

Pediatric dermatology: Part II

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It is my great pleasure to present you with the second part of “Pediatric Dermatology” symposium.

In any dermatology set up—be it a private practice, or primary health center, or a tertiary referral hospital—skin diseases in children account for 20%–30% of the total patient load. Jain and Khandpur have presented epidemiologic data about the pattern of pediatric dermatoses in India. I find that infection and infestations that were very common till the late 90s are on the decline. Of late noninfective dermatoses, such as atopic dermatitis and psoriasis, have become more common with one exception and, that is, scabies. Scabies is re-emerging and more so in the higher socioeconomic group (personal observation).

The skin is one of the most frequently involved organs in human immunodeficiency virus (HIV) infection, and mucocutaneous manifestations may be one of the earliest markers of AIDS. Mucocutaneous manifestations may also act as a prognostic marker of HIV infection. Mendiratta *et al* have reviewed this subject for the readers of this journal.

Mendiratta and Jabeen have very nicely reviewed hemangiomas in infancy. Although vascular malformations and hemangiomas are not absolutely exclusive, it is important to identify both components. Most of the medical treatments (including oral corticosteroids and propranolol) have no effect on vascular malformations. Léanté-Labréze *et al*,^[1] in early 2008 reported remarkable response of propranolol in a child with a severe infantile

hemangioma. Subsequently, quite a few case studies have documented its efficacy.^[2] We at Wadia Children Hospital have found it to be very useful and now prefer to use it as the first line of treatment.

Palit and Inamadar have elaborately discussed skin infections in children, with due emphasis on the emergence of community-acquired MRSA strains in India. Indiscriminate and prolonged use of steroid antibiotic combination needs to be condemned. Very recently retapamulin has been introduced in our country. My humble request to all my readers is to please use it very judiciously.

Sexually transmitted diseases are not uncommon in children. I use to see it in street children who were exploited. Of late, “teen-age sex” has increased, especially in the metros. Now I even see it in children from very affluent families and with “Disco culture” in vogue. The review from Dhawan *et al* is a very timely warning to all of us.

Singal and Sonthalia have described various aspects of cutaneous tuberculosis in children in context of India. We at Wadia Children Hospital have observed that both the cutaneous mycobacterial diseases, tuberculosis and leprosy, are on the decline and the scene in India may not be different. Even endemic areas of leprosy in India are showing the decline of leprosy.

Dr. Sandipan Dhar is one of the authorities on atopic dermatitis (AD). His practical management tips will be very useful. Many colleagues refer AD patients with the label “Resistant” or “Refractory” AD. I feel that most of these patients, more importantly their care takers (parents), may not have understood the proper care of the skin and thus what they need is a detailed counseling than anything else.

Allergic contact dermatitis (ACD) is many times misdiagnosed in children. Sharma and Asati have

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described various aspects of ACD in children. I find ACD to be more common in atopic background. One of the interesting clinical patterns of ACD in late childhood and adolescent period is periumbilical patch of eczema. This is due to “metal button” in jeans pants, which have become popular in metros and elsewhere.

Dogra and De have discussed phototherapy in children. This is a safe and effective treatment option in wide spread AD, psoriasis, vitiligo, and alopecia areata. I find that many dermatologists do not recommend this treatment modality as they lack infrastructure and/or confidence. More detailed discussion and practical

tips from experts will definitely help them to use this modality of treatment more frequently.

I wish to thank all my colleagues who have contributed to this symposium. My special thanks to our editor Dr. Thappa for this symposium and hope he will continue to give prominence to pediatric dermatology by starting a special section on “Pediatric dermatology.”

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