The Joy of Pediatric Skin

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Objectives

1. Recognizing benign skin lesions

2. Know which patients will likely need surgical intervention.

3. Be informed of the services that Plastic Pediatric Surgery can offer you and your patients.
**Erythema Toxicum – Skin At Birth**

- common skin condition in newborns.
- occurs 3 days to 2 weeks after birth and can last for weeks to months.

**Symptoms** - small, yellow-to-white colored papules surrounded by red skin. Seen on face, middle of body, upper arms and thighs. Can come and go throughout the day.

**Treatment** - usually resolve without any treatment by 4 months of age.

**Neonatal Acne**

Seen shortly after birth, results from mother’s hormones.

**Symptoms** - bumps in the same distribution as regular acne, usually on the face, the cheeks, sometimes on the chest and the back.

**Treatment** - resolves as the child gets older, you rarely need to do anything about it.
**Milia**

Also called milk spots or oil seeds.

**Symptoms** - benign, keratin-filled cysts that can appear just under the epidermis or on the roof of the mouth. They are usually found around the nose and eyes.

**Treatment** - often resolves within two to four weeks.

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**Eczema**

Starts in the first several weeks of life and can get severe during the toddler years. Some get better in time but some people keep it all their lives. Eczema is a form of allergy.

**Symptoms** - scaling in patches or in lines. Particularly bad at the crooks of the arms and behind the knees, across the face, neck and ears.

**Treatment** - Eczema is treated with a combination of skin moisturizers and anti-allergy agents sometimes topical steroids, or creams.
**Pyogenic granuloma**

**Symptoms** - Usually red/pink to purple, smooth or lobulated. Most often occur in the mouth region. Size ranges from a few millimeters to centimeters. Can be painful. Rapid growth and bleeding with little or no trauma.

**Treatment** - May resolve spontaneously if it occurs after birth. If it bleeds or is irritating than excision is needed.

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**Aplasia Cutis Congenita**

A patch of skin missing, usually on the scalp, seen at birth.

**Diagnosis** - based on physical appearance. No specific laboratory test needed.
Aplasia Cutis Congenita

**Symptoms** - patch of skin missing, usually on the scalp (70% of individuals), but may also occur on the trunk, arms, or legs. The affected area is usually covered with a thin transparent membrane, is well-defined, and is not inflamed.

**Treatment** - depends on severity and structures involved. Prevent area from drying out: Silver Sulfadiazine, Bacitracin ointment. Surgical treatment may be needed: excision, tissue expansion, bone flaps.

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Vascular Lesions

**Hemangioma**

**Evaluation** - airway, vital structures, MRI

**Treatment**
Medical: Oral steroid, oral Beta-Blocker, interferon.

Port Wine Stains

Congenital Nevus

Microscopically, the congenital melanocytic nevus appears similar to acquired nevi with two notable exceptions. The neval cells are found deeper into the dermis and along neurovascular bundles, surrounding hair follicles, sebaceous glands, and subcutaneous fat.

Transform into melanoma: 5-15%
Cancer related to size, location, shape and color
Dermoid Cyst

Can appear in young children, often near the lateral aspect of the eyebrow. Often have a rubbery feel. An inflammatory reaction can occur if the dermoid cyst is disrupted.

**Evaluation:** Size, location, mobility, CT Scan

**Treatment:** Excision, can recur if not completely excised.

Pilomatricoma

An uncommon, harmless, skin lesion derived from hair matrix cells.

Single skin-colored or purplish lesions arise on the head and neck, but may occur on any site. They are characterised by calcification within the lesion, which makes it feel hard and bony, and often results in an angulated shape.

**Cause:** unknown

**Treatment:** Monitor or Excision

Pictures from www.see.visualdx.com
Juvenile Xanthogranulomas

Usually present in infancy or early childhood with an asymptomatic; smooth; round; yellow, red, or brown papule or papules.

**Treatment** - Reassurance; usually self-healing
Excision for diagnosis or cosmesis

Epidermoid Cyst

Benign cyst found on the skin. Develops out of ectodermal tissue. Histologically it is made of a thin layer of squamous epithelium.

Commonly result from implantation of epidermis into the dermis, from trauma or surgery, or by a blocked pore adjacent to a body piercing.

**Treatment** - Excision
Hidradenitis Suppurativa

**Symptoms** - usually develops in otherwise healthy people. It is a non-contagious skin disease in skin folds of the underarms, groin, or perianal area.

**Treatment** - Abscesses can be drained, and in severe cases the painful lumps and sinus tracts can be surgically removed. Pain medications and antibiotics can help. 1% of the general population is affected.

Thank You