helps in making accurate diagnosis. Further as children are not merely small adults, their management is different in terms of drugs used, their dosage as well as side effects. Pediatric dermatologists have dual responsibility as they have to treat the child and also alleviate parent's anxiety.

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