When the rash won’t go away

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Four cases
Commonly referred dermatoses
ARS
Clues for diagnosis and treatment (AKA take-home lesson)

I have no conflicts of interest but some treatment recommendations are not FDA-approved.

Perplexing Pimples
1. 17 year old with pimples for months
2. Mostly around nose and mouth
3. A little better after she used grandmother’s cream but flared up every time it was discontinued

ARS: Best treatment is
1. hydrocortisone ointment
2. metronidazole gel
3. benzoyl peroxide gel
4. tretinoin cream
5. mometasone cream
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DDx Perioral Dermatitis
- Acne
  » Comedones, papules, pustules in “T zone” or “U zone”
- Folliculitis
  » Discrete perifollicular red pustules in beard area in older boys or scattered
- Rosacea
  » Background of erythema

DDx Perioral dermatitis
- Atopic or allergic contact dermatitis
  » Lichenified, crusted
  » Mango, poison oak

Perioral Dermatitis
- Gentle skin care, eliminate irritants
- Taper/discontinue topical corticosteroids
- Antibiotics
  » Topical metronidazole treatment of choice
  » Topical sulfur, clindamycin, erythromycin
  » Oral erythromycin, metronidazole if severe
  » Tetracycline class in older children

Incidence in Children and Adolescents
Take-home lesson: perioral dermatitis

Use topical/oral antibiotics. Don’t be tempted to treat with topical steroids & look for sources of occult use.

Baffling bumps in a baby

- Pink papules and vesicles, occasional pustules for weeks
- No pets, hot tub exposure
- Parents aren’t itching

ARS: The best test to do next is

1) Bacterial culture
2) Fungal culture
3) Microscopic examination using KOH
4) Microscopic examination using oil
5) Skin biopsy

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DDx Baffling itchy bumps

BUGS?
You prescribe 5% permethrin cream.

Mom brings the baby back a month later and there are still nodules. Microscopic examination is again positive for scabies mite.

ARS: The most likely reason is
1) All family members were not treated
2) The family dog was not treated
3) The head and neck of the infant wasn’t treated
4) The child wasn’t treated again after a week.
5) The mite is permethrin resistant

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Take-home lesson: persistent scabies
- Treat the entire household(s) again including close contacts/caregivers
- Include the head and neck in infants up to 2 years of age
- Leave the dog alone
- Do dirty laundry only
- Clean car seat

Itchy rash on trunk in toddler
- 10 month old with 2 weeks of itchy rash.
- Started in axilla on one side then spread over lateral chest and abdomen

Itchy rash on trunk in toddler
- Otherwise well & on no medication
- No affected contacts & no history of skin problem
ARS: The diagnosis is
1) Atopic dermatitis
2) Allergic contact dermatitis
3) Psoriasis
4) Viral exanthem

The name makes sense
- Starts on one side, but may generalize
  » "asymmetric"
- Viral exanthem that begins in axilla, antecubital fossa
  » "peri-flexural"
- Viral exanthem with no single agent identified yet
  » "exanthem"

APEC Differential Diagnosis
- Allergic contact dermatitis
  » Stays localized & not usually asymmetric
- Atopic dermatitis
  » Symmetrical with lichenification & crusting
- Other viral exanthems
  » Symmetrical but last only a few days
  » Associated signs and symptoms

Typical “viral exanthem”

Hand, foot and mouth disease
Persistent viral rashes

- Asymmetric periflexural exanthem
- Fifth disease
  - Can have maculopapular component
- Epstein Barr virus
- Papular acrodermatitis of childhood
  - Gianotti-Crosti syndrome

Parvovirus B 19 “slap cheek”

Kawasaki

- Course of rash is the best clue
  - Starts in axilla or groin on one side
  - Then generalized but is still asymmetric
  - Lasts for weeks
  - Child appears well

Scaly rash on the trunk for months in a 16 year old
ARS: The best treatment is
1) Terbinafine
2) Selenium sulfide
3) Itraconazole
4) Minocycline
5) Ketaconazole cream

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ARS: The best treatment is
- Terbinafine (griseofulvin, tolnaftate) → dermatophyte
- Selenium sulfide → pityrosporum
- Itraconazole → dermatophyte, Candida, pityrosporum
- Minocycline → CARP, acne, folliculitis
- Ketaconazole cream → same as Itraconazole

Confluent and Reticulated Papillomatosis of Gougerout and Carteaud
- Teens & young adults
- Trunk
- Asymptomatic
- Gradual onset
- Reticulated hyperkeratotic plaques

DDx CARP
- Acanthosis nigricans
  - Velvety plaques on posterior neck, axillae, antecubital arms, dorsal hands.
- Tinea versicolor
  - Discrete hypo- or hyperpigmented scaly papules & plaques; spores and hyphae on potassium hydroxide examination
- Asteototic dermatitis (dry skin)
  - Ill defined scaly hypopigmented plaques with background of xerosis

Take-home lesson: CARP
- Scaly but reticulated
- KOH negative
- Treat with minocycline for 3-4 months.
When the rash won’t go away

- Look carefully at the lesions (the tree)
- Look at the distribution (the forest)
- Revisit the history
- Scrape, culture
- Refer!