HASSENFELD CHILDREN'S HOSPITAL AT NYU LANGONE

Pediatric Dermatology Tips and Tricks

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Associate Professor of Dermatology and Pediatrics
Director of Pediatric Dermatology
NYU Grossman School of Medicine

July 21, 2022

DISCLOSURE OF RELATIONSHIPS WITH INDUSTRY

Vikash S. Oza MD

DISCLOSURES

Dove: Consultant – Honoraria

Pfizer: Grant recipient: Consultant-Honoraria

Visual Dx: Consultant-Honroraria

Let’s tackle…

- Infantile hemangiomas – who we treat
- Approach to the bald patch
- Warts – the bane of all pediatric dermatologists
- Facial rashes during the COVID era
- Key morphology clues – the 1 sec diagnosis
- Teledermatology – it’s here to stay

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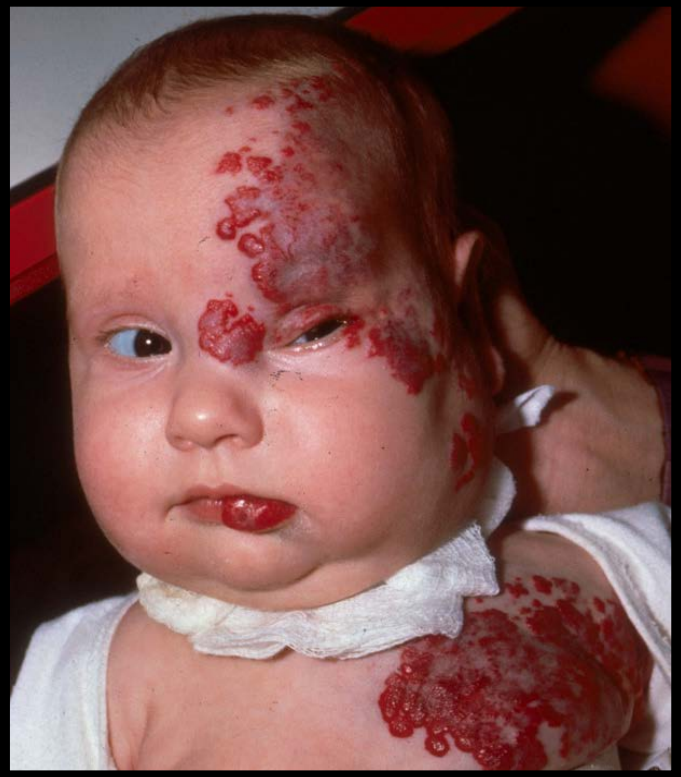
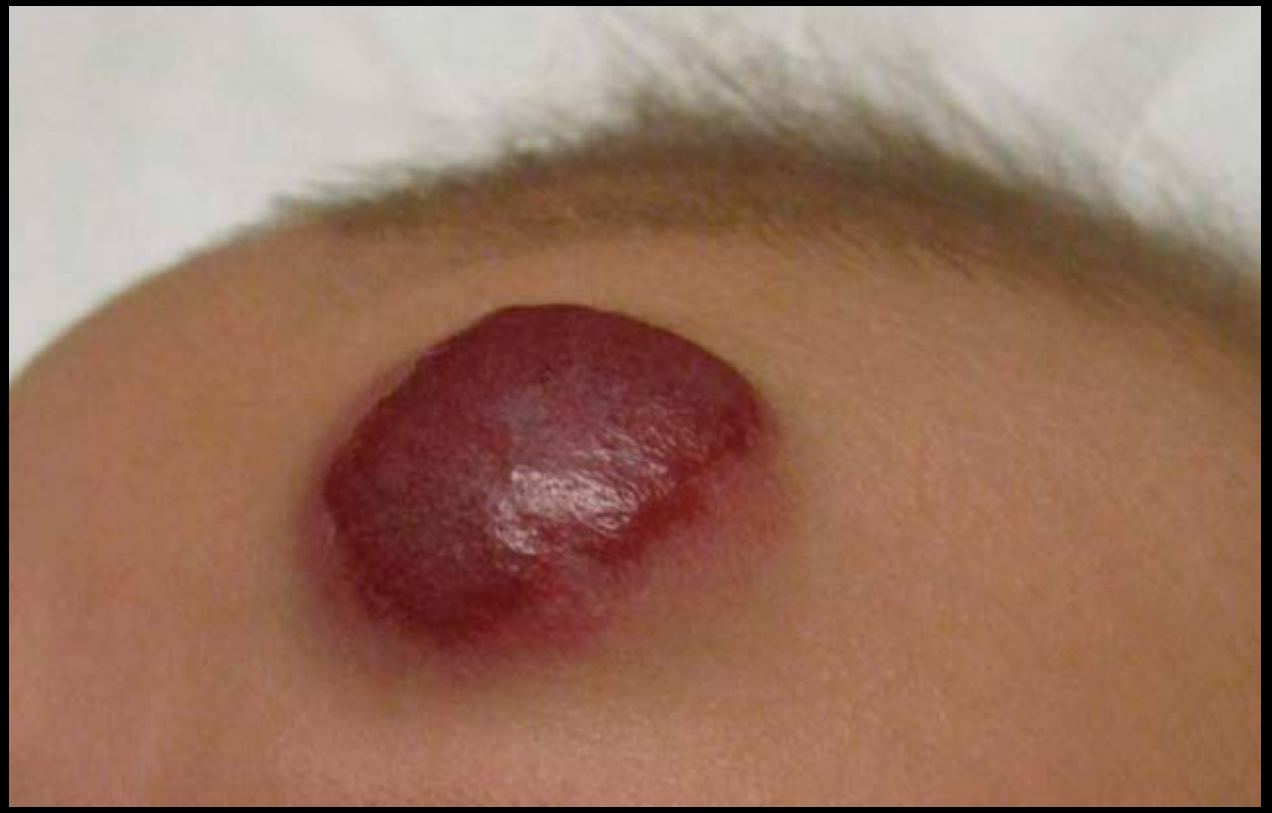
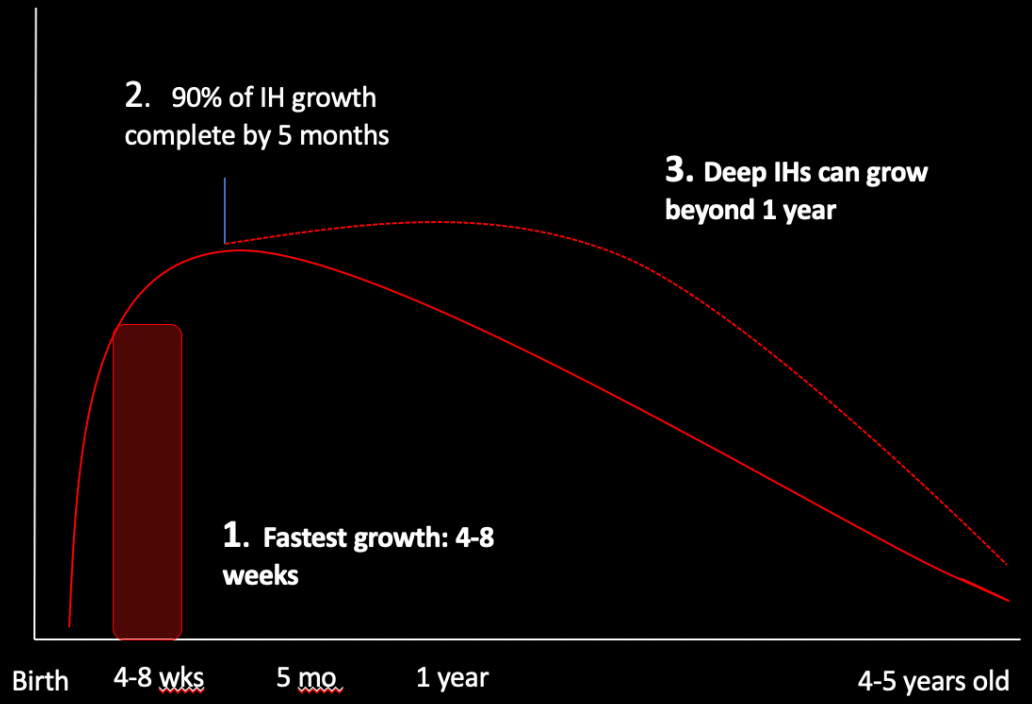
Practicing in the Gray

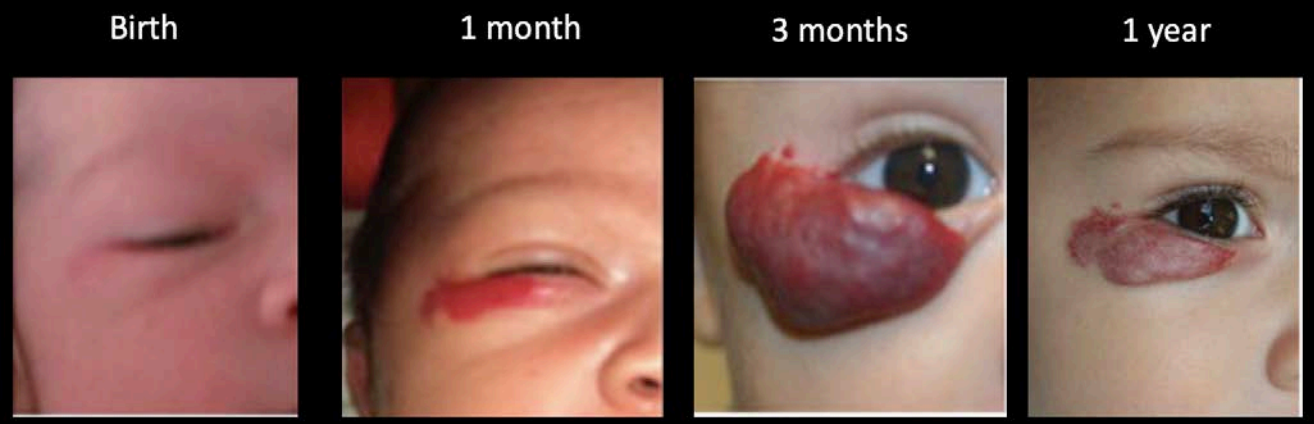




The clock is ticking…

Infantile Hemangioma Growth





Tollefson M et al.
Pediatrics 2012

Clinical Practice Guideline for the Management of Infantile Hemangiomas

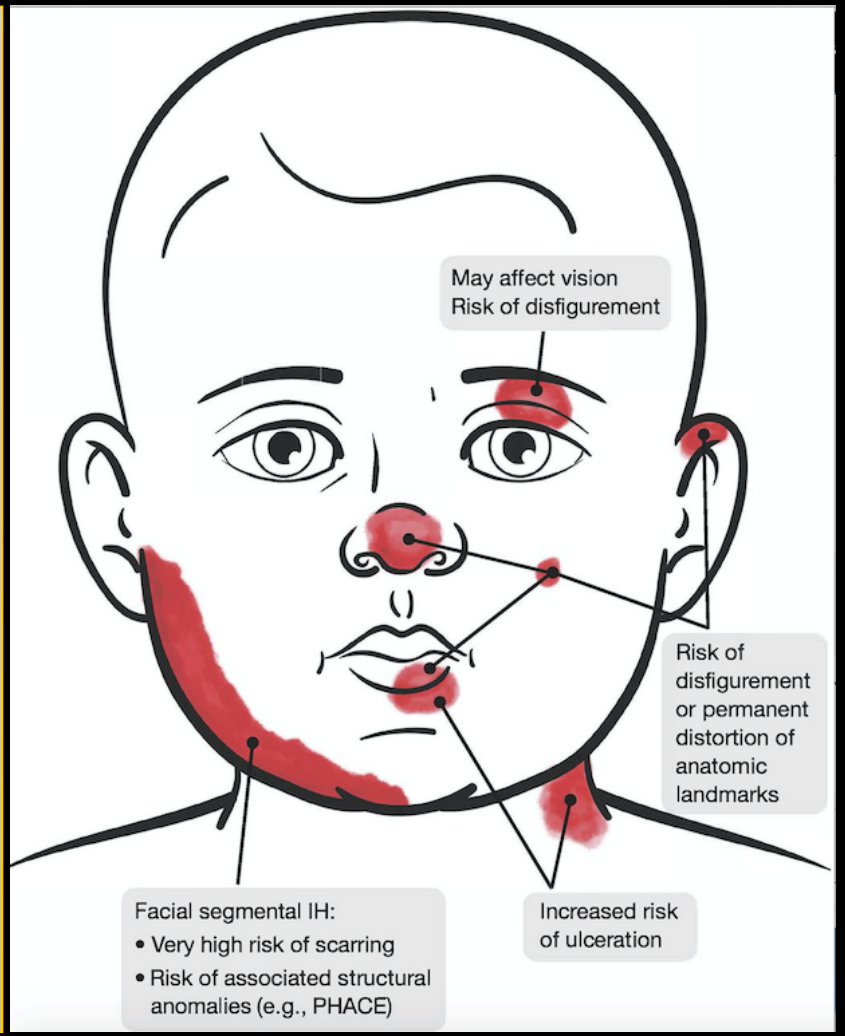
Daniel P. Krowchuk, MD, FAAP,[a] Ilona J. Frieden, MD, FAAP,[b] Anthony J. Mancini, MD, FAAP,[c] David H. Darrow, MD, DDS, FAAP,[d] Francine Blei, MD, MBA, FAAP,[e] Arin K. Greene, MD, FAAP,[f] Aparna Annam, DO, FAAP,[g] Cynthia N. Baker, MD, FAAP,[h] Peter C. Frommelt, MD, FAAP,[i] Amy Hodak, CPMSM,[j] Brian M. Pate, MD, FHM, FAAP,[k] Janice L. Pelletier, MD, FAAP,[l] Deborah Sandrock, MD, FAAP,[m] Stuart T. Weinberg, MD, FAAP,[n] Mary Anne Whelan, MD, PhD, FAAP,[o] SUBCOMMITTEE ON THE MANAGEMENT OF INFANTILE HEMANGIOMAS

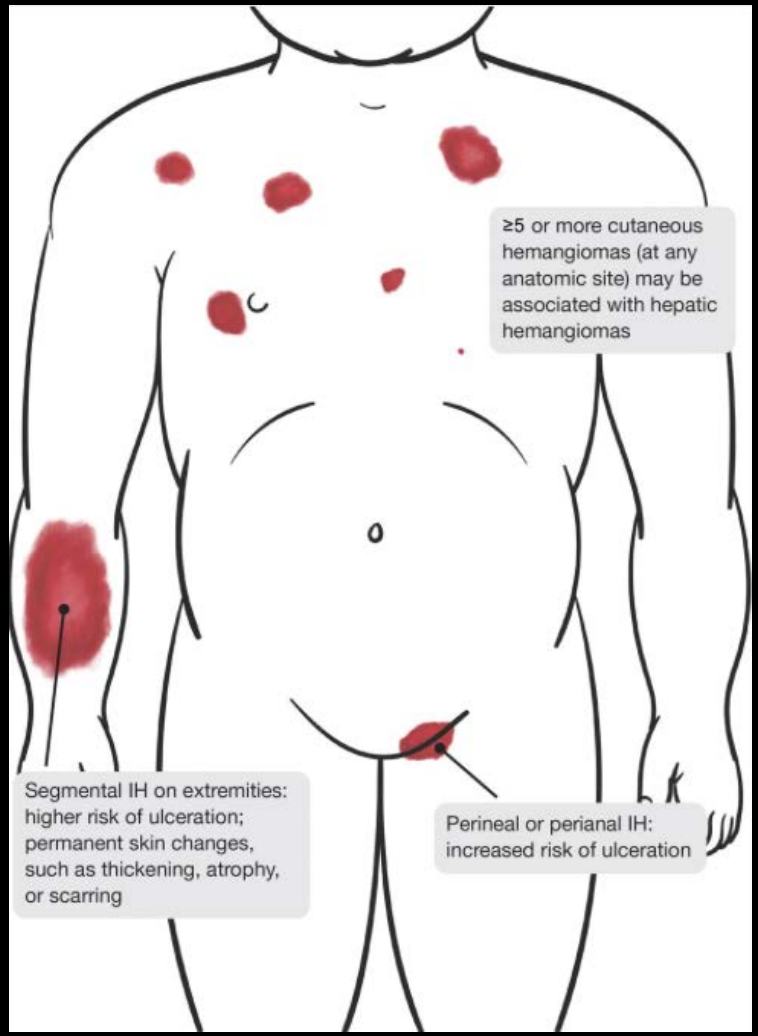
American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

High Risk Infantile Hemangiomas – Disfigurement

- Segmental (esp. face or scalp)
- Nasal tip or lip
- Face: > 2cm (>1cm if less than 3months old)
- Scalp: >2cm
- Body: >2cm (esp if thick superficial)
- Breast (female infants)





PEDIATRICS®

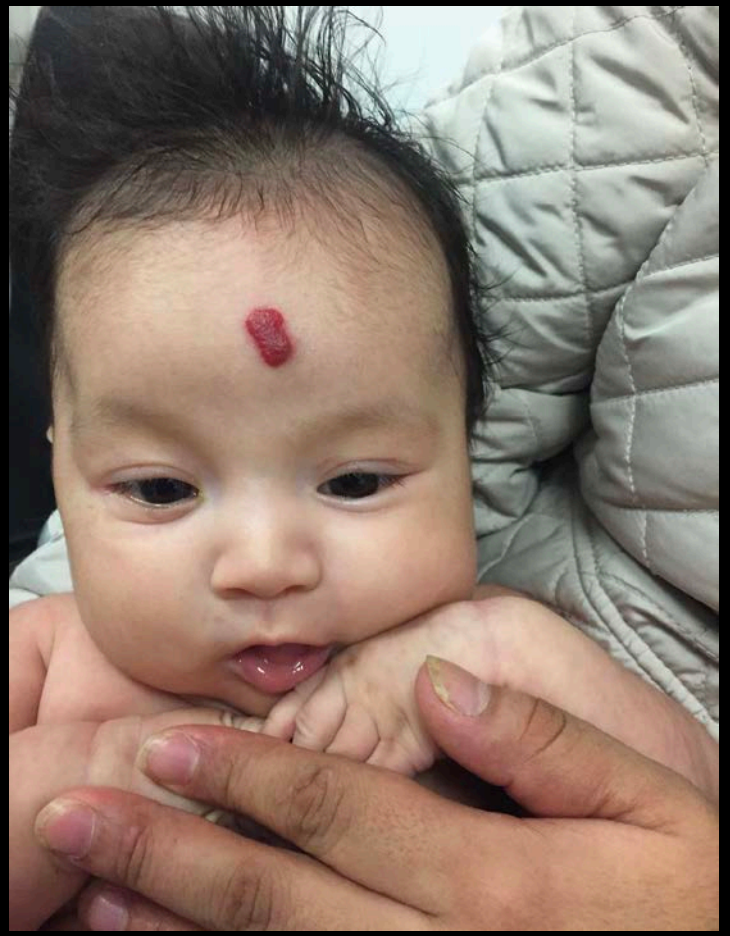
ARTICLES | APRIL 01 2020

The Infantile Hemangioma Referral Score: A Validated Tool for Physicians FREE

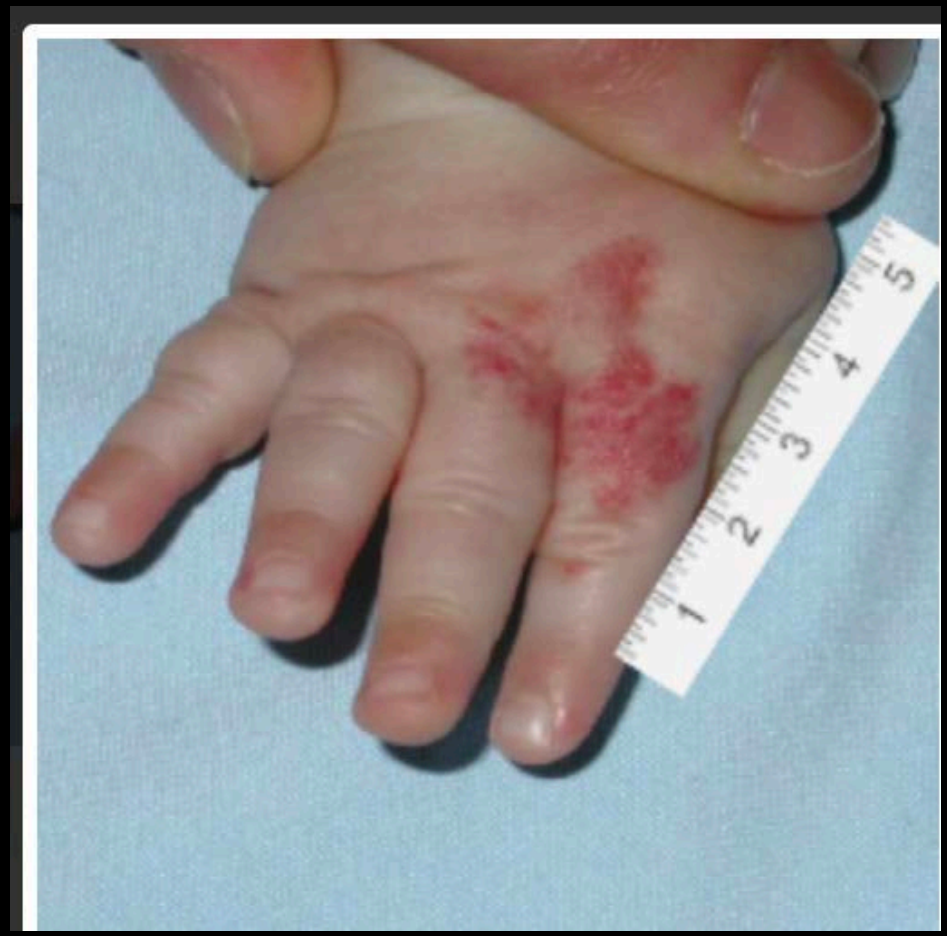
Christine Léauté-Labrèze, MD ✉; Eulalia Baselga Torres, MD; Lisa Weibel, MD; Laurence M. Boon, MD; Maya El Hachem, MD; Catharina van der Vleuten, MD, PhD; Jochen Roessler, MD; Agneta Troilius Rubin, MD, PhD

Let’s put this tool to use

Case 1: Forehead IH



Case 2: Hand IH



Infantile Hemangioma Referral Score

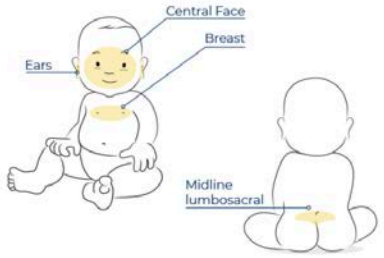
Case 1: Forehead IH

AT LEAST ONE OF THE PREVIOUS SITUATIONS IS TICKED "YES", HEMANGIOMA SHOULD BE REFERRED FOR CONSULT TO AN EXPERT CENTER.

ANSWER TO THE 6 QUESTIONS BELOW

Tick **YES** or **NO**

Complications or **potential risk of complications** (Ulceration, Visual Compromise, Feeding difficulties, Stridor)	○ Yes	◉ No
Central face and/or **ears**	◉ Yes	○ No
Breast (in female)	○ Yes	◉ No
Midline lumbosacral	○ Yes	◉ No
Size ≥ 4 cm (focal or segmental)	○ Yes	◉ No
Number of hemangiomas ≥ 5	○ Yes	◉ No

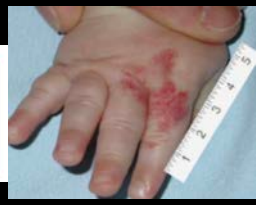


CONTINUE

Important disclaimer

Case 2: Hand IH

IF YOU TICKED NO TO ALL QUESTIONS, PLEASE COMPLETE THE NEXT QUESTIONS.



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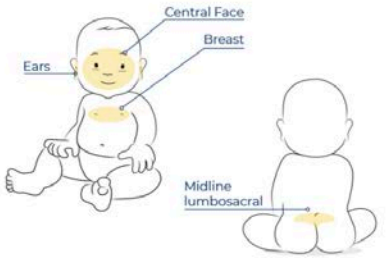

CONTINUE

Important disclaimer

Infantile Hemangioma Referral Score

Case 1: Forehead IH

Refer!

ANSWER TO THE 6 QUESTIONS BELOW

Tick **YES** or **NO**

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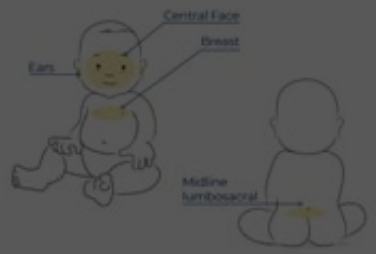

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Case 2: Hand IH

Size >1cm and <2 months

Monitor!

THE TOTAL SCORE IS THE SUM OF THE SCORES FROM EACH PARAMETER BELOW:

Parameters	Items			Score Please consider only the highest score for each parameter
Location Of Hemangioma	Other facial areas than those mentioned previously (step 1)	○ Yes ◉ No	if Yes: 3 points (if No: 0 point)	○ 3 ○ 2 ◉ 0
	Neck, diaper area, scalp	○ Yes ◉ No	*if Yes: 2 points (if No: 0 point)*	
Size of the biggest hemangioma	≥ 1 cm on other facial area than those mentioned previously (step 1)	○ Yes ◉ No	if Yes: 3 points (if No: 0 point)	○ 3 ◉ 2 ○ 0
	2-4 cm on other body area than those mentioned previously (step 1)	◉ Yes ○ No	*if Yes: 2 points (if No: 0 point)*	
Current child age and growth of hemangioma	The infant is < than 2 months	○ Yes ◉ No	if Yes: 3 points (if No: 0 point)	○ 3 ○ 2 ◉ 0
	The infant is ≥ 2 and ≤ 4 months with an evident growth within last 2 weeks	○ Yes ◉ No	*if Yes: 2 points (if No: 0 point)*	
			TOTAL	2

CONTINUE

SCORE < 4: HEMANGIOMA SHOULD NOT BE REFERRED AND SHOULD BE MONITORED. INTERACTIVE GUIDELINE SHOULD BE USED AT EVERY VISIT.

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Topical Timolol Maleate Treatment of Infantile Hemangiomas

Katherine Püttgen, MD,[a] Anne Lucky, MD,[b] Denise Adams, MD,[b] Elena Pope, MD,[c] Catherine McCuaig, MD,[d] Julie Powell, MD,[d] Dana Feigenbaum, MD,[e] Yulia Savva, PhD,[f] Eulalia Baselga, MD,[g] Kristen Holland, MD,[h] Beth Drolet, MD,[h] Dawn Siegel, MD,[h] Kimberly D. Morel, MD,[i] Maria C. Garzon, MD,[i] Erin Mathes, MD,[e] Christine Lauren, MD,[i] Amy Nopper, MD,[j] Kimberly Horii, MD,[j] Brandon Newell, MD,[j] Wei Song, MD,[k] Ilona Frieden, MD,[e] on behalf of the Hemangioma Investigator Group

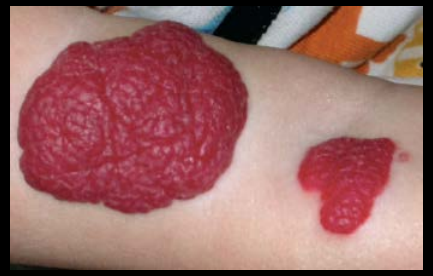
Good Response

Superificial <1mm thick

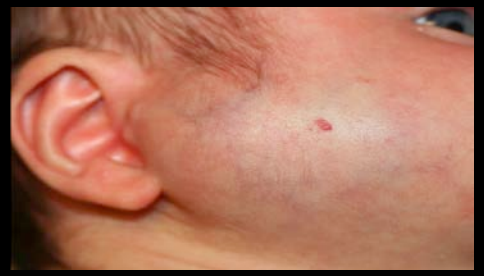
After

Inadequate Response

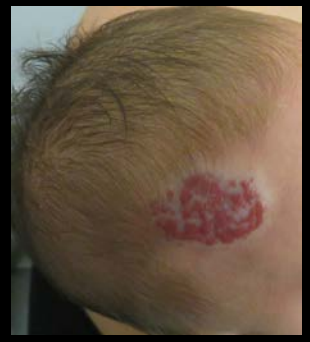
Thick Superficial



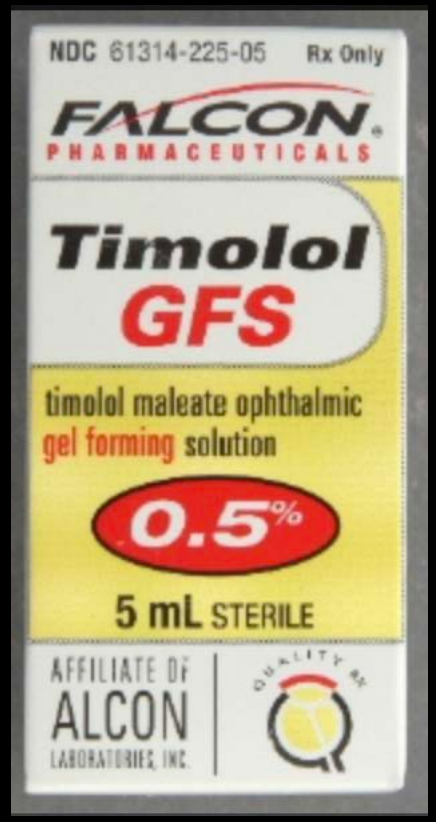
Deep



Superficial and Deep



1 drop twice per day on surface of IH



Infantile Hemangiomas: Who we treat

- Location, location, location
  - Central face, Periorbital, Nasal tip, Deep and breast
- Ulcerated
- Elevated thick IHs with a step off edge

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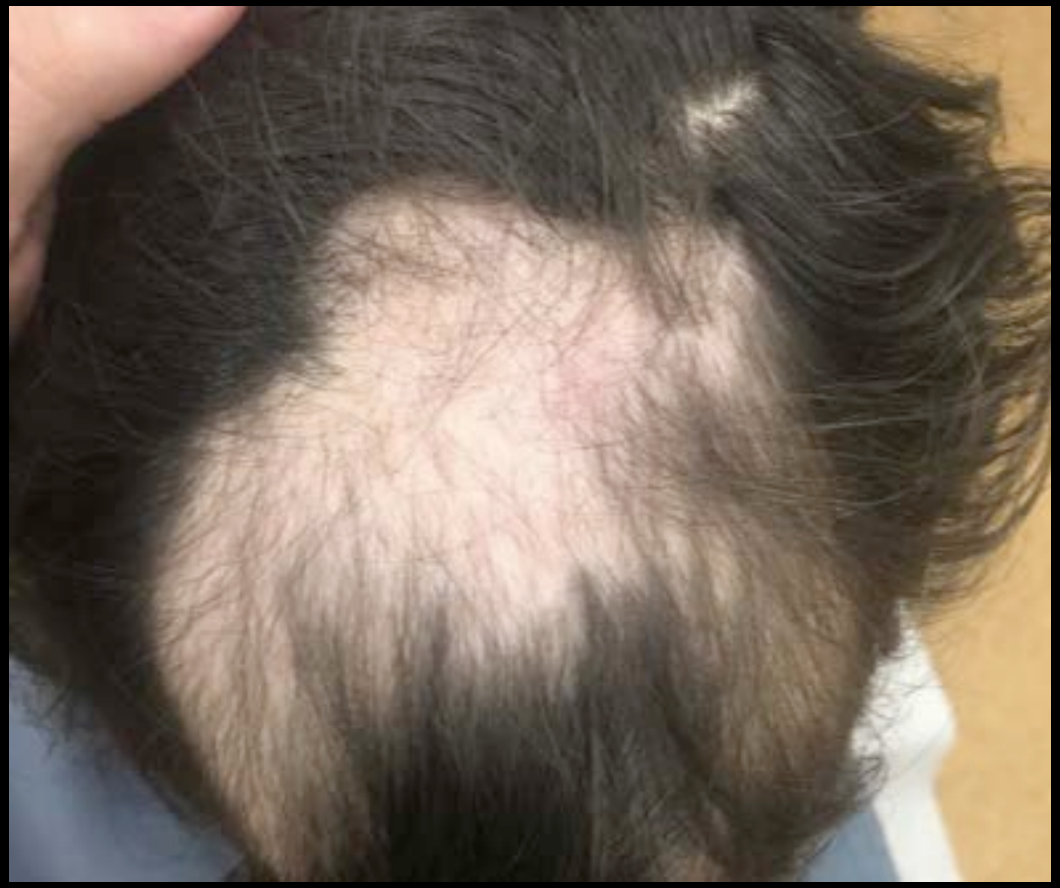
10 year old with several months of a bald patch

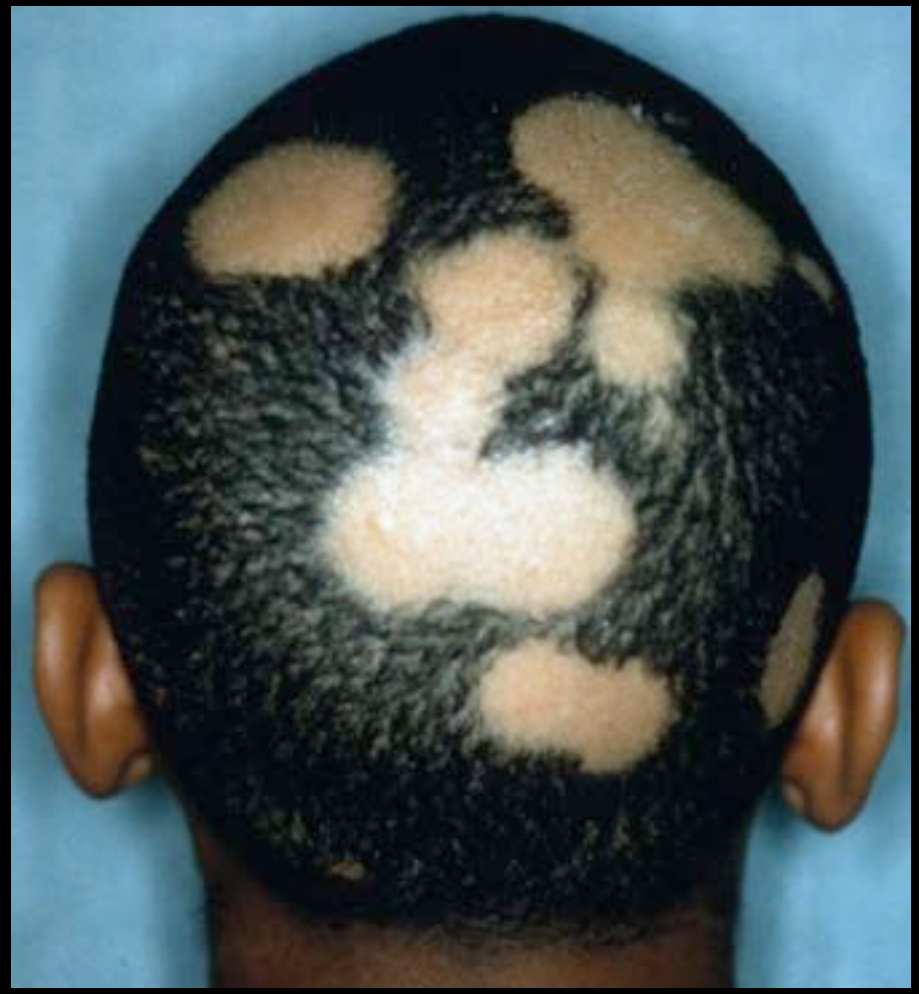
Alopecia Areata

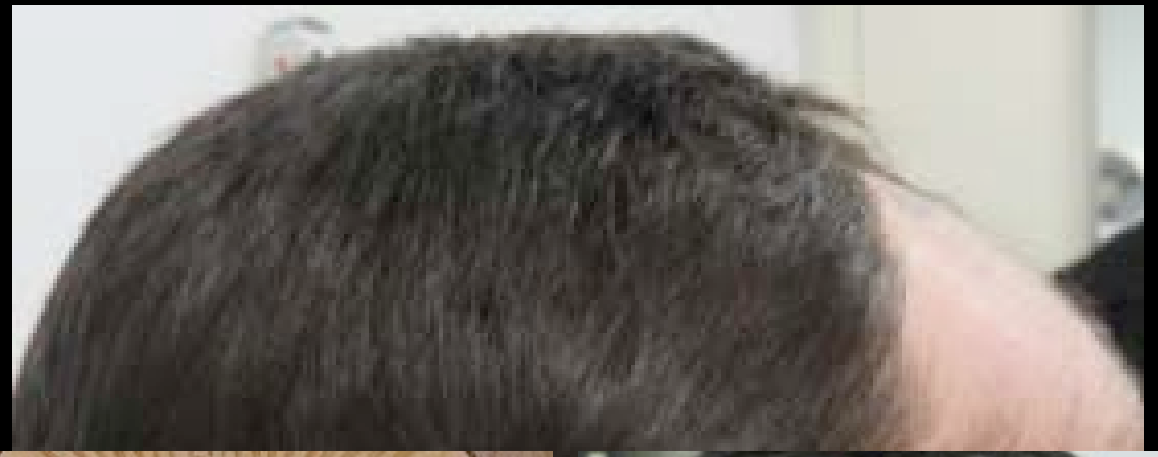


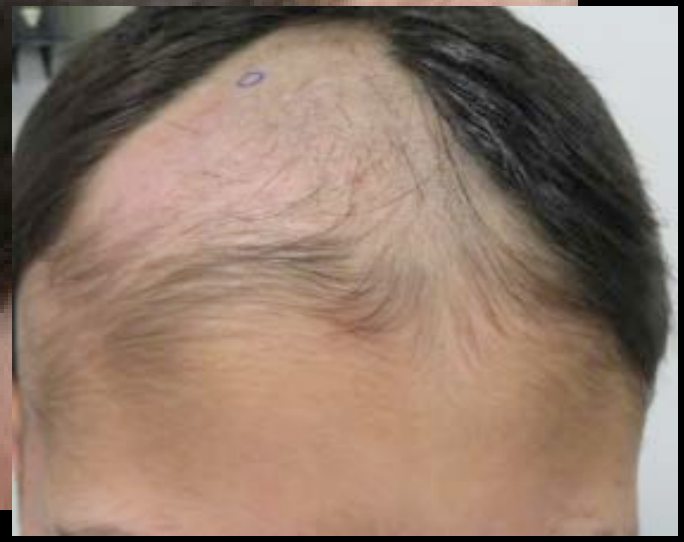
Trichotillomania

Alopecia Areata versus Trichotillomania

1. Shape of the hair loss

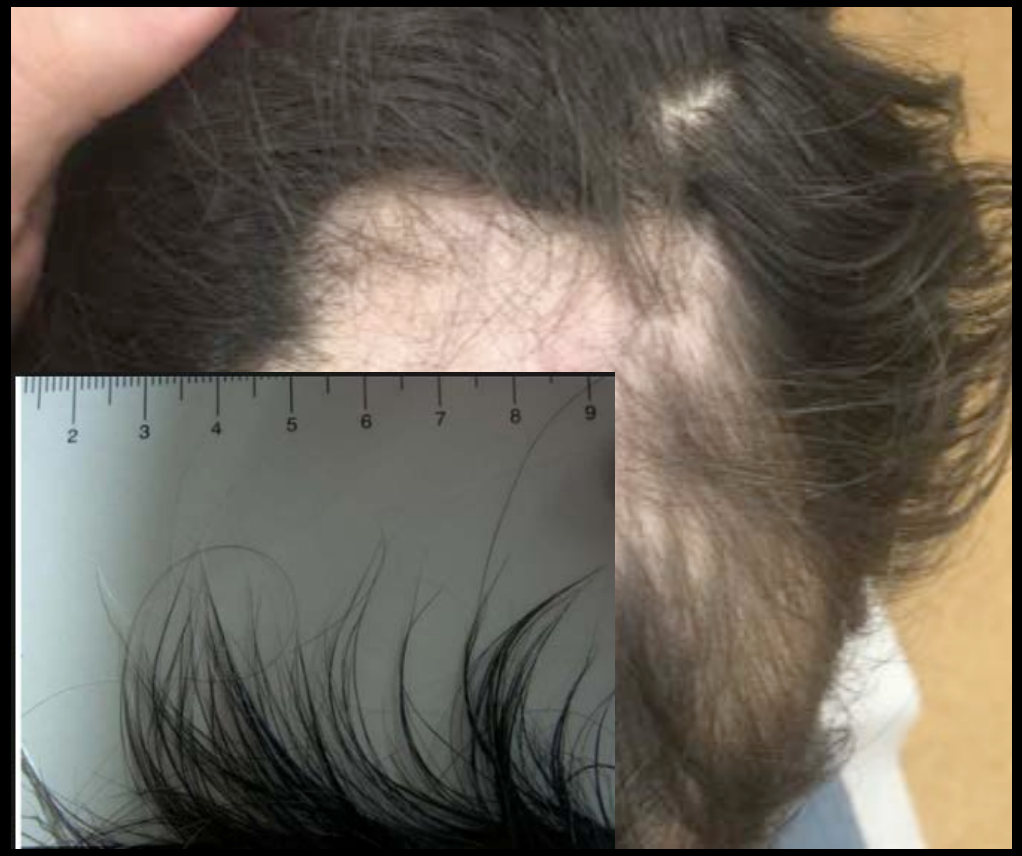


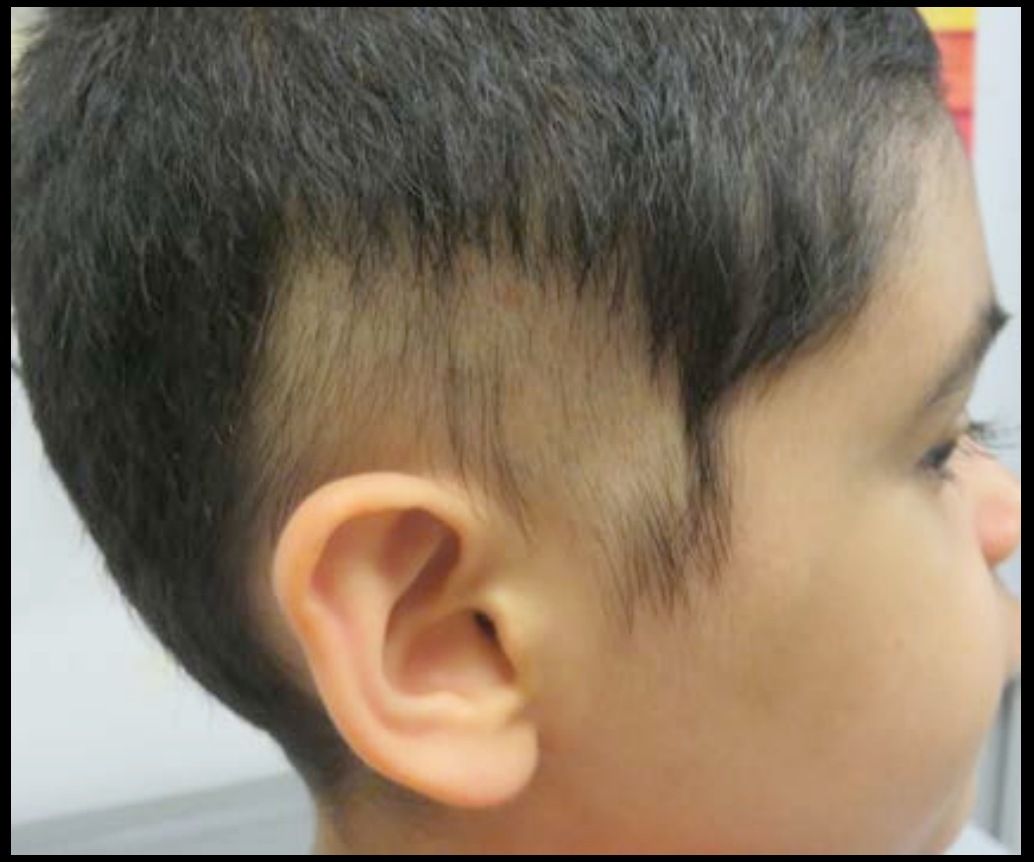




Alopecia Areata versus Trichotillomania

2. Hair of Unequal Lengths

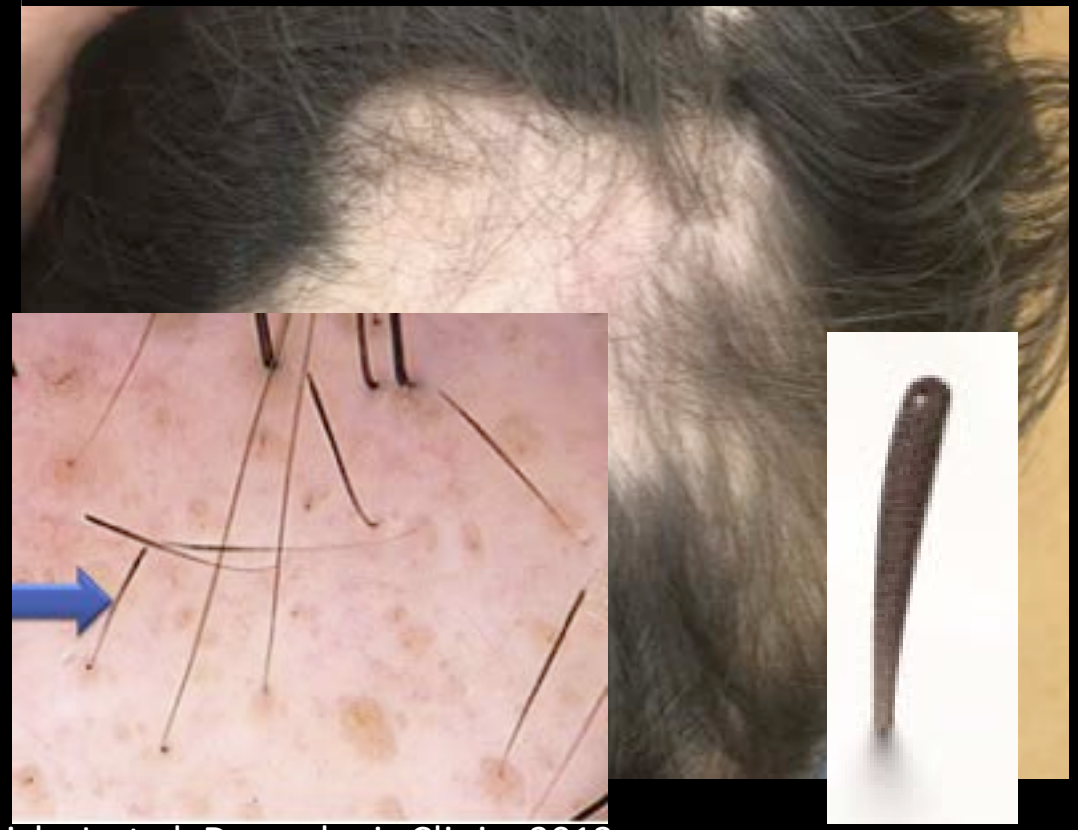




Alopecia Areata versus Trichotillomania

3. Inspect the hair that remains

Multiple exclamation point hairs



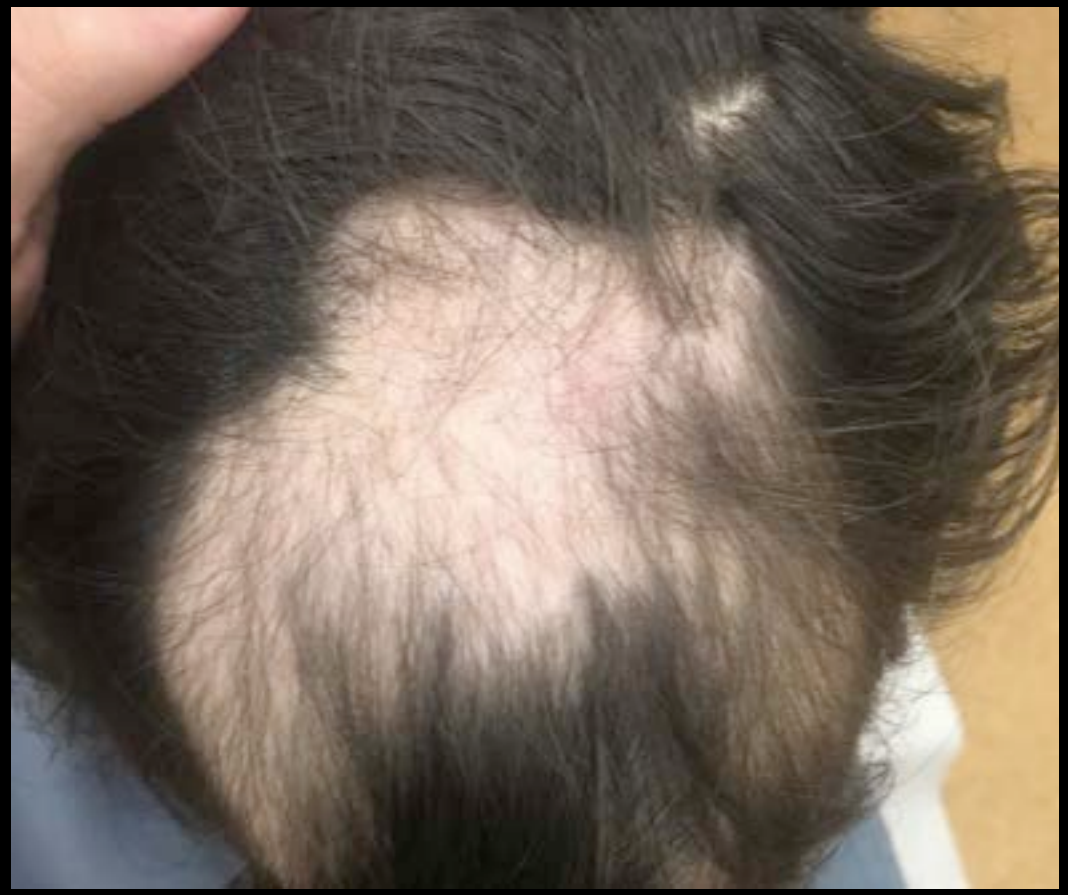
Blunt and Frayed Ends

Rudnicka L et al. Dermalogic Clinics 2013

Rudnicka L et al. Dermalogic Clinics 2013

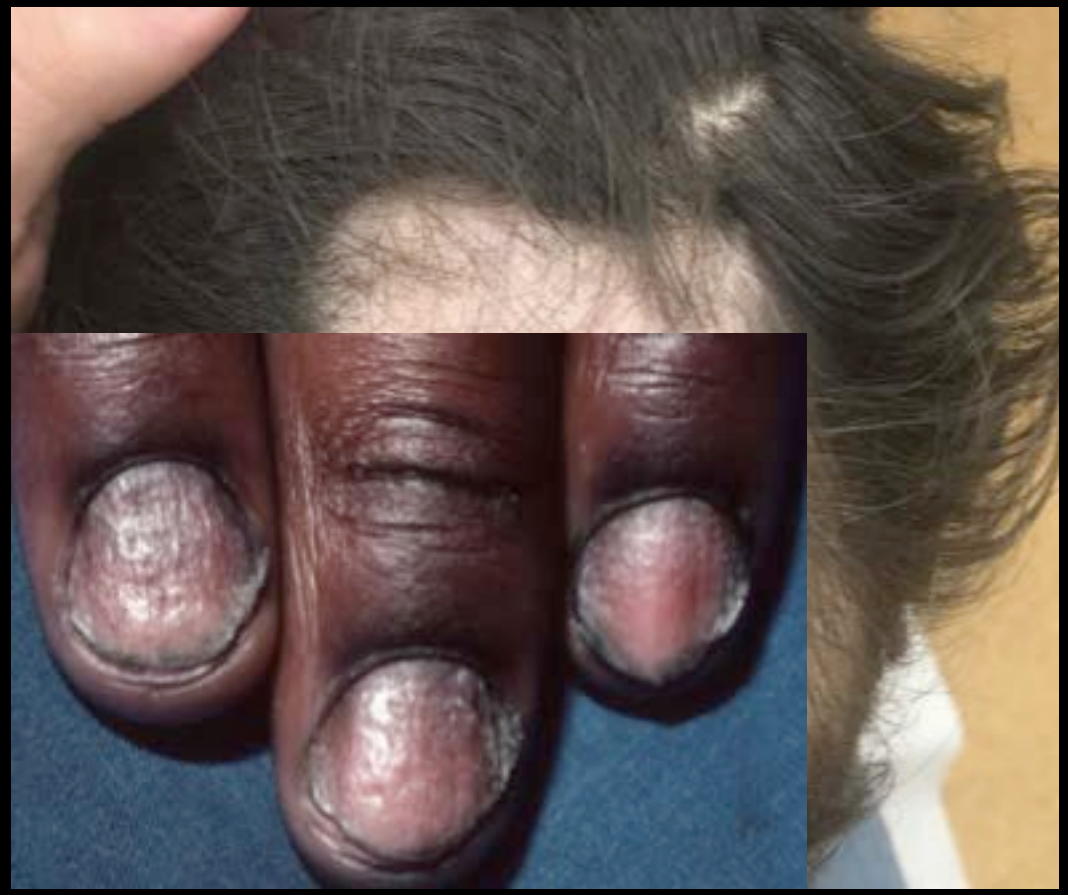
Alopecia Areata versus Trichotillomania

4. Positive Hair Pull (2+)

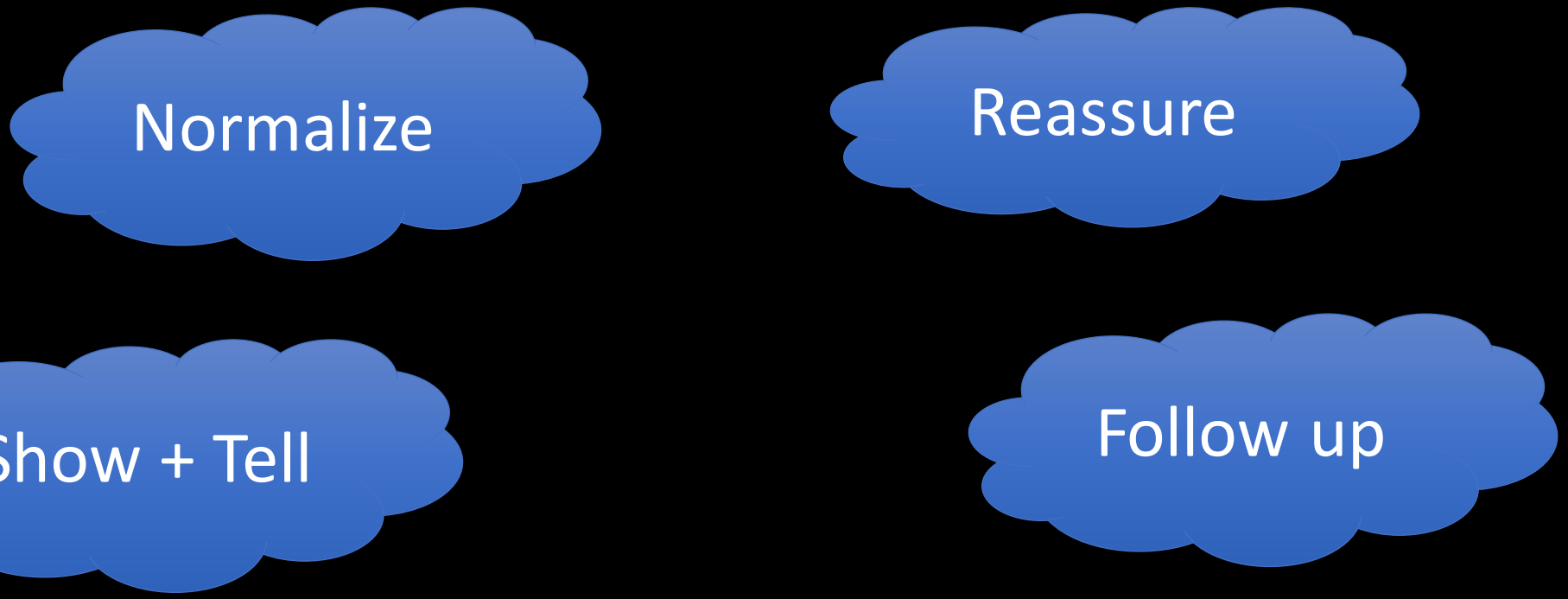


Alopecia Areata versus Trichotillomania

5. Symmetric Nail Pitting



Are you picking your hair?

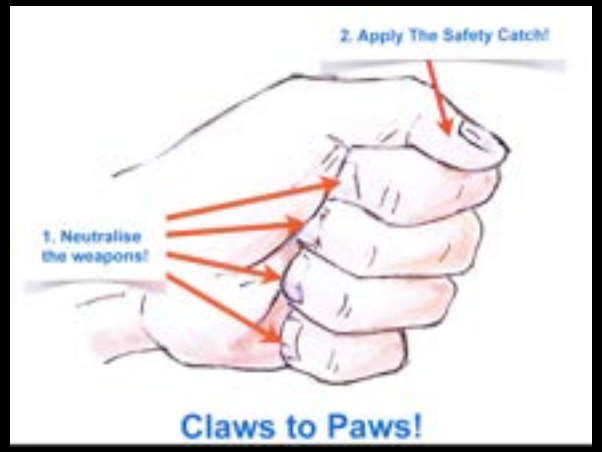


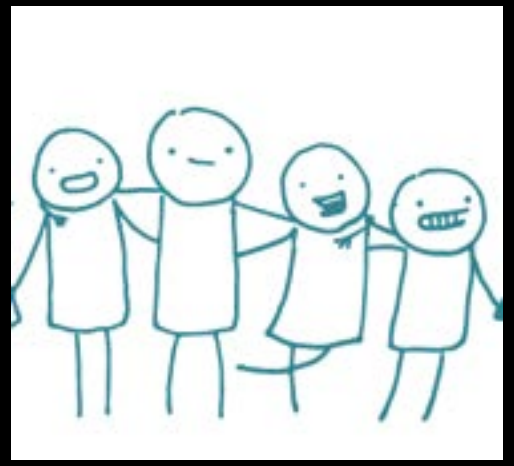
Trichotillomania Management

- Cognitive Behavioral Therapy
- SSRIs, Naltrexone
- N-acetylcysteine supplementation

Supplement 1200mg daily

Habit Reversal Therapy



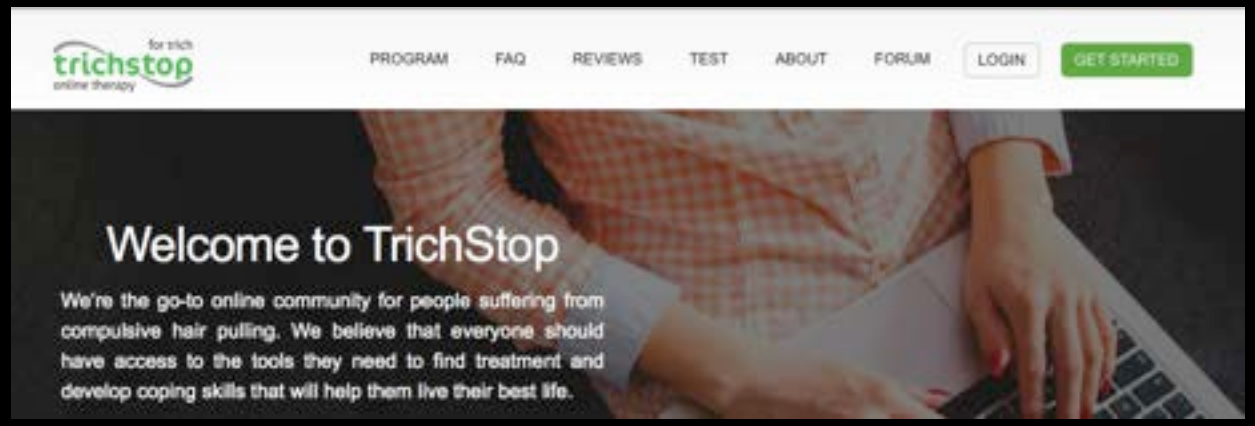


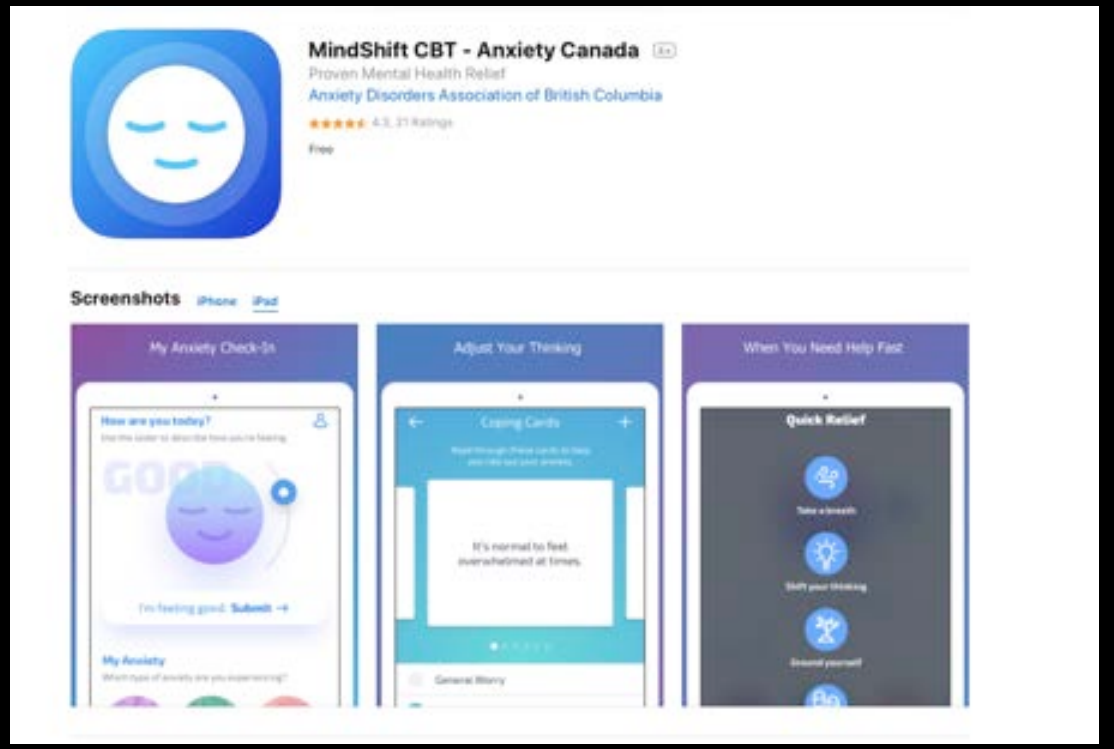
Recognition

Competing Response

Social Support

Resources


for trich
trichstop
online therapy
PROGRAM
FAQ
REVIEWS
TEST
ABOUT
FORUM
LOGIN
GET STARTED
Welcome to TrichStop
We're the go-to online community for people suffering from compulsive hair pulling. We believe that everyone should have access to the tools they need to find treatment and develop coping skills that will help them live their best life.


MindShift CBT - Anxiety Canada
Proven Mental Health Relief
Anxiety Disorders Association of British Columbia
Free
Screenshots
iPhone
iPad
My Anxiety Check-In
Adjust Your Thinking
When You Need Help Fast
Quick Relief

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- Approach to the bald patch
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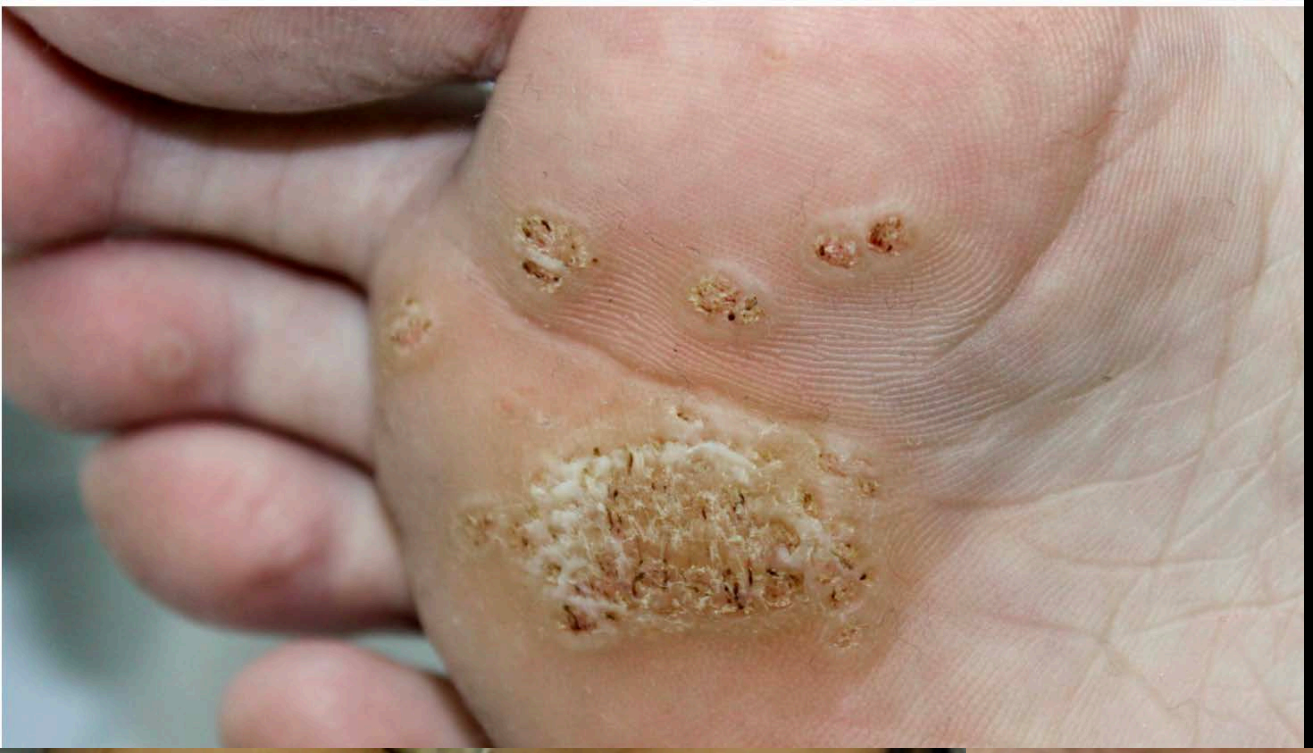
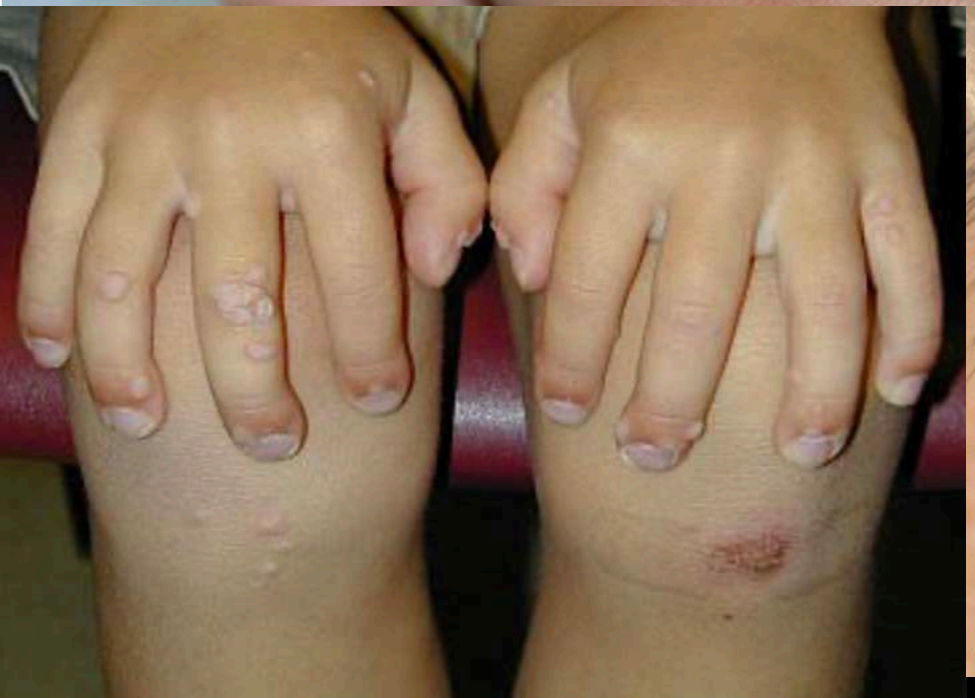
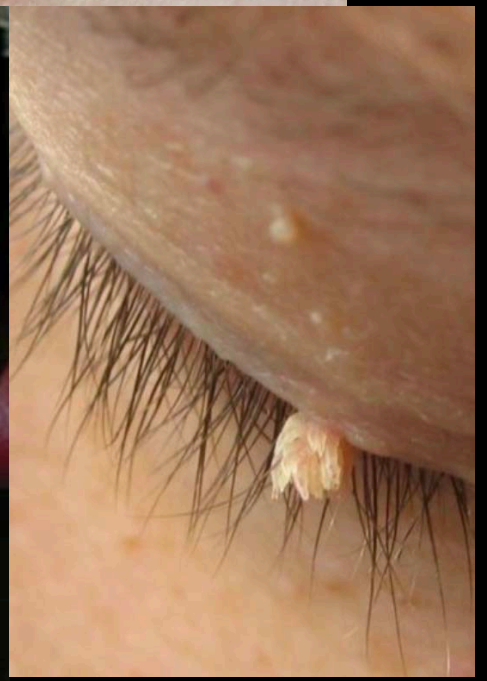
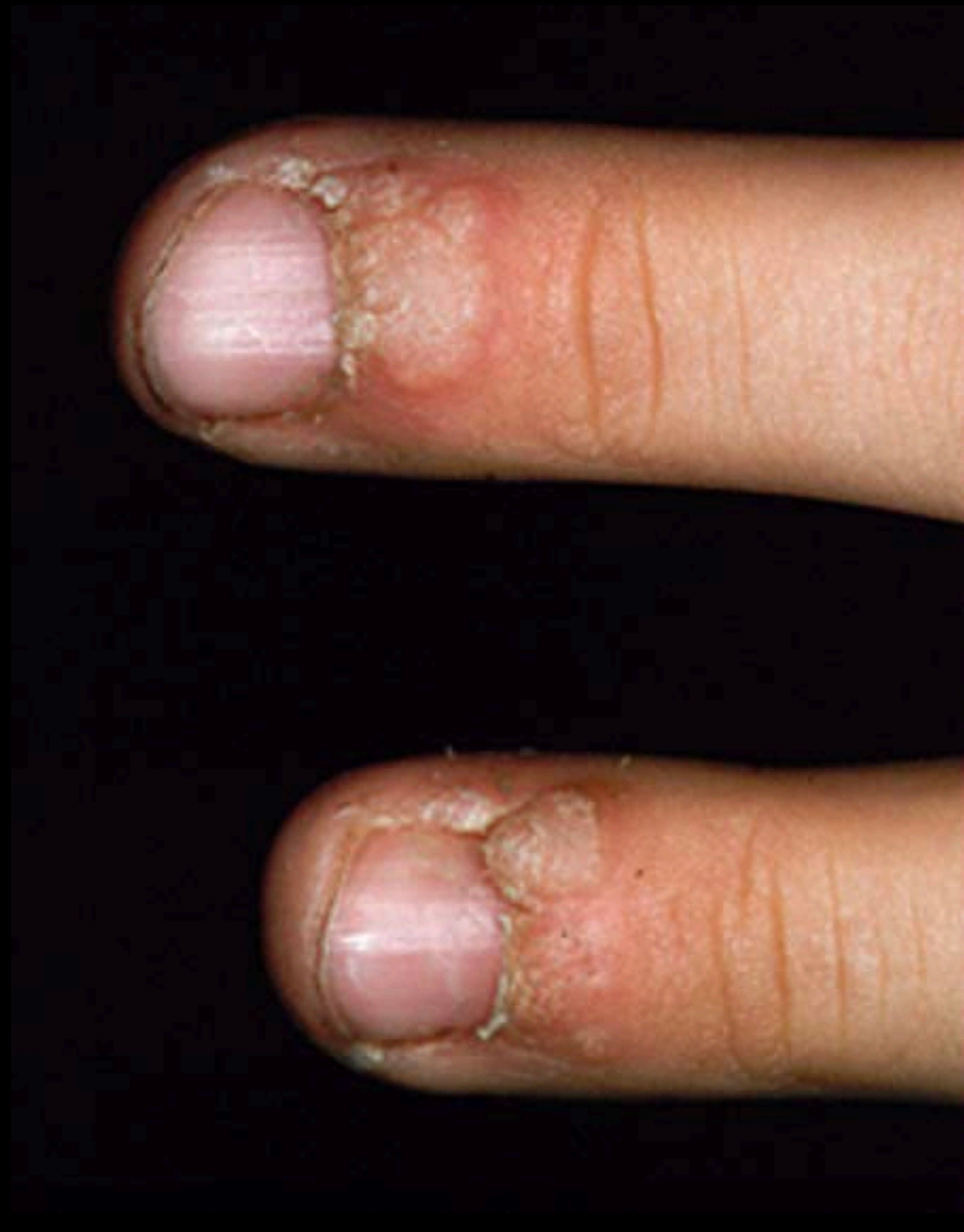








When will these warts go away?

Pediatric Dermatology

Original Article | Full Access

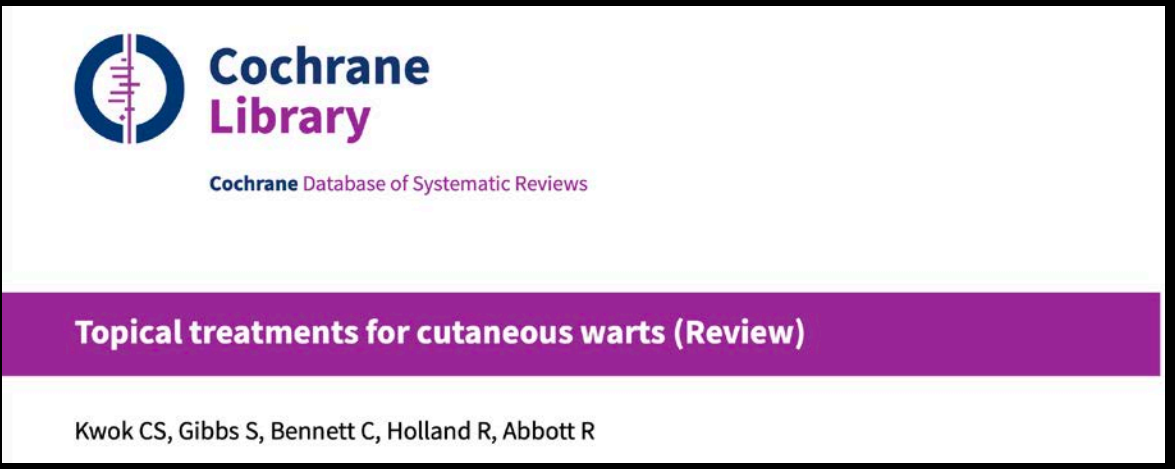
Children with Warts: A Retrospective Study in an Outpatient Setting

Anne M. Kuwabara B.A., Barbara M. Rainer M.D., Hatice Basdag M.S., Bernard A. Cohen M.D.

66% in 2 years

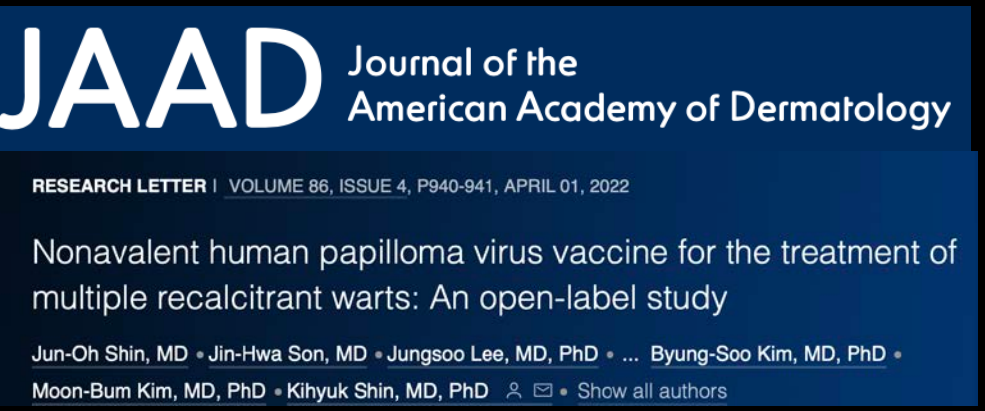
80% in 4 years

Does anything work?



- Topical salicylic acid shows modest benefit over placebo
- Cryotherapy as effective as salicylic acid (possibly better for hand warts)
- Duct tape as effective as placebo

HPV Vaccination as a treatment for stubborn warts



9 valent HPV Vaccine (HPV 9) in adults with recalcitrant warts (often periungal or plantar)

N= 45

3 months after last vaccine dose

- Complete response: 62%
- Partial response: 9%
- No response: 30%

Wartpeel: Compounded Salicylic acid 17% and 5-FU

Common “go-to” for plantar warts

My approach

Fearful Child

Reassurance

- Salicylic acid 17%
- Duct tape

Numerous warts

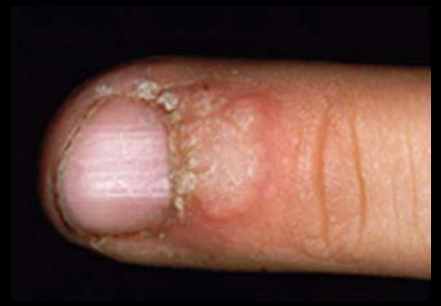
- Oral zinc (10mg/kg/day)
- Oral Cimetidine (40mg/kg/day) divided TID

Few warts

Cryotherapy every 3wks + Salicylic acid

- Intralesional candida antigen

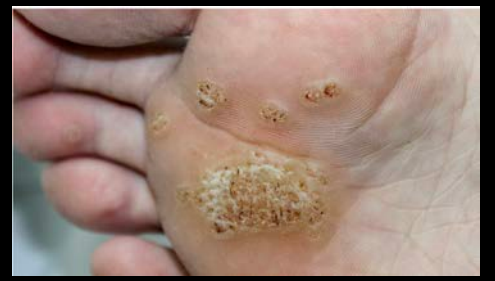
Periungal warts



Intralesional candida antigen

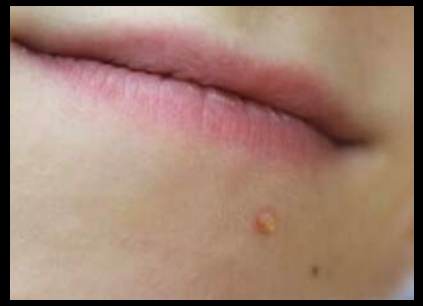
- Wartpeel
- Compounded cidofovir 1%

Plantar wart



Wartpeel

Facial wart



Cryotherapy Q-tip

- Topical retin-A

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Mask wearing and skin physiology

↑ Temperature

↑ Redness

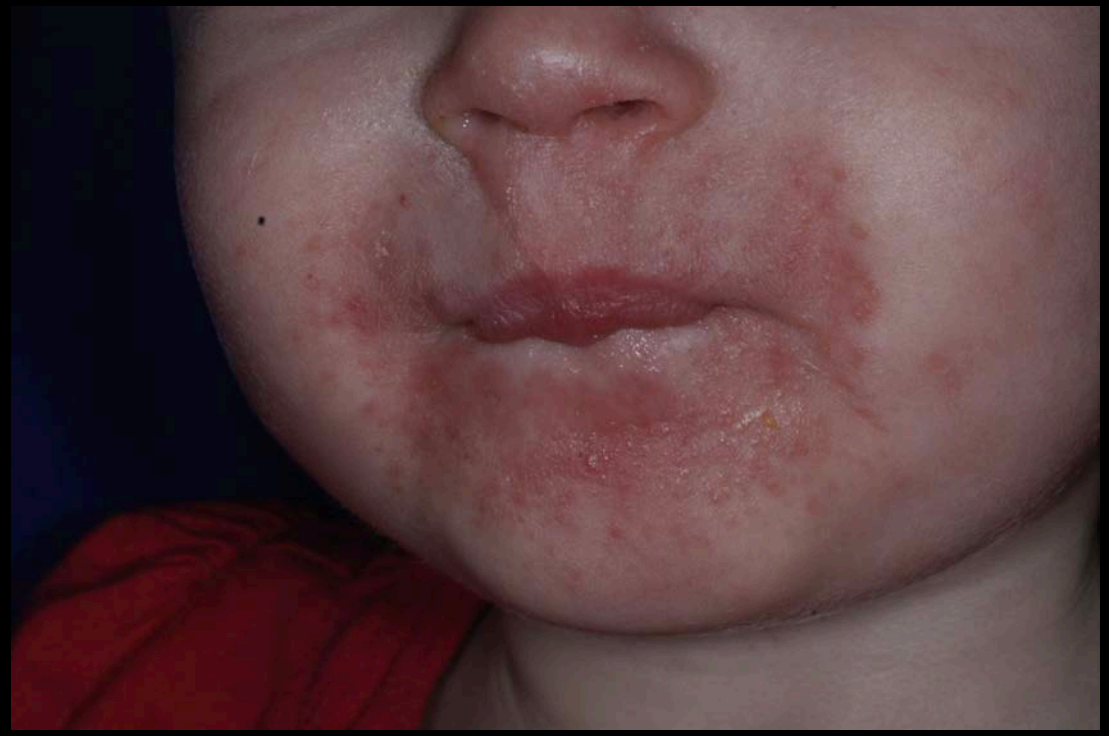
↑ Sebum production

↓ Hydration

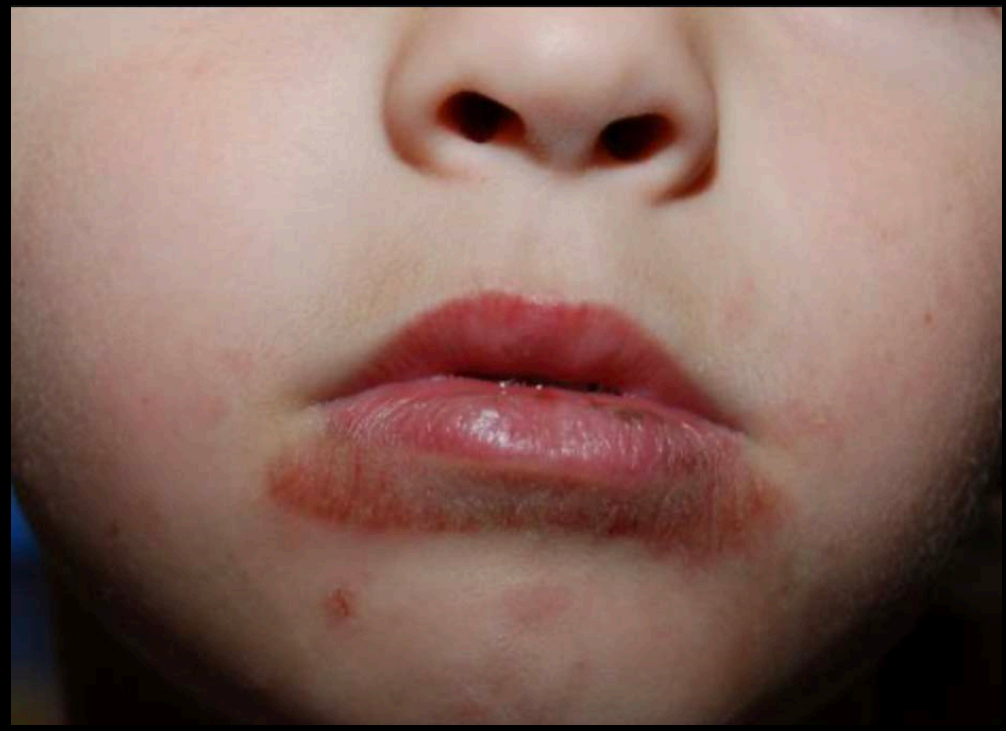
Park SR et al. Skin Res Techol 2020

Facial rashes in the time of COVID

Periorificial dermatitis



Irritant contact dermatitis

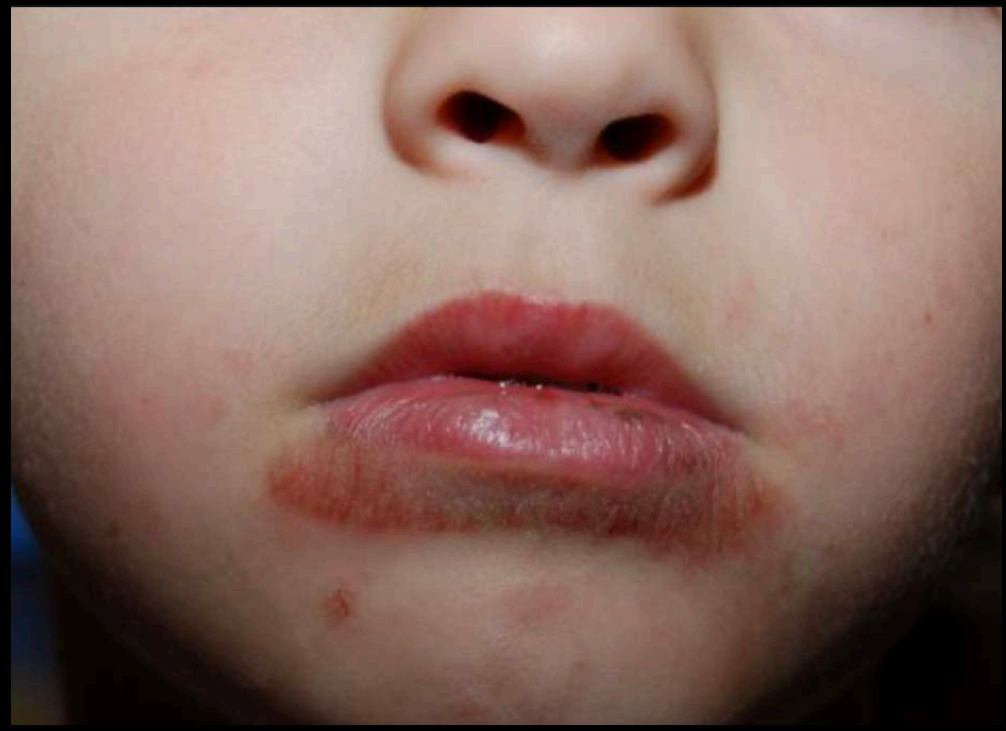


Ollech A et al. JAAD 2020

Facial rashes in the time of COVID

Periorificial dermatitis

Irritant contact dermatitis



Facial rashes in the time of COVID

Perioricial dermatitis

- Mindful of corticosteroid triggers
  - Topical steroids
  - Inhaled or intranasal corticosteroids

- A topical calcineurin inhibitor alone (i.e. Pimecrolimus cream)

Irritant contact dermatitis

- Mindful of saliva
- Emollient like Vaseline or Aquaphor when young

- Hydrocortisone 2.5% ointment or a non-steroid topical medication

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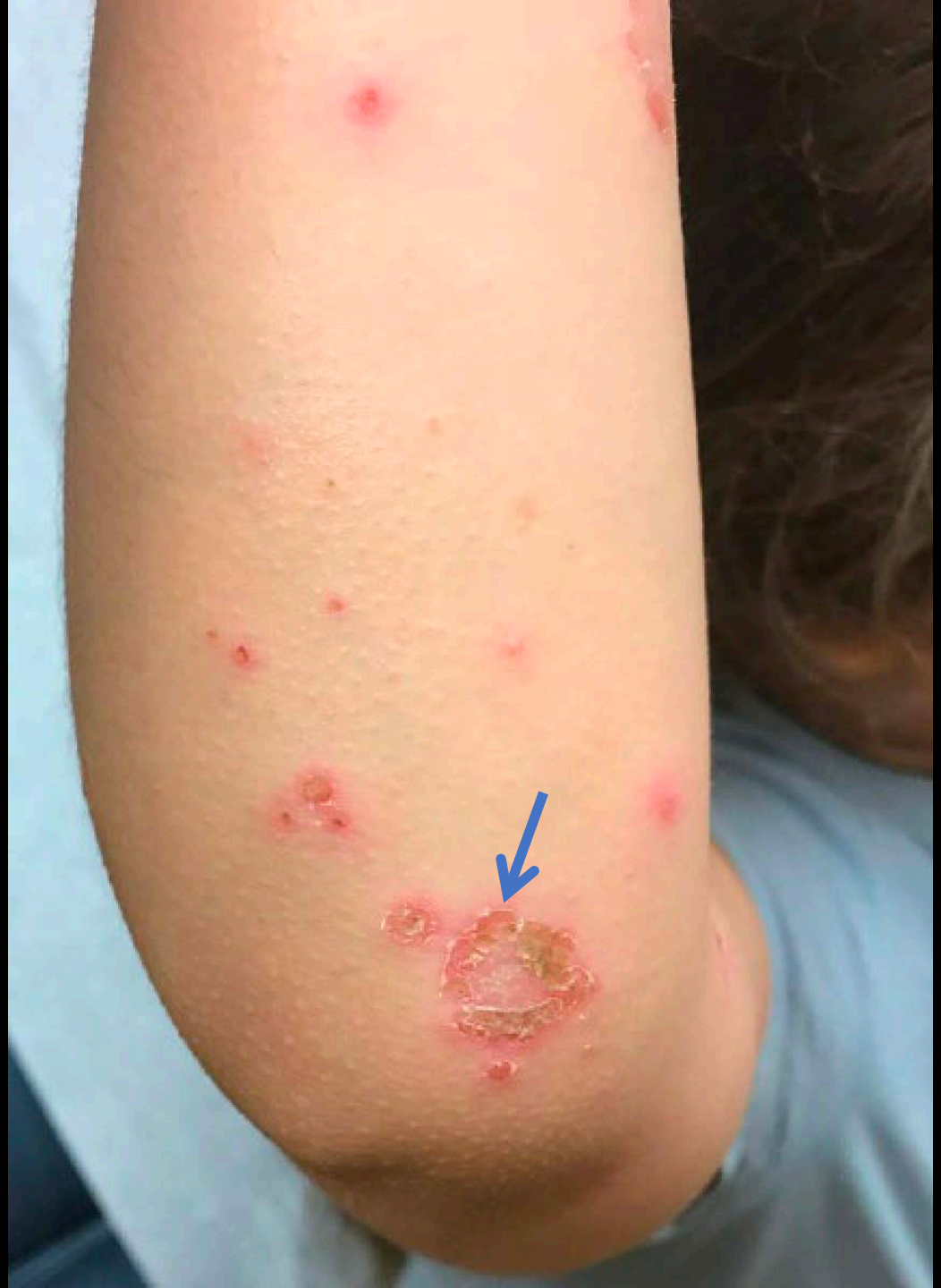

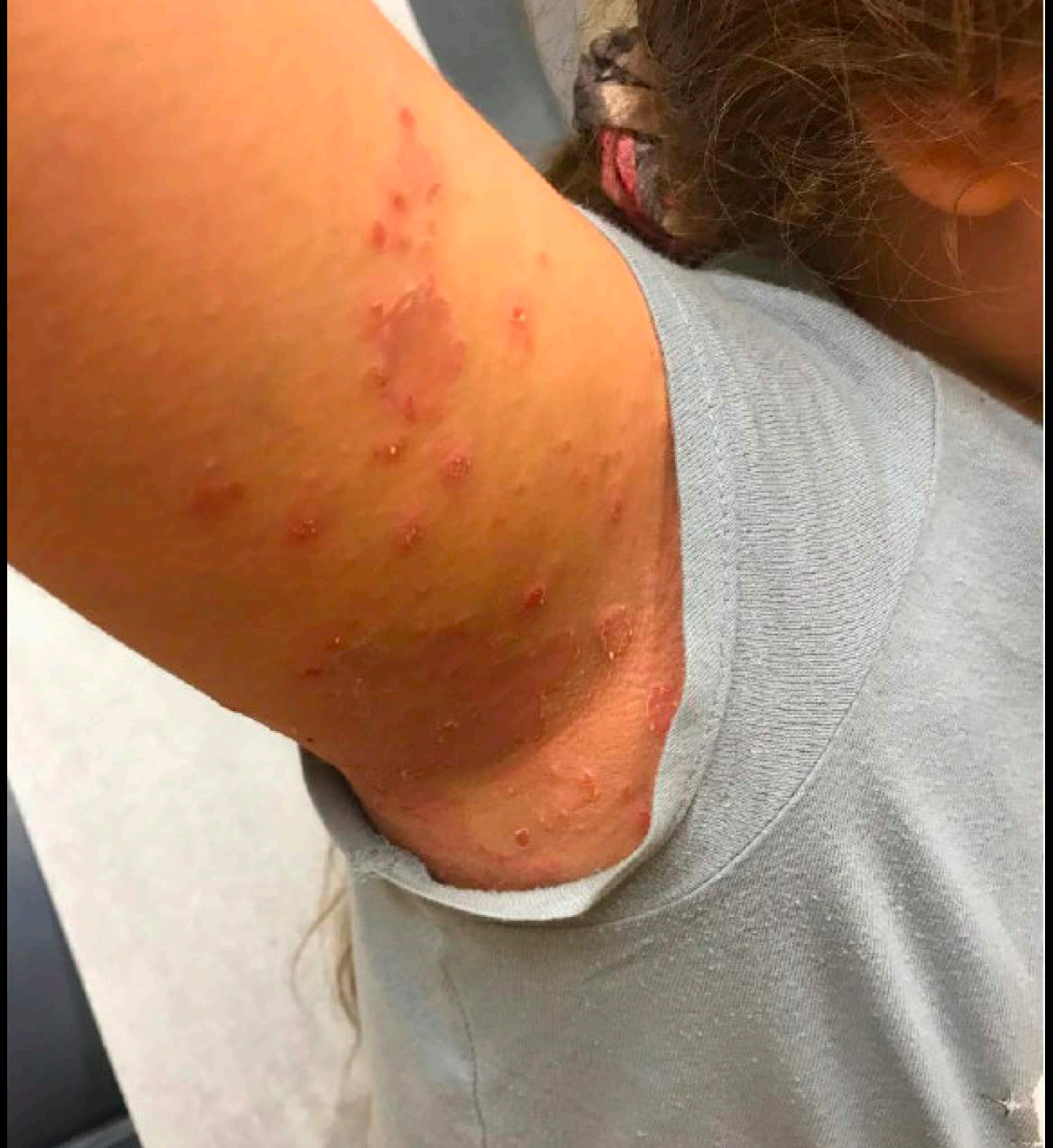

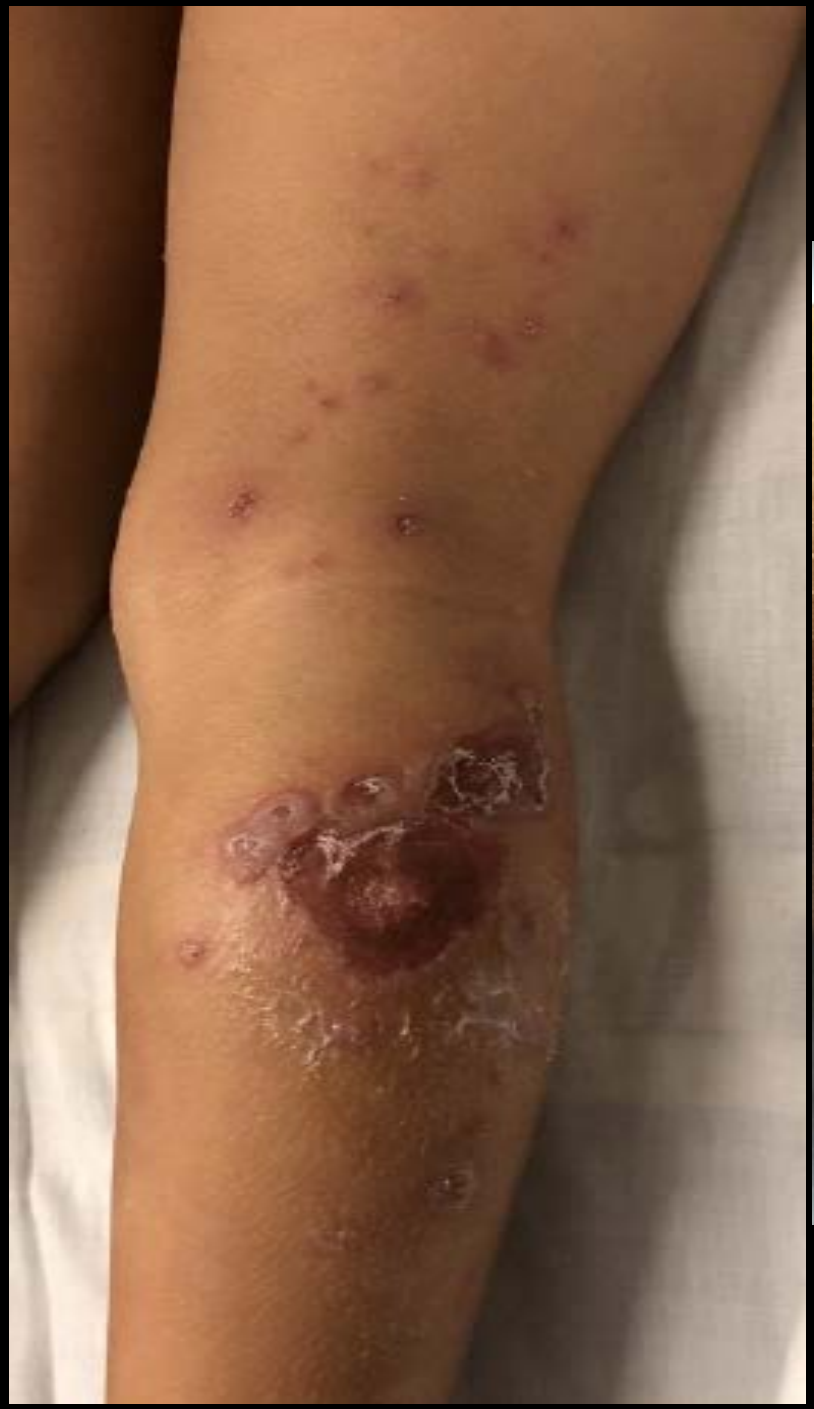

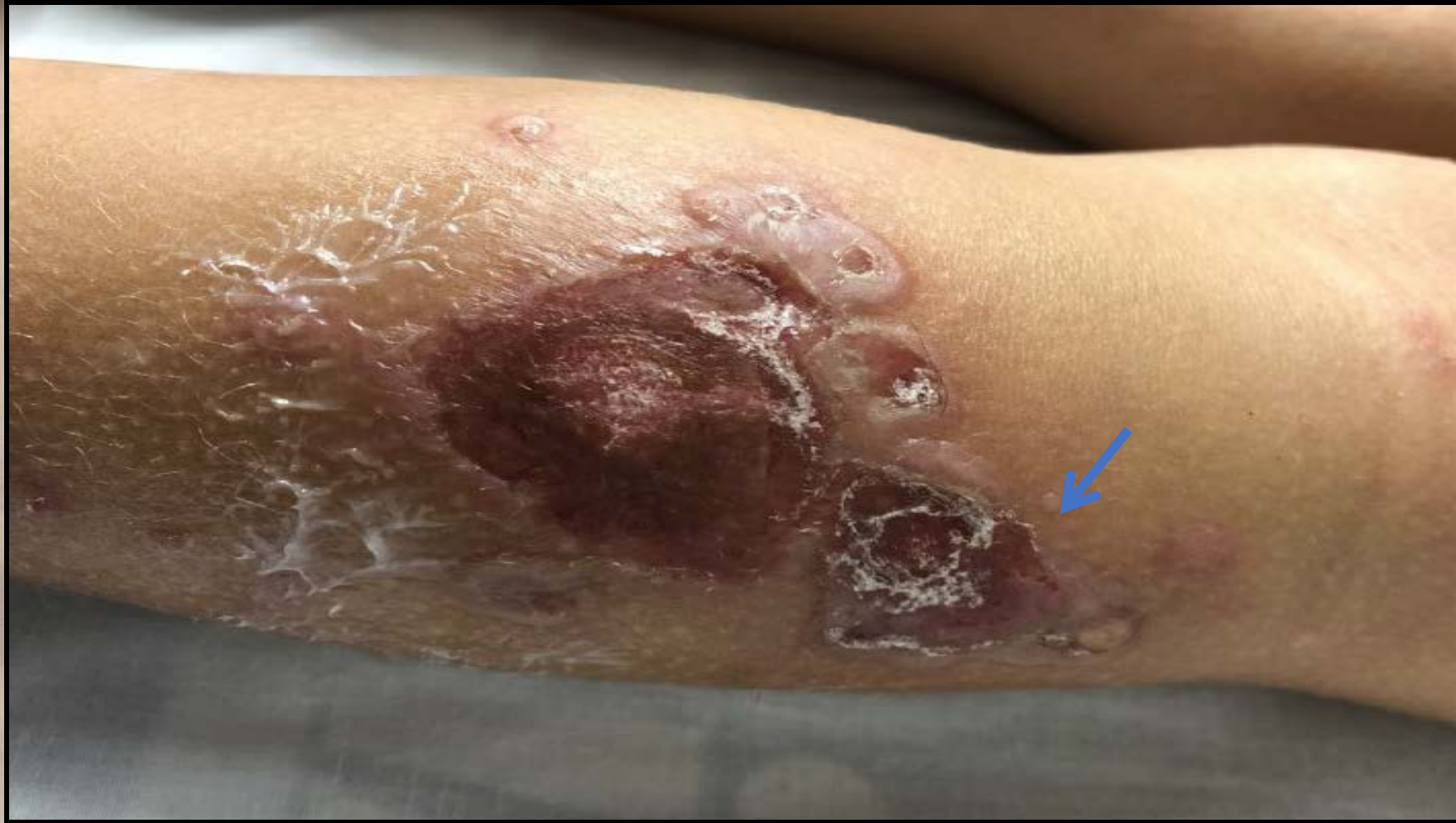

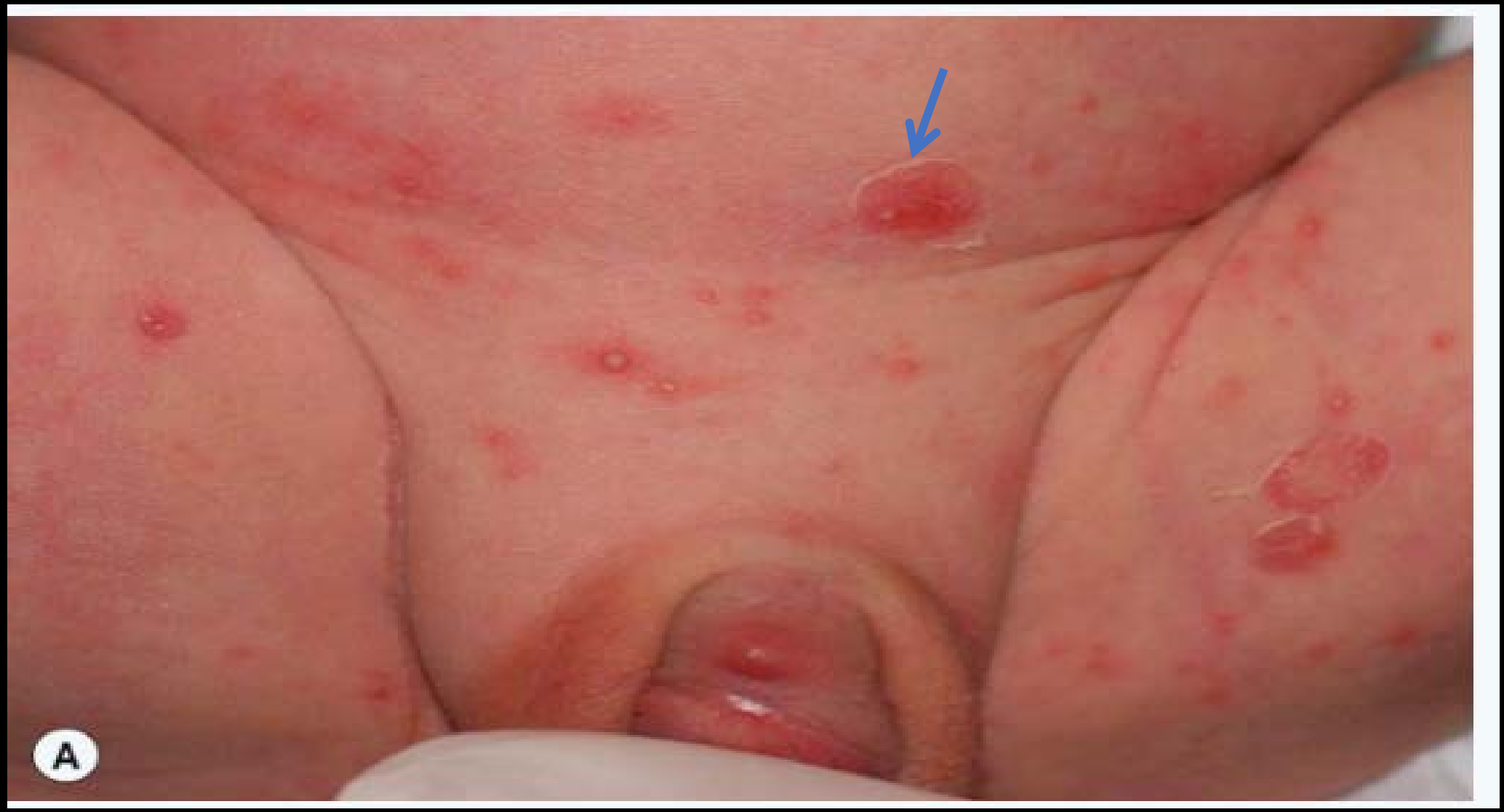
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Pediatric Dermatology Vol. 33 No. 6 627–631, 2016

Bullous Impetigo Rapid Diagnostic and Therapeutic Quiz: A Model for Assessing Basic Dermatology Knowledge of Primary Care Providers

Daren J. Simkin, B.A.,* Anna L. Grossberg, M.D.,† and Bernard A. Cohen, M.D.†

**School of Medicine, Johns Hopkins University, Baltimore, MD, †Division of Pediatric Dermatology, Department of Dermatology, Johns Hopkins University, Baltimore, MD*

64 physicians at John Hopkins (25 faculty and 39 house staff)

Bullous impetigo diagnosed correctly only 31% of the time

Morphology

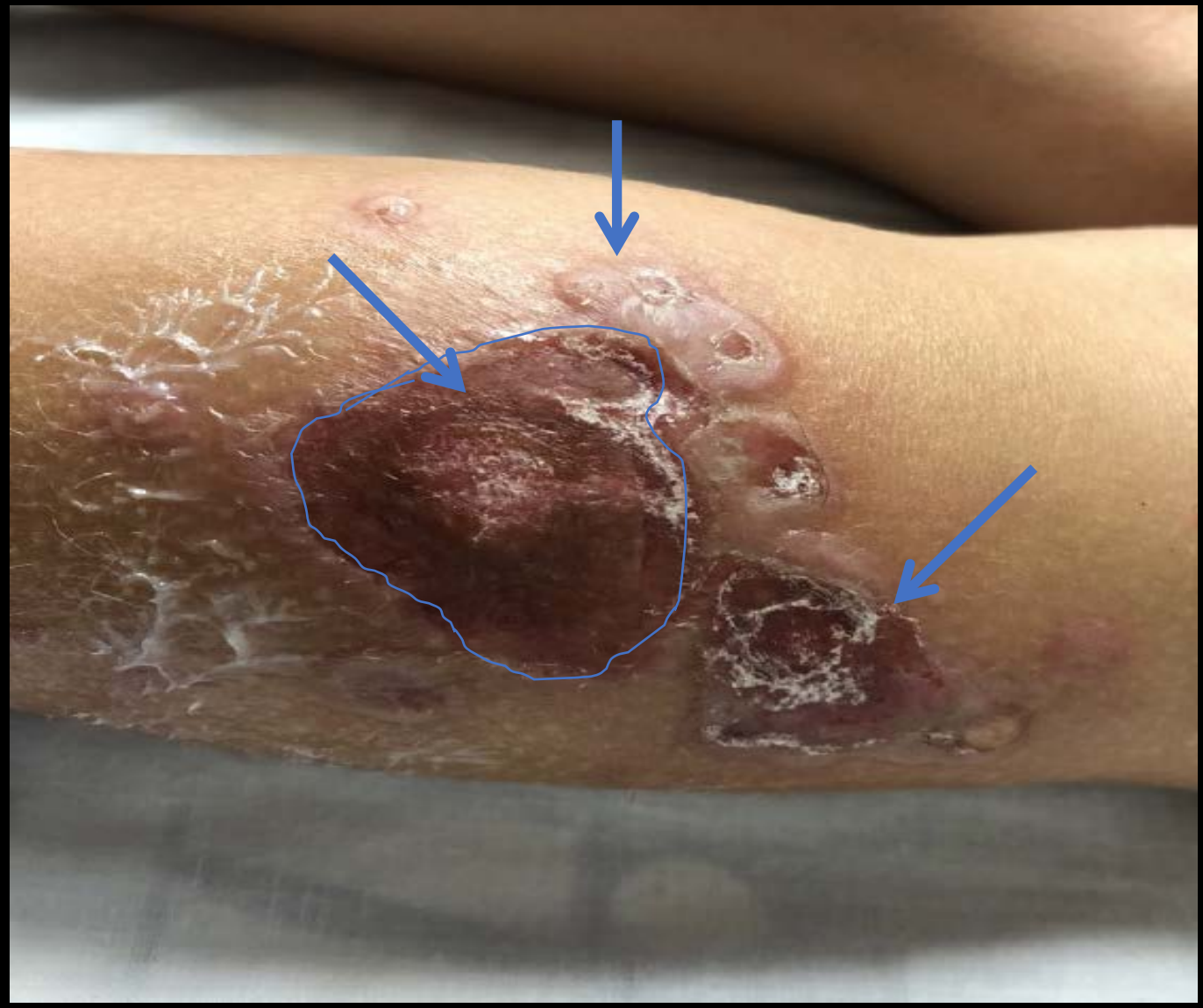
Primary Morphology: Erosion + Vesicle

Size: 3-5 cm

Location: Face, Extremities

Secondary changes:

- Crust
- Collarette



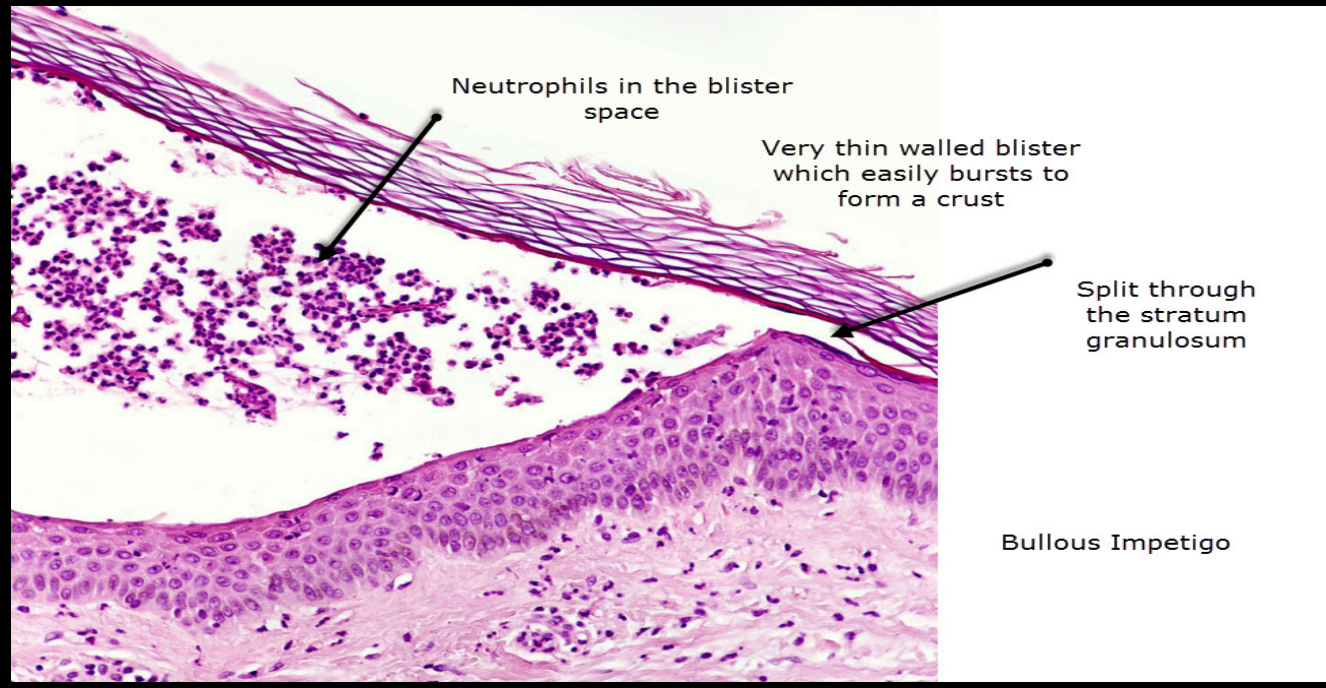
Bullous impetigo

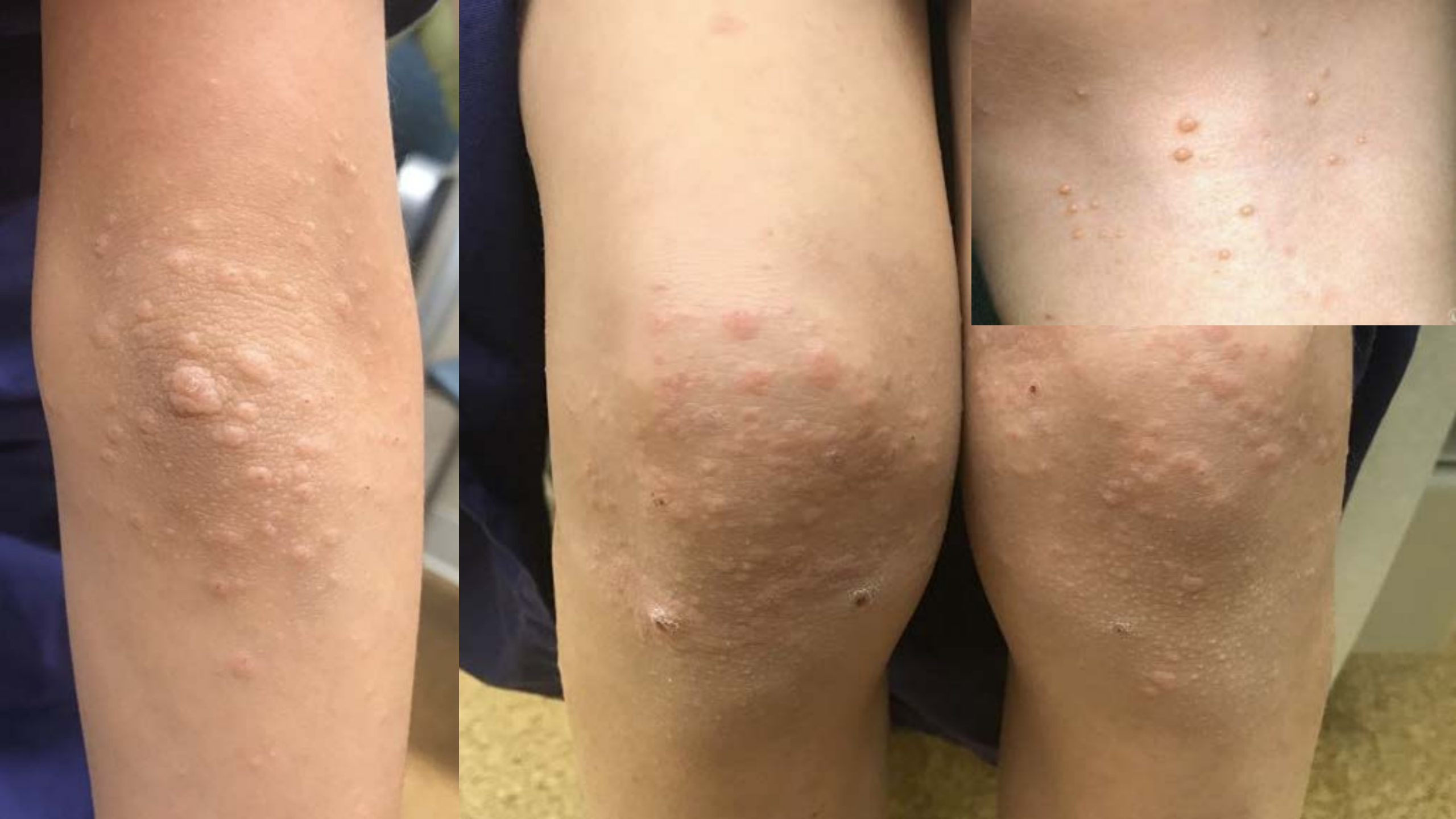
Staph aureus infection

Split high up in the epidermis causes a fragile blister

- Exfoliative toxin secreted locally cleaves Desmoglein 1

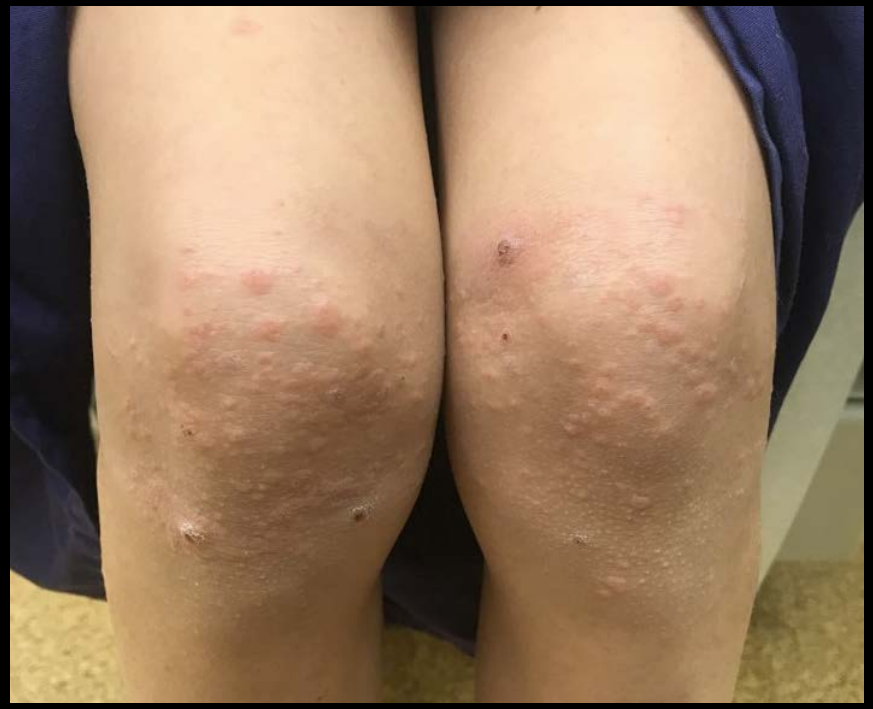
No systemic symptoms



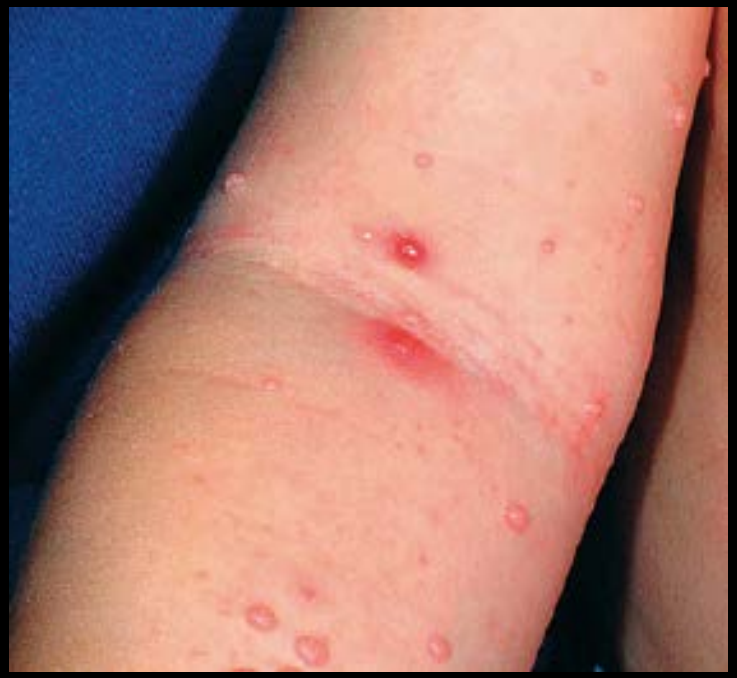


Find that Sneaky Molluscum Contagiosum

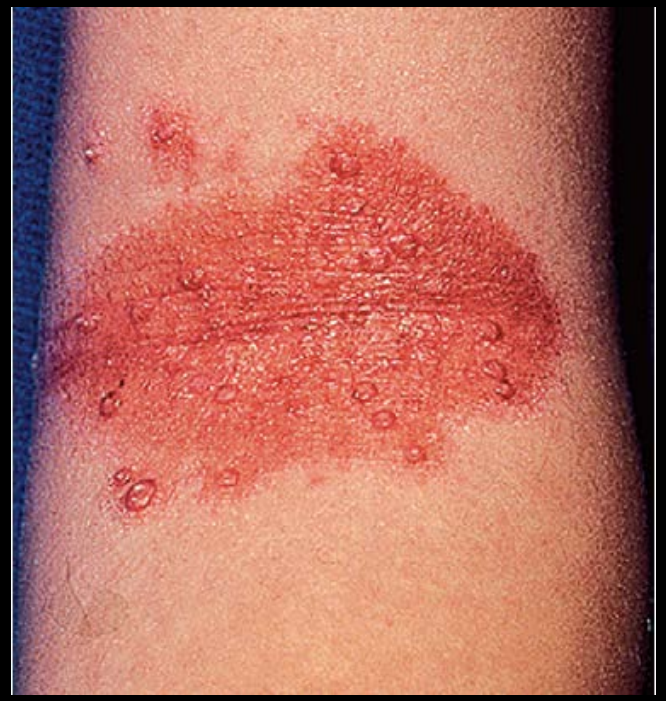
ID Reaction

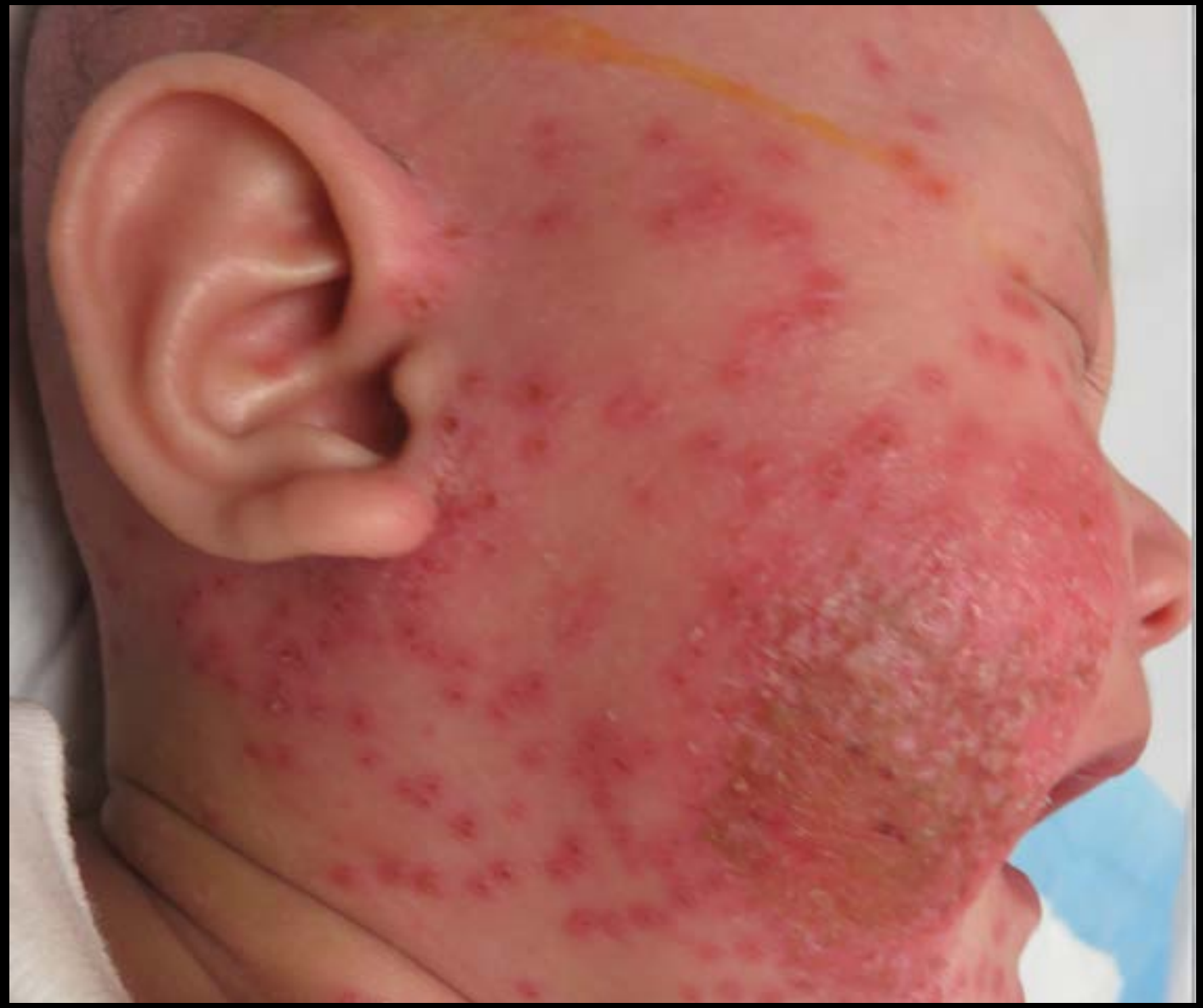


BOTE Sign
(Beginning of the End)

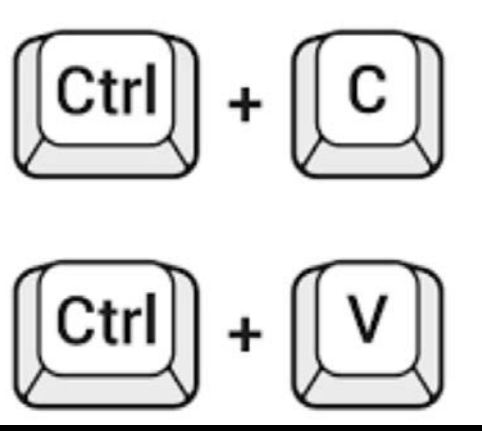


Molluscum Dermatitis





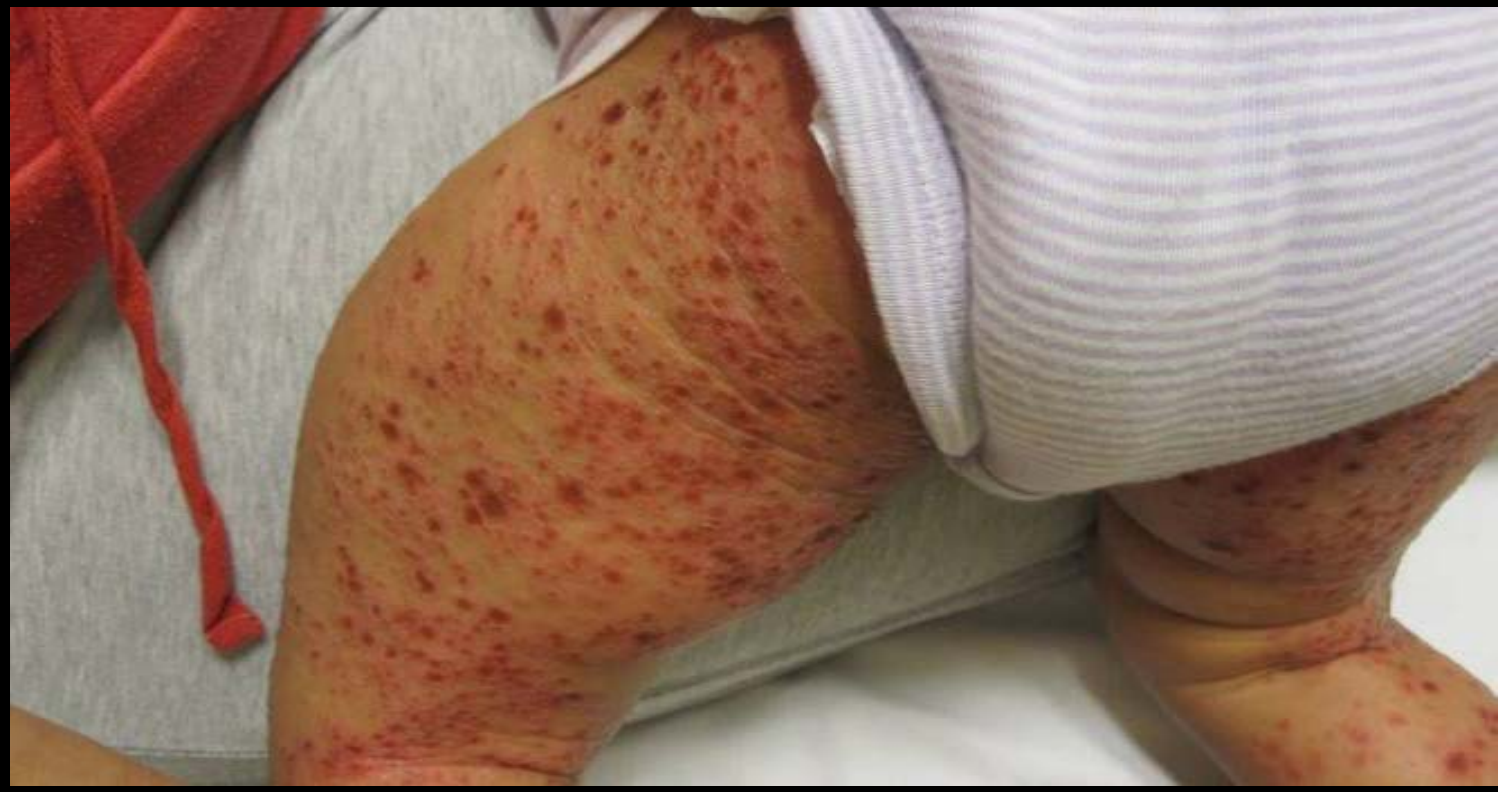
Eczema Herpeticum



- Monomorphous papules → punched out erosions
- Periocular – NEED OPHTHO eval to r/o keratoconjunctivitis
- Management:
  - Acyclovir PO: 30mg/kg/day divided TID x 10 days
  - Valacyclovir PO 20mg/kg per dose BID for 5-7days
    - No liquid – needs to be compounded
  - Febrile and ill appearing may need to admit for IV acyclovir

“Eczema Coxsackium”

- Eczema herpeticum-like eruption
- Risk factors:
  - Atopic dermatitis
  - Darier
  - Epidermolytic ichthyosis
- Not associated with serious systemic illness



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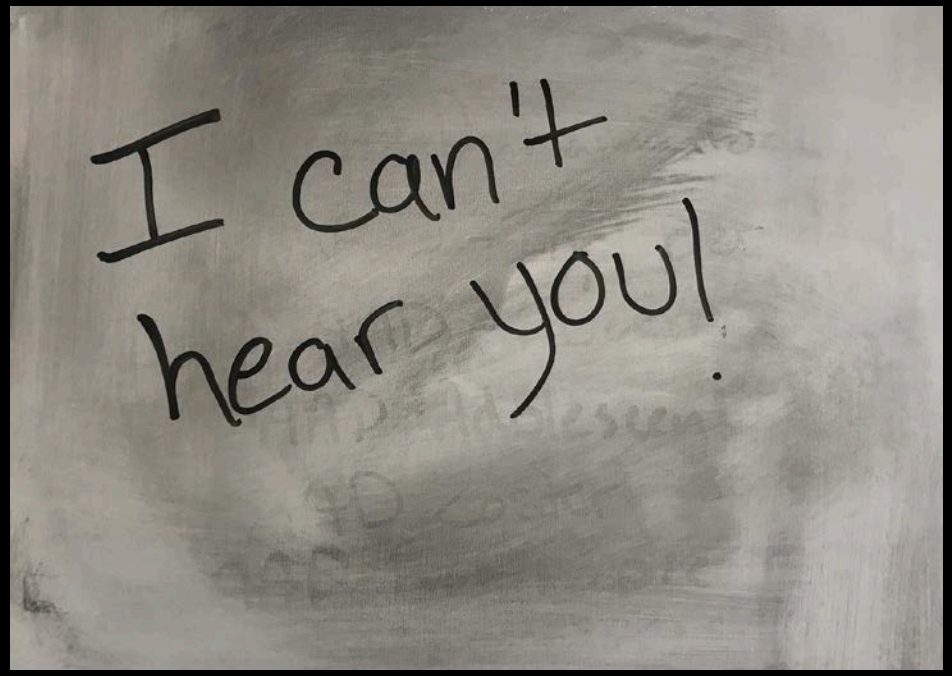
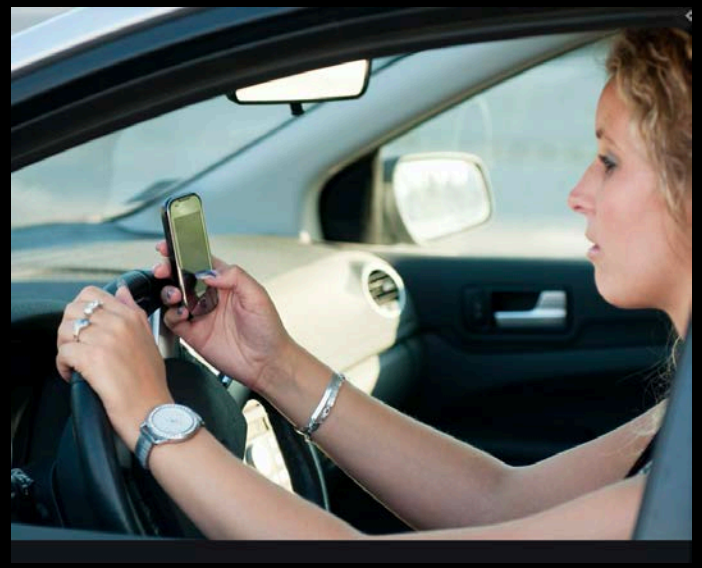
The Practice of Pediatric Dermatology Now!





Pediatric Teledermatology: A few tips

1. NEVER do a video visit without photographs for a pre-adolescent child

2. Guide families on how to take a photograph

DERMPICS.com

Created by Amit Sharma MD
Kaiser Permanente

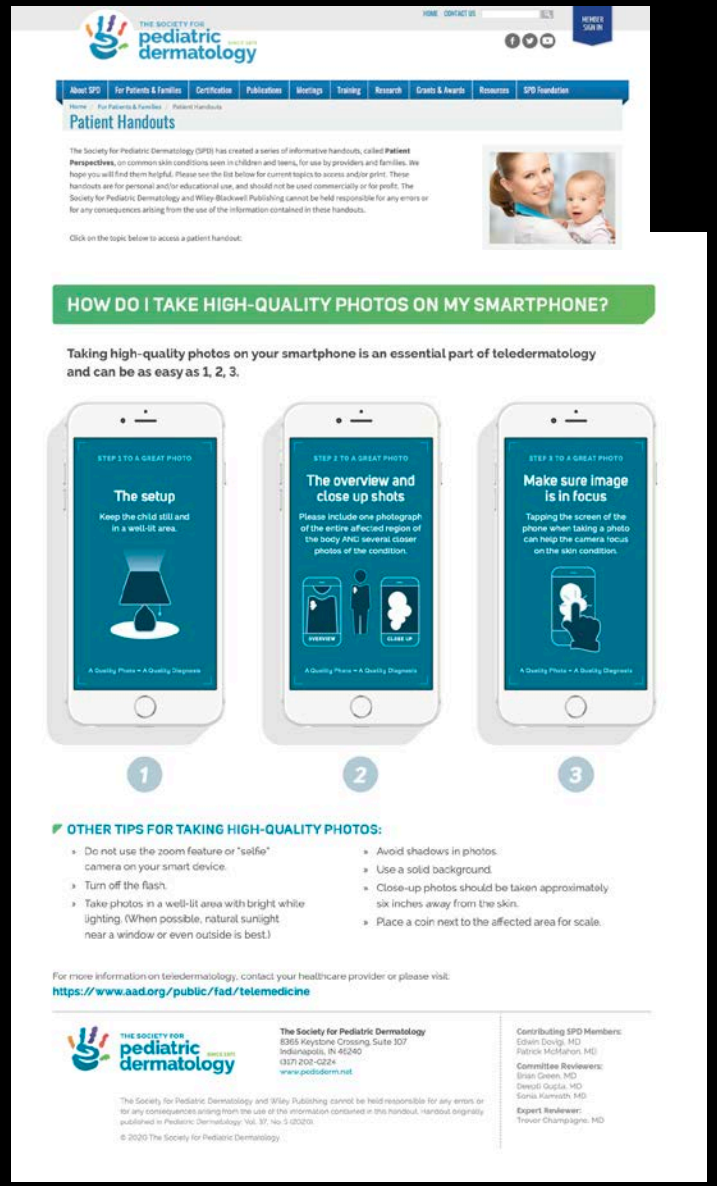
Pediatric Teledermatology: A few tips

1. NEVER do a video visit without photographs for a pre-adolescent child

2. Guide families on how to take a photograph

3. Adolescent Teledermatology:

   privacy issues



THE SOCIETY FOR pediatric dermatology

Patient Handouts

The Society for Pediatric Dermatology (SPD) has created a series of informative handouts, called **Patient Perspectives**, on common skin conditions seen in children and teens, for use by providers and families. We hope you will find them helpful. Please see the list below for current topics to access and/or print. These handouts are for personal and/or educational use, and should not be used commercially or for profit. The Society for Pediatric Dermatology and Wiley-Blackwell Publishing cannot be held responsible for any errors or for any consequences arising from the use of the information contained in these handouts.

Click on the topic below to access a patient handout:

HOW DO I TAKE HIGH-QUALITY PHOTOS ON MY SMARTPHONE?

Taking high-quality photos on your smartphone is an essential part of teledermatology and can be as easy as 1, 2, 3.

STEP 1 TO A GREAT PHOTO
The setup
Keep the child still and in a well-lit area.

STEP 2 TO A GREAT PHOTO
The overview and close up shots
Please include one photograph of the entire affected region of the body AND several closer photos of the condition.

STEP 3 TO A GREAT PHOTO
Make sure image is in focus
Tapping the screen of the phone when taking a photo can help the camera focus on the skin condition.

1 2 3

OTHER TIPS FOR TAKING HIGH-QUALITY PHOTOS:

- Do not use the zoom feature or "selfie" camera on your smart device.
- Turn off the flash.
- Take photos in a well-lit area with bright white lighting. (When possible, natural sunlight near a window or even outside is best.)
- Avoid shadows in photos.
- Use a solid background.
- Close-up photos should be taken approximately six inches away from the skin.
- Place a coin next to the affected area for scale.

For more information on teledermatology, contact your healthcare provider or please visit:
https://www.aad.org/public/fad/telemedicine

THE SOCIETY FOR pediatric dermatology

The Society for Pediatric Dermatology
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Deeoti Gupta, MD
Sonia Kamath, MD

Expert Reviewer:
Trevor Champagne, MD

How accurate can we get?

Research

JAMA Dermatology | Original Investigation

Diagnostic Accuracy of Pediatric Teledermatology Using Parent-Submitted Photographs
A Randomized Clinical Trial

Daniel M. O'Connor, MD; Olivia S. Jew, BA; Marissa J. Perman, MD; Leslie A. Castelo-Soccio, MD, PhD; Flaura K. Winston, MD, PhD; Patrick J. McMahon, MD

40 pediatric cases

- Photograph vs in-person evaluation

Table 2. Diagnoses Provided by In-Person Pediatric Dermatologist and Concordance With Photograph-Based Diagnoses

Characteristic	Cases, No. (%)	Concordance, %
All diagnoses	40 (100)	83
Diagnostic category		
Alopecia	14 (35)	64
Alopecia areata	8 (20)	
Seborrheic dermatitis (vs tinea capitis)	4 (10)	
Loose anagen syndrome	1 (3)	
Trichotillosis	1 (3)	
Nodules and tumors	3 (8)	67
Epidermal cyst	1 (3)	
Pilomatricoma	1 (3)	
Pyogenic granuloma	1 (3)	
Rash	13 (33)	
Eczema	5 (13)	
Contact dermatitis	2 (5)	

Table 3. Cases of Diagnostic Disagreement

Case	Diagnostic Category	Photographic Diagnosis	In-Person Diagnosis
1	Alopecia	Trichotillosis	Alopecia areata
2	Alopecia	Alopecia areata	Trichotillosis
3	Alopecia	Alopecia areata	Loose anagen syndrome
4	Nodule	Juvenile xanthogranuloma	Epidermal cyst

Teledermatology: the verdict

Works well

- Derm triage
- Acne evaluation and management
- Reinforcing education (i.e. atopic dermatitis)
- Access to college students

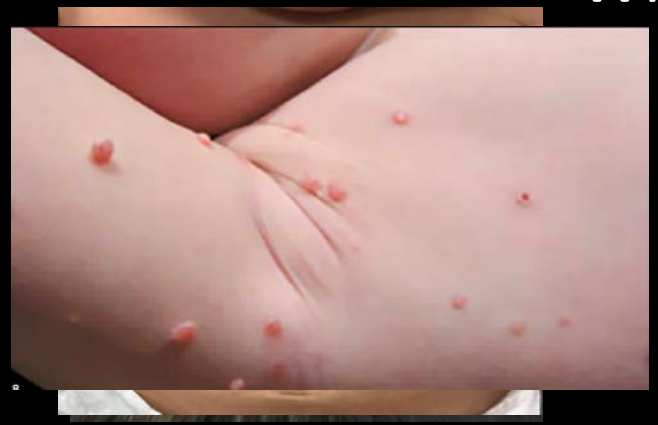
Teledermatology: the verdict

Works well

- Derm triage
- Acne evaluation and management
- Reinforcing education (i.e. atopic dermatitis)
- Access to college students

Doesn't work well

- Scalp disorders
- Dermal processes (nodules)
- Any condition where a complete exam is needed (i.e. genetic, connective tissue disorder)
- When procedures are needed



Questions?