

Pediatric Dermatology: Reflections on Clinical Practice

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Reflections on....

- Myths
- Missed diagnoses
- Mysteries
- eMpathy

Myth #1: Vitiligo isn't treatable

- “Although there is no completely satisfactory treatment for vitiligo, repigmentation can occasionally be accomplished by the administration of..PUVA. “ (Hurwitz, 1981)

- “Although a high potency fluorinated topical steroid works best in vitiligo, these are not recommended in children. A medium potency non-fluorinated steroid, such as hydrocortisone valerate is suggested for non-facial areas..Desonide cream 0.05% can be used for facial areas .” (Halder R, Clinics in Dermatology, 1997)

Vitiligo is **OFTEN** treatable

“Class 3 corticosteroids and UV-B therapy are the most effective therapies for localized and generalized vitiligo, respectively”

Njoo et al. Nonsurgical repigmentation therapies in vitiligo; meta-analysis of the literature Arch Dermatol 1998;134:1532

Vitiligo is **OFTEN** treatable

- **In an open trial, 51 children (20 males, 31 females) with generalized vitiligo were treated twice weekly with narrow-band UVB radiation therapy for the maximum period of 1 year.**
- **The treatment resulted in more than 75% overall repigmentation in 53% of patients and in stabilization of the disease in 80%**

Njoo et al - *J Am Acad Dermatol* 2000; 42: 245-53

Effective approaches to vitiligo

- Reasonably strong topical corticosteroids (mometasone, fluticasone, brief courses of clobetasol) daily
- Sunlight..YES!
- Narrow band UVB....at home if necessary
- Monitor progress with photographs

Myth #2: Diet does not affect acne

- Comparison of acne incidence rates between nonwesternized (Kitavan Islanders in New Guinea and Ache hunter gatherers of Paraguay) and westernized society
- Most significant difference is in intake of unrefined traditional foods (fruits and vegetables, millet, brown rice) vs. carbohydrates that yield high glycemic loads (rice krispies, sugar, Mars bars, bagels, white bread)

Cordain L et al. Acne Vulgaris: A Disease of Western civilization. Arch Dermatol 2002;138:1584-1590.

Diet and acne

- High carbohydrate diet causes chronic and acute hyperinsulinemia
- Increase levels of insulinlike growth factor (IGF-1) and reduced insulinlike growth factor binding protein (IGFBP-3) increases follicular growth
- Insulin and IGF-1 stimulate androgen production and sebum production

Diet and acne

- “It is possible that low-glycemic load diets may have therapeutic potential in reducing symptoms of acne”
- Difficult in teenagers

Myth #3: Hemangiomas resolve without treatment

Be aware that...

- Some hemangioma phenotypes are associated with visceral involvement or a syndrome
- Vascular malformations can be hard to distinguish early in infancy
- Some hemangiomas don't resolve completely

Hemangiomas: a syndrome

- Frieden IJ, Reese V, Cohen D. PHACE Syndrome: The Association of Posterior Fossa Brain Malformations, Hemangiomas, Arterial Abnormalities, Coarctation of the Aorta and Cardiac Defects, and Eye Abnormalities. Arch Dermatology 1996;132:307-311.

Localized vs segmental hemangiomas

- Segmental: Broad anatomic region or recognized developmental unit (such as the entire ear or tip of nose)
- Localized: Confined spatially, often appear to arise from a central focal point

Chiller J, Passaro D, Frieden IJ .Arch Dermatol
2002; 138:1567-1576

Localized vs segmental

- Segmental hemangiomas more associated with associated anomalies, complications (such as ulceration), poorer outcome and need for treatment

Ulcerated Hemangiomas: treatment

- Kim HJ, Colombo M, Frieden IJ. Ulcerated hemangiomas: clinical characteristics and response to therapy. *J Am Acad Dermatol* 2001;44:962-72.

Ulcerated hemangiomas

- Decision on therapy depends on age of patient, stage of involutions and location of lesion,
- Treatment is combination of:
 - Local wound care (vaseline gauze or Duoderm)
 - Management of infection (topical/oral antibiotics)
 - Therapies (laser, systemic/intralesional steroids)
 - Pain management

“Beard” hemangiomas

- association between hemangiomas in a cervicofacial location and hemangiomas of the upper airway
- affected infants may develop respiratory distress
- *Orlow S et al. Journal of Pediatrics 1997;131:643-6*

Hemangiomas: early excision?

- Consider excision in early childhood (2-4 years of age) for lesions that are not going to resolve spontaneously.

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Missed diagnoses..by pediatricians

- Tinea capitis
- Granuloma annulare
- Lichen striatus
- Scabies in infants
- Facial keratosis pilaris
- Contact dermatitis to nickel(It's the snap!)

Missed diagnosis...by dermatologists (including me)

- Superinfection with MRSA
- Tinea incognito
- Subcutaneous granuloma annulare
- Perioral granulomatous dermatitis
- Prodromal itching of asthma
- Unilateral laterothoracic exanthem
- Serum sickness vs. erythema multiforme

Children with atopic dermatitis
who are resistant to treatment
may have MRSA

Community acquired methicillin resistant staph aureus

- Rapidly growing problem among children with chronic atopic dermatitis
- In most cases, susceptible to clindamycin, erythromycin and/or trimethoprim/sulfamethoxazole.
- Rare patients require linazolid or iv vancomycin
 - *Pediatr Infec Dis J* 1997;18:993

Perioral granulomatous papules in
a child is a form of perioral
dermatitis, not sarcoidosis

Itching without a rash on the
upper back or chest may be a sign
of asthma

David et al. Prodromal itching in childhood
asthma. Lancet II, 154:1984

Assymmetric periflexural exanthem of childhood, newly arrived?

- Eruption begins unilaterally, but frequently becomes bilateral
- Median age group 18-24 months
- Pruritus in 65%; lymphadenopathy in 70%
- Resolution in 3-6 weeks, sometimes longer
 - Couston et al. Assymmetric periflexural exanthem of childhood Arch Dermatol 1999;135:799.

Giant urticaria may be a feature
of a severe drug reaction
(especially to cefaclor), dusky
lesions do not equal erythema
multiforme

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Diffuse macular
hypopigmentation can be a
manifestation of pityriasis
lichenoides chronica... but will it
progress to CTCL?

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1. Take the time to listen, and express empathy and respect

- Our work in dermatology has 2 significant aspects:
 - 1. understanding diagnosis and treatment...
 - 2. building relationships with our patients and their families
- Most of our education and teaching is related to #1; we learn and model communication skills as much as possible.

- Study of 396 dermatological outpatients
- Likelihood of overall satisfaction significantly and independently increased by the physician's ability to give explanations and to show empathy to the patient's conditions

Renzi et al. Factors associated with patient satisfaction with care among dermatologic outpatients. Br J Derm 2001;145:617-23

- Communication skills (the ability to express felt empathy) are learnable and teachable
- **Smith RC et al. The effectiveness of intensive training for residents in interviewing. Ann Int Med 1998;128:118-139**

- Two basic ingredients of empathic communication: being patient-centered and dealing with the emotional content of illness
- **Suchman A et al. A model of empathic communication in the medical interview
JAMA 1977;277:678-682**

Being patient centered:

- Sit!!!!
- When possible, begin with open ended question
- Don't interrupt
- Key phrases (“Let me see if I have this right..” “Tell me more..”“Anything else you want to tell me?”)

Handling emotions:

- **Name**- It sounds like your feeling worried about this situation
- **Understand** - Most people would feel frustrated in a situation like this.
- **Respect** - I'm impressed with the way you've handled this so far
- **Support** - I can promise that we'll work on this together until that I'll be available..

Words that make a difference

- ‘It sounds like you’ve been through a lot’
- “Let me see if I have this right”
- “I wish things were different”
- “May I offer some advice?”
- “Is there anything else you want to tell me?”

- Quill T, Arnold R, Platt F. “I wish things were different” : expressing wishes in response to loss, futility, and unrealistic hopes. *Ann Int Med* 2001; 135:551-555

- “I’m sorry that none of the treatments for Jason’s alopecia have been helpful” vs “I wish that we had better treatments to offer for this.”

“I’m sorry that....”

- Confused with sympathy or even pity (‘I feel sorry for you’ when we mean ‘I feel sorry with you’)
- Confused with apology or admission of medical mistake.

“I wish that...”

- I wish we had more effective treatment for your condition
- I wish I had some other kind of news to give you
- I wish things had turned out better for you

“I wish that..”

- Expression of empathy
- Acknowledges our limited control over certain medical situations and the regret that we aren't more powerful
- “Expressing wishes allows the clinician to enter the patient's world, to defuse potential conflict about medical limitations, and get on the same side of the fence with the patient and family.”

“I wish that..”

- Sets the stage for further exploration; “What about Jason’s hair loss has been most difficult for him or for you as parents?”
- This may lead you to a ‘non-medical’ way of being of help.:

“It sounds like you’ve been through a lot?”

- Open ended question: allows the family to tell the part of the story that most matters to them.
- Expresses empathy and creates possibility of a different type of doctor-patient relationship
- Acknowledges that the resident already took the history and shared it with you.

Coulehan JL, Platt F, Egener B et al. “Let me see if I have this right...” : words that help build empathy. *Ann Int Med* 2001;135:221-227

“Let me see if I have this right..” “Sounds like what you’re telling me is...” “So what you’re saying is..”

- A way of being sure you understand the story that the family is telling you..
- Letting the family know that you heard what they had to say

Asking permission before giving advice

- “May I give you some advice about Chloe’s sleeping habits?”
- “May I share some things I’ve learned from other families who have dealt with this situation?”

Asking permission before giving advice

- Easy, courteous way of getting into sensitive territory: advice about parenting
- **DON'T TRY THIS AT HOME!**



“Is there anything else you want to tell me?”*

- Making sure that you haven't missed any important physical findings, questions or concerns
- Allows the patient/family to participate in the decision to end the medical encounter

*Kabat-Zinn J . “Wherever You Go, There You Are.” , 1995 Hyperion

EXPERIENCE IS DEFINED AS
THE ABILITY TO REPEAT
MISTAKES WITH
INCREASING CONFIDENCE!