

PRACTICAL HELP

Serious rashes on the rise

Parents should be up to scratch when it comes to ignoring or treating an itch.

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Between the abundant scrapes, bruises and nicks, childhood is rough on skin. Toss in rashes, pimples and blemishes and a munchkin's skin can take quite a licking.

Sure Nurse Mom knows that her youngster's boo-boo demands a Spiderman Band-Aid and a liberal dose of tender, loving care. However, what action parents ought to take often is fuzzier when seemingly innocuous, if unsightly welts carpet Junior's body. Mom and Dad may falter when it comes to weeding out a garden-variety heat rash from more serious skin infections.

That is increasingly becoming a liability: Dermatologists are observing a recent rash of kiddy rashes and other common skin woes, sparked, in part, by the rise of an antibiotic-resistant strain of bacteria.

When parents dismiss pimples or scaly swatches they reckon will pass, or postpone medical consultation because of insurance issues, the decision can bear serious health consequences.

There's "a temptation to think of skin infections as superficial conditions that will clear up on their own in time," says Dr. Joshua Fox, a New York dermatologist. However, "the vast majority of skin infections," he says, "do require treatment in order to lessen the discomfort or side effects," limit its spread to others, and nixing the "possibility of the infection spreading to internal organs and causing more serious health issues."

With a little familiarity with the most unwanted list of childhood skin infections, parents can better judge when TLC isn't enough. And by encouraging easy prevention strategies parents can help scratch skin woes off their child's to-do list.

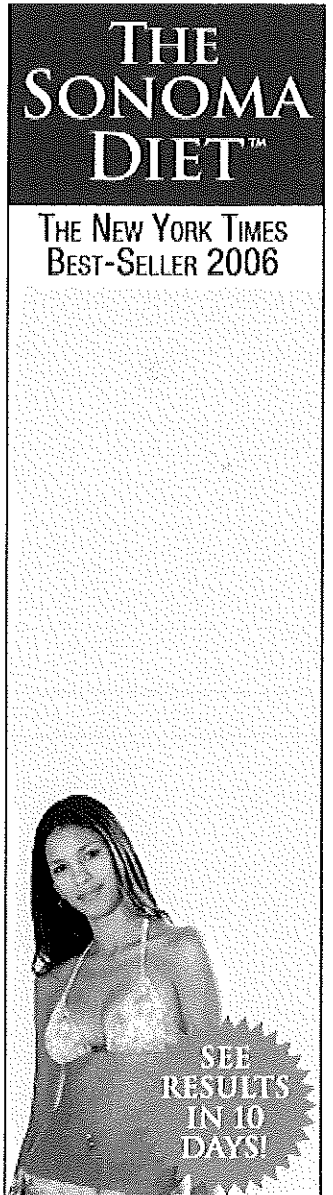
Outbreak of cases

What's behind this rash of rashes?

Much of the recent uptick owes to the emergence of methicillin-resistant staphylococcus aureus (MRSA), says Dr. Chris Crotty, a dermatologist, skin cancer surgeon, and founder of Sand Lake Dermatology Center in Orlando.

With the liberal use of antibiotics in recent years, the bacteria has adapted and now shrugs off methicillin and other common silver bullets such as oxacillin, penicillin and amoxicillin, according to the Centers for Disease Control and Prevention.

"This requires greater vigilance on the part of the dermatologist because antibiotics for normal skin infections



may not be effective for MRSA infections, and yet the clinical appearance may appear similar," Crotty says.

It doesn't help that kids frequent favorite haunts of bacteria, fungi, and virus. These include damp locker rooms, shower stalls and swimming pools. And often kids share the microscopic menaces when they swap sporting apparel, play contact sports or share household towels, Fox says.

Dr. Nanette B. Silverberg, director of pediatric and adolescent dermatology at Beth Israel Medical Center in New York, has noticed a rise in cases involving MRSA-related infections such as impetigo, as well as other common skin blights such as ringworm and molluscum contagiosum.

Impetigo is a highly contagious skin infection that develops when streptococcus or staphylococcus bacteria invade a scrape or cut, causing red blisters that burst, ooze for several days, and form a honey-colored crust. The disease, most common between ages 2 and 7, is rarely serious, but staph bacteria can spread to internal organs and create serious health problems, says Fox, founder of Advanced Dermatology. Thus, your doctor may prescribe antibiotic creams or oral medications to curb the risk.

A fungus that infects the top layer of skin and produces red, itchy patches, and bald spots on the scalp is behind that highly contagious old scourge, ringworm of the scalp (tinea capitis). Ringworm, more prevalent in 4- to 12-year-olds, is transmitted through sharing combs and hats, and handling infected pets. Because ringworm of the scalp can in the long-term cause baldness, Silverberg says it pays to catch it early, when oral antifungals "can prevent permanent hair loss."

Meanwhile, the contagious viral skin infection molluscum contagiosum favors children ages 2 to 12 and produces small, firm, painless bumps that haunt the torso, buttocks, thighs but can spread to other areas with scratching. Swimmers are targets because the virus thrives in warm, wet places and spreads when kids share towels or equipment. The malady may take up to two years to fade without treatment. But because the infection is contagious, topical steroids are often recommended to speed resolution, Fox says.

When to seek help

When does a bump demand more than Clearasil? When does a rash scream for more than calamine lotion? How can a parent judge whether a child's skin woes demand medical attention?

Judging transitory blemishes from serious blights isn't easy. Still, parents can trust medical attention is required if fever, pain, bleeding, infection, skin ulcers, or lesions spread to other family members, says Dr. Adelaide A. Hebert, a professor of dermatology and pediatrics at the University of Texas Medical School in Houston.

Other red flags: itchy, migratory lesions such as hives, or distress with the respiratory or digestive tracts. Target-patterned lesions on the palms and soles always demand prompt medical evaluation, Hebert says.

"Parents should bring any worsening eruption to the attention of their physician," she says. "As skin infections can be serious and painful, these types of problems should prompt a parent not to delay medical evaluation of their children."

Scores of skin afflictions abound and treatments vary. Still, there are some general tips for caring for children's skin that can help guard against skin woes, says Dr. Peggy Fuller, a board-certified dermatologist with Esthetics Center for Dermatology in Charlotte, N.C..

Instead of overloading children with juices and colas that are both high in sugar and "can aggravate dry skin by causing dehydration," Fuller encourages parents to push water. Swap the fruity and flowery lotions for fragrance-free and dermatological-recommended products.

Meanwhile, frequent hand washing can help ward off communicable infections such as impetigo and ringworm.

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