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Clinical Pearls

Clinical Pearls help prepare residents for the future by providing them with top tips from experts about what they should know about a specific subject area by the time they complete their residency.

Pediatric considerations

By Latanya T. Benjamin, MD, FAAD, FAAP

Pearl #1: You don't have to hurt children to treat (cure) molluscum contagiosum. There are many practitioners whose 1st line treatment for MC is a physical modality, such as spot application with liquid nitrogen or curettage. Whenever possible, my preference is always chemical over physical destruction for the treatment of the molluscum contagiosum virus (a poxvirus) in the pediatric population. Physical destruction tends to be poorly tolerated in children making painless chemical destruction ideal. For example, cantharadin is a topical agent that has a painless ease of application, is effective in nature, with high parental satisfaction [1]. Its application can be taught to other health care practitioners. I recommend having a reputable compounding pharmacy compound it as a 0.7% topical solution. Cantharadin, if applied properly, can offer an effective cure with little to no complication.

Pearl #2: Listen to parents! Sometimes, chief complaints may seem trivial or a parent over-anxious but always pursue their concern. I have diagnosed invasive melanomas in a 6-year-old child with a new 2mm pink spot beneath the right orbit and a 15-year-old Hispanic male with a changing mole on the scalp, both of which were pointed out by a concerned parent. These vital diagnoses were made because I heard the concerns of a parent. Aggressive skin cancers, albeit rare, do occur in childhood.

Pearl #3: Damp wraps not wet wraps. Most every resident will be taught or witness the valuable technique of wet wraps utilized in the inpatient setting. The role and benefit of wet wraps for the management of atopic dermatitis is well known [2]. However, this typically evokes skepticism when first discussed with parents to try at home. Since communication is key, I recommend introducing the term "damp wraps" to parents to better convey the proper application technique. How you introduce new concepts to the family and patient as a unit largely affects compliance and their willingness to try.

Pearl #4: Seek out opportunities to see pathology in various ethnic skin. Cutaneous findings and clinical presentations can be highly variable in skin of color. For example, darker skin can make it harder to appreciate inflammatory dermatoses. Atopic dermatitis may appear as small monomorphic xerotic papules over the trunk rather than the more common presentation of weeping erythematous eczematous plaques in the classic locations in young children. In the next 30 years, the U.S. Census Bureau projects that nearly 50% of the U.S. population will be comprised of people with skin of color. Since the demographics are changing, keep up with available nationwide training opportunities to assist your ability to make accurate diagnoses and enhance patient care in this population. Overall, increased exposure, educational sessions, and training in dermatology residencies will serve you well [4].

Pearl #5: Avoid unnecessary general anesthesia in procedural dermatology for young pediatric patients. Unfortunately, many parents have come to me after a plastic surgeon or adult dermatologist recommended to perform laser or a simple excision under general anesthesia. The FDA advisory warns against the repeated use or lengthy use of general anesthesia and sedation drugs during surgeries or procedures in children younger than three years because it may affect the development of children's brains [4]. With various techniques, many pediatric laser and surgical pediatric procedures can be safely, efficiently, and successfully accomplished in an office setting [5]. A full understanding can save you time in a busy practice setting. DR

References

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If you have suggestions for topics or content for Clinical Pearls, contact Dean Monti at **dmonti@aad.org**