

Rashes in children

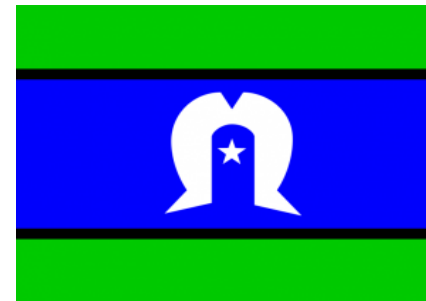
Tuesday 16 April 2024

The content in this session is valid at date of presentation

Acknowledgement of Country

North Western Melbourne Primary Health Network would like to acknowledge the Traditional Custodians of the land on which our work takes place, The Wurundjeri Woi Wurrung People, The Boon Wurrung People and The Wathaurong People.

We pay respects to Elders past, present and emerging as well as pay respects to any Aboriginal and Torres Strait Islander people in the session with us today.



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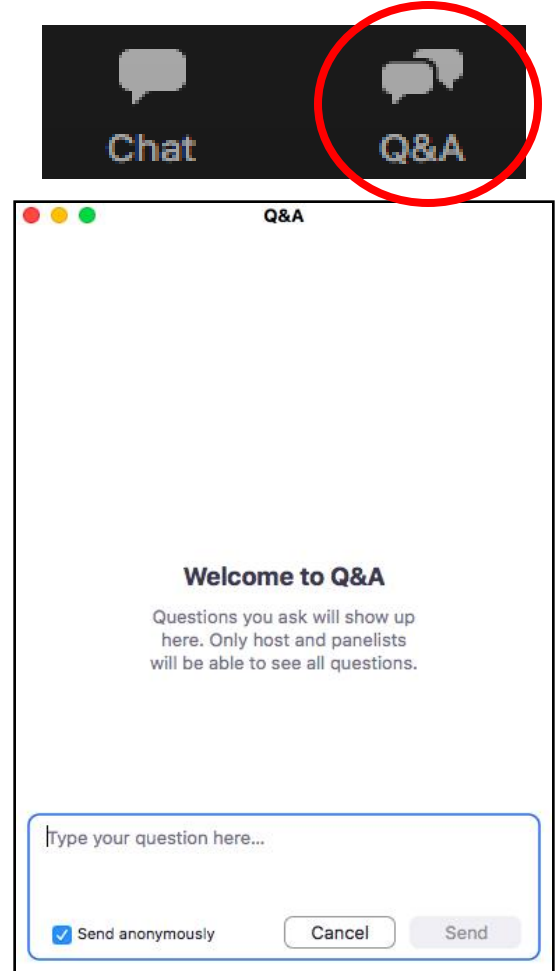
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Questions will be asked anonymously to protect your privacy

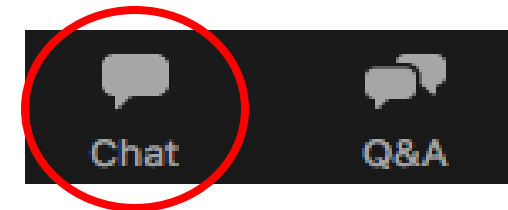
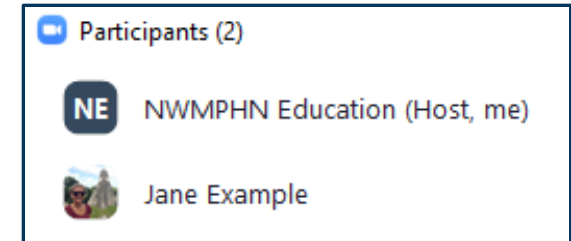


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Pathways are written by GP clinical editors with support from local GPs, hospital-based specialists and other subject matter experts



- 
- **clear and concise, evidence-based medical advice**
 - **Reduce variation in care**
 - **how to refer to the most appropriate hospital, community health service or allied health provider.**
 - **what services are available to my patients**

HealthPathways – Rashes in Children

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Aboriginal and Torres Strait Islander Health

Avoiding Hospital Admission

Allied Health and Community Nursing

Child Health

Assault or Abuse - Child and youth

Developmental Concerns – Child

Dermatology - Child

Endocrinology - Child

ENT and Hearing - Child

Gastroenterology - Child

General Paediatrics

Analgesia in Children with Acute Pain

Fever in Children

Heart Murmurs in Children

Infant Routine Check

Infant Sleep Concerns

Low Birth Weight and Premature Infants

Measles

Weight Management in Children

Plagiocephaly

Rash in Unwell Children

Recurrent Abdominal Pain in Children

Slow Weight Gain in Infants

Unsettled Infant

Urinary Tract Infection (UTI) in Children

Vitamin D Deficiency in Children

Paediatric Medicine Referrals

Genitourinary - Child

Rash unwell children

Melbourne

HEALTHPATHWAYS

Latest News

22 March

health.vic

Health alerts and advisories

20 March

Shortage of transdermal MHT patches Estradot and Estali

TGA advise the transdermal MHT patches Estradot and Estalis shortage is continuing. Return-to-supply dates are published on the Medicine Shortage Reports Database. Overseas registered alternatives can be accessed. See Section 19A approvals database.

14 March

Shigella gastroenteritis outbreak related to Esoteric music festival

There has been a Shigella gastroenteritis outbreak at the Esoteric festival (Donald, Buloke, 8 to 12 March). Clinicians and pathology services must notify the Department of Health of any cases of shigellosis within 5 days of diagnosis. See more...

13 March

Increase in Mycoplasma pneumoniae infections in Victoria

Clinicians should consider possibility of M. pneumoniae infection in people presenting with pneumonia, particularly children and adolescents. If suspected, send a PCR for atypical bacteria, and provide appropriate antimicrobial cover. Read more...

8 March

60-day dispensing – Stage Two

As of March 1 2024 new items have been added to the list of

Pathway Updates

Updated – 3 April

HIV - Diagnosis and Initial Management

Updated – 3 April

HIV - Ongoing Management

Updated – 28 March

HIV - Post-exposure Prophylaxis

Updated – 27 March

Burn Injuries

Updated – 27 March

Colonoscopy Surveillance

VIEW MORE UPDATES...

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Click 'Send Feedback' to add comments and questions about this pathway.

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Rashes in Children Relevant and Related Pathways

Relevant Pathways

[Adverse Food Reactions in Children](#)

[Eczema in Children](#)

[Fever in Children](#)

[Herpes Zoster \(Shingles\)](#)

[Rashes and Skin Lesions in Early Infancy](#)

Referral Pathway

[Acute Paediatric Medicine Referral or Admission \(Same-day\)](#)

[Non-acute Paediatric Medicine Referral \(> 24 hours\)](#)

[Non-acute Paediatric Dermatology Referral \(> 24 hours\)](#)

[Paediatric Dermatology Referrals](#)

[Paediatric Medicine Referrals](#)

Related Pathway

[Local Public Health Units \(LPHUs\)](#)

[Mosquito-borne diseases in Victoria](#)

[Notifiable Conditions in Victoria](#)

[Normal Paediatric Observations](#)



Building local pathways for better care

melbourne.healthpathways.org.au

Thank
you.



Speaker

Dr Sandy Hopper

- Dr Sandy Hopper is a dual qualified emergency physician and emergency paediatrician, working at the emergency department of the Royal Children's Hospital in Melbourne.
- Having just clocked over 20 years of consultant work at RCH, he has just stepped down as director of paediatric emergency training, but remains passionate about bringing up the next generation of talent in the field.
- His research interests include mental health, procedural care, orthopaedics, hospital-in-the-home, observational medicine and consumer information.



1

Rashes: babies, serious, common

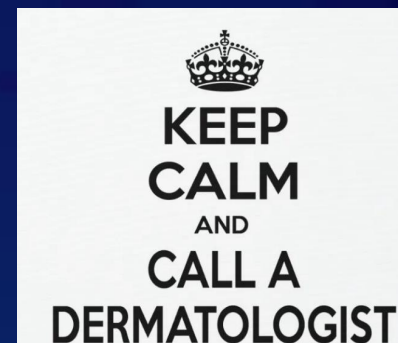
Dr Sandy Hopper

Goals

- Neonatal rashes
- Serious diseases with rashes that need ED care.



- Less serious rashes which can be managed in community.



Key Principle

- The clinical condition of the patient trumps most specific rash types.

Baby got the blues



i've got the **BLUES** baby

My baby has purple feet



acrocyanosis

- Usually in the first few hours of life
- Vasospasm of the small vessels of skin in response to cold
- Hands and feet
- Absence of cyanosis centrally
- Resolves with warming
- Unusual after the first month



Another bruised child referral



Bruise vs Congenital Dermal Melanosis

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Bruise vs Congenital dermal melanosis (Mongolian blue spots)

- Flat, bluish-grey lesions, poorly circumscribed.
 - Do not fade or change colour.
 - Flat with same texture
 - Not tender.
 - Most commonly lumbosacral region
- Variable hue
 - Evolve and fade
 - Swelling/induration
 - Tender
 - Other areas.

Well baby, small blue/brown spot on chest



Unexplained bruising, no matter how minor



Emergency

More purple spots



Thrombocytopenia

- Cause?

Thrombocytopaenia: cause

- Localised- trauma/pressure.
 - all others need a FBE and film
 - Clinical context will give you a hint (Age/wellness/other features)
-
- ITP- well, nil other signs on film.
 - Sepsis- V unwell
 - ALL- nodes/pallor/fever, plus film.
 - Localised- trauma/pressure.



Purple rash, limp



HSP

- Workup?
- Follow up
- ? steroids



**KEEP
CALM
AND
STAY
HOME**

HSP

- BP, FWTU>> other
- Follow for renal Cx
- Steroids for pain complications
- Renal referral if BP/urine changes

Fever, unwell, rash



Suspect meningococcal? what do you do?



Suspected meningococcal

- Early antis (which?)
- Close monitoring
- Expedite to ED care

Red lumps



Little red patch developing at 3 weeks of age



Strawberry naevus



- They grow!
- Refer if near important openings



**KEEP
CALM
AND
CALL A
DERMATOLOGIST**

Itchy red lumps, come and go



Urticaria

- Treatment?
- Advice?
- Referral?

Urticaria

- Treatment is symptomatic (antihistamines, cooling)
- Advice – will come and go for weeks
- Referral- more than 2 months

A red square sign with a white border. At the top is a white icon of a house with a heart inside. Below the icon, the text "KEEP CALM AND STAY HOME" is written in white, bold, capital letters.

**KEEP
CALM
AND
STAY
HOME**

A well 15/7 baby with a rash. Comes and goes



Erythema toxicum

- Benign.
- Comes and goes.
- Rx?



Erythema toxicum

- Treatment
- photoshop baby photos




**KEEP
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STAY
HOME**

Well baby, 3 weeks old



Neonatal acne

- Mean onset 3 weeks
- Usually limited to face / scalp
- Inflammatory pustules and papules
- Self resolving
- If persisting after 6 weeks-refer.



Red patch noted at birth

- Diagnosis?
- Complications?



Naevus Flammeus (Port wine stain)

- Present at birth.
- Usually unilateral
- V1- glaucoma
- Eyelid, cross midline-neuro imaging.
- Rx- laser




**KEEP
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AND
CALL A
DERMATOLOGIST**

Unwell, red and hot



Unwell, red and hot

- Feverish
- A few vomits
- flushed

Skin coming off in large blisters



Staph scalded skin syndrome

- Mainly 0-5yo
- Intra-oral mucosa spared (no strawberry tongue)
- Epidermolytic or exfoliative toxins responsible



Toxin related skin diseases

- Unified by:
- Unwell
- Feverish
- red



PHx eczema, now funny spots

- Well in self



Eczema Cocksackieum



- Distribution is the giveaway
- Not painful
- Child is well
- Treat as per eczema flare



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PHx eczema, now flare, fever, pain



Eczema herpeticum

Painful flare

Fever

blisters

- Stop steroids
- Aciclovir if <~72hrs (not PBS)
- Antibiotics if evidence of bacterial component (crusting)
- Cold compresses, moisturise, wet dressings
- Avoid scratching



fever UNWELL rash



Kawasaki disease: features

- Fever (high) and unwell (very).
- 5 days
- Rash
- Lips
- Node
- Eyes
- Peripheral changes



Two persistent, itchy round red spots



Discoid eczema. Ringworm

- Itchy
- Scaly throughout
- crusty
- PHx eczema



- Itchy
- Central clearing
- Slowly growing
- Raised edges



Toes, itchy now painful



Chilblains

- Ix?
- Rx?

Chilblains

- Ix- nil unless there are clinical features of connective tissues disease
- Rx- warmth



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Warts, now getting infected



Molluscum contagiosum

- Life cycle.
- With immune response, triggers inflammation
- Can look infected.
- Can cause local or distant eczema



Large red areas. Cellulitis?



Large local reaction vs cellulitis

- Onset time
 - Bite
 - Multiple
 - Itch
 - well
- Skin breach
 - Tender
 - Pain
 - Unwell
 - fever



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Blisters, not getting better



Bullous impetigo

- Rx?

Bullous impetigo

- Rx- topical or oral ABs
- Staph eradication



**KEEP
CALM
AND
STAY
HOME**

Summary

- Most rashes are benign.
- Be careful with:
- Sick child+rash
- Blisters and peeling
- Pigment and brownness
- Birth marks near openings



Resources

- Dermnet.nz
- Blackandbrownskin.co.uk
- Blue book victoria
 - [Health.vic.gov.au/infectious-diseases/disease-information-and-advice](https://www.health.vic.gov.au/infectious-diseases/disease-information-and-advice)

Session Conclusion

We value your feedback, let us know your thoughts.

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<https://nwmpnhn.org.au/resources-events/events/>

This session was recorded, and you will be able to view the recording at this link within the next week.

Fun stuff

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Another little brown mark



Extra nipple



Little red patches



Naevus simplex

- Will go away



Another little brown mark



Congenital melanocytic naevi

- Risk of malignancy based on size, axial or paravertebral location
- Small <1.5cm
Medium 1.5-20cm
Large 20-40cm
Giant >40cm (*
neurocutaneous syndromes)

A couple of mouth lesions



- Sucking blister



- Epstein's pearls



Cupping





- Increased facial swelling and pain, mildly itchy, 2 days. Small rash on legs.

- No fever

- PHx mild eczema



Summary

- Most rashes are benign.
- Be careful with:
- Sick child+rash
- Blisters and peeling
- Pigment and brownness
- Birth marks near openings



Off cuts

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Murdoch
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Crusting rash, not itchy



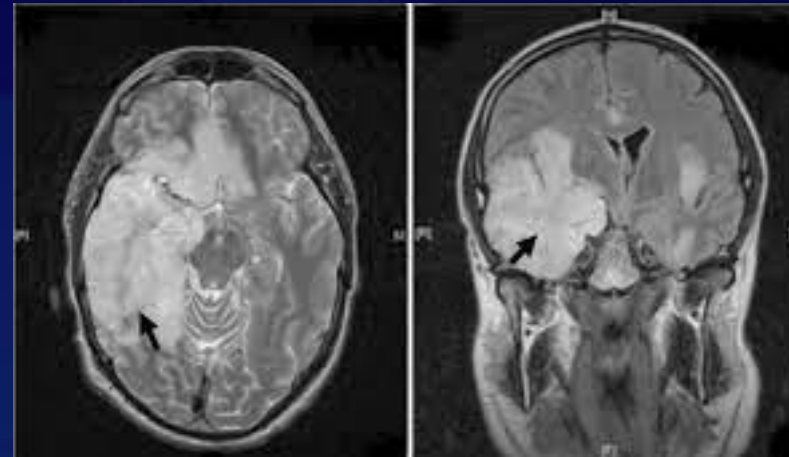
Seborrhoeic Dermatitis (cradle cap)

- Not itchy
 - younger babies
 - Well and happy
 - Ruins baby photos
-
- No Rx.
 - Crust removal.
 - 1% hydrocort
 - Nizoral

3 day old baby, poor feeding



Suspect neonatal herpes simplex



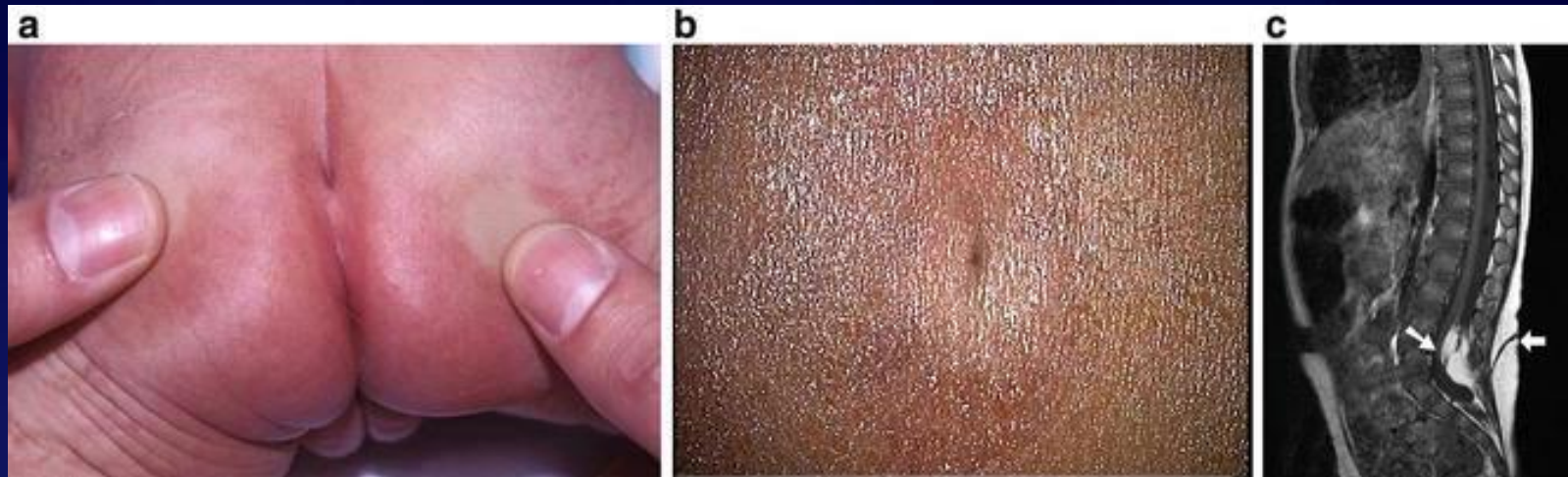
Well baby, a fine, flat non blanching rash



Little red spot on the back



Markers of spinal dysraphism



Referred with mottled skin, well

- What do you want to know?



Cutis marmorata

- Make sure the baby is well-consider circulatory problems
- Normal newborn vascular physiology
- Response to cold – immature neurological and vascular system



Well baby, 3 weeks old



Paronychia

- Skin overgrowth.
- Treatment?



2 days old, well.



Milia

- 1-2mm pearly white or yellow papules
- Caused by retention of keratin within the dermis
- ~50% of newborns

Well 3 week old twins



miliaria

- Appears in the first month
- Due to sweat retention caused by partial closure of the glands
- Distinct subtypes
 - crystallina : superficial, non inflammatory (stratum corneum)
 - rubra (mid-epidermal)