

Cards Against Paediatric Dermatology.



Rules:



1. Teams of 2-3 work best, but can be played individually.
2. Match each patient to the correct **History**, **Exam Findings**, **Dermatological Findings**, **Diagnosis**, **Management** and **Pathogen** (i.e. one card of each colour, matched together).
3. Allow 30-45 minutes per game.

2-year-old child, miserable at nursery a few days ago.

They had a low grade temp of 38°C last night.

Today, a rash has appeared starting on the head and spreading down the body.

**Vesicles 2-5mm clear/yellow
fluid filled, appearing to the
scalp first, then the trunk and
extremities.**

**Is also affecting the mucous
membranes.**



'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards (**version 1.0**)

#EM3
East Midlands Emergency Medicine Educational Media

Chicken Pox

'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards (**version 1.0**)

#EM3
East Midlands Emergency Medicine Educational Media

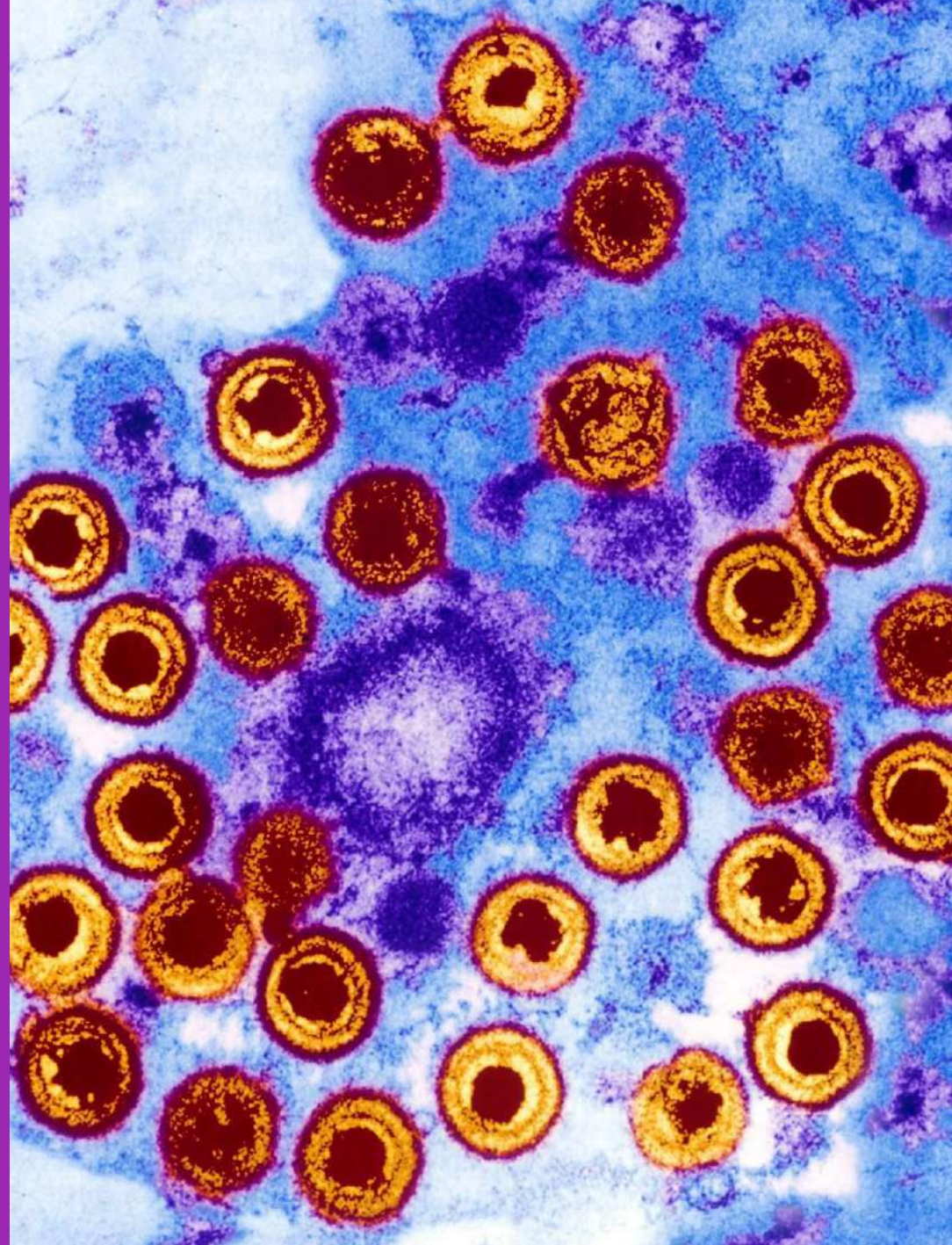
Analgesia: paracetamol.

Ibuprofen: National Guidance is for parents to avoid but can be considered on individual patient basis by treating senior clinician.

Fluids: ensure adequate fluid intake.

Avoid scratching, to avoid potential scarring (Antihistamine, calamine lotion/cream).

Varicella Zoster Virus (VZV)



10-month-old child who is well with no fever.

They have had a rash for the past 6 weeks which is getting worse.

The parents describe the child has been scratching the rash so much that it has started to bleed.

The rash seems worse at the back of the child's knees and elbow creases.

Erythematous
(local only).

Dry. Flakey.

Flexures.



'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards **(version 1.0)**

#EM3
East Midlands Emergency Medicine Educational Media

Eczema

'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards **(version 1.0)**

#EM3
East Midlands Emergency Medicine Educational Media

Management is multifactorial.

Aim to stop itch/scratch cycle.

Emollients and steroid creams can be useful.

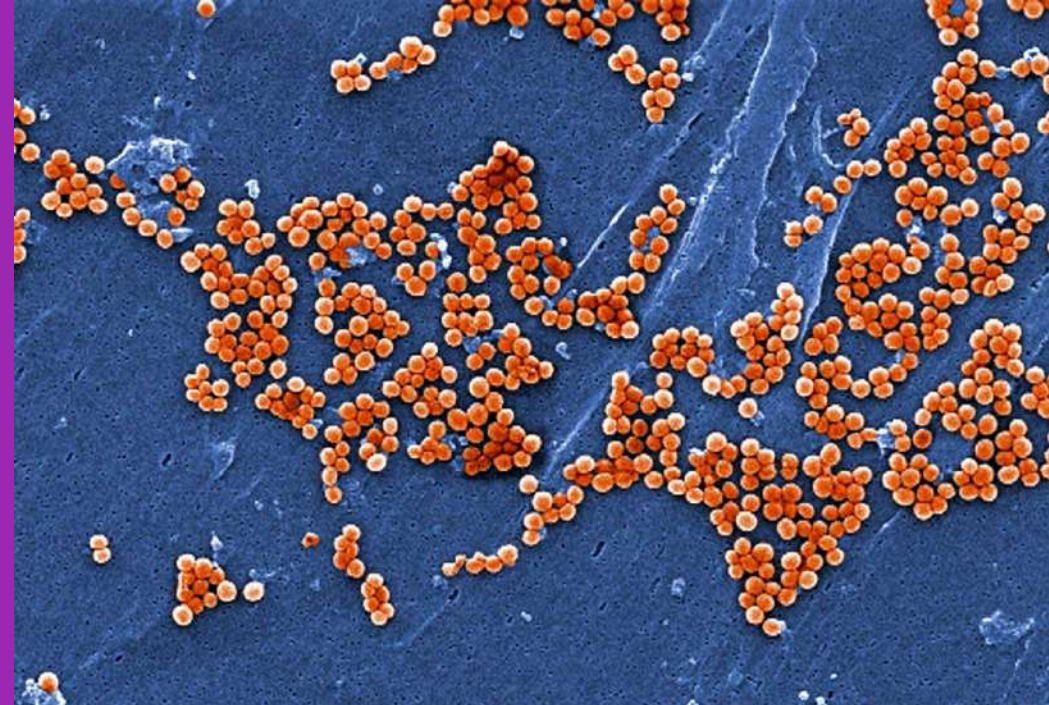
Anti-histamines can have a use.

Wet wraps in severe cases.

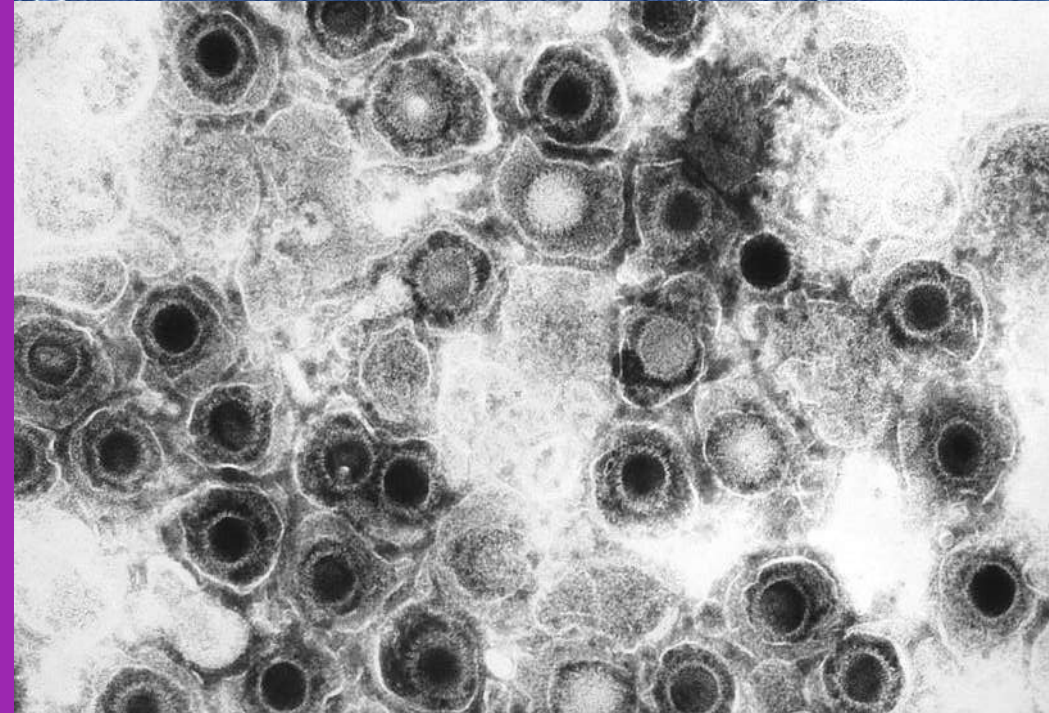
Antibiotics if infected looking.

Consider dermatology referral if not improving.

Staphylococcus aureus.



Herpes Simplex Virus.



Well child.

Rash to armpits, insides of arms, groin and the back of the knees.

A few lesions to the face that have spread over last 4 months.

Brother had the same rash first.

Occasional itching.

2-5 mm round
hemispherical,
umbilicated, flesh
coloured papules to
axillae, groin and face.



'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards **(version 1.0)**

#EM3
East Midlands Emergency Medicine Educational Media

Molluscum Contagiosum

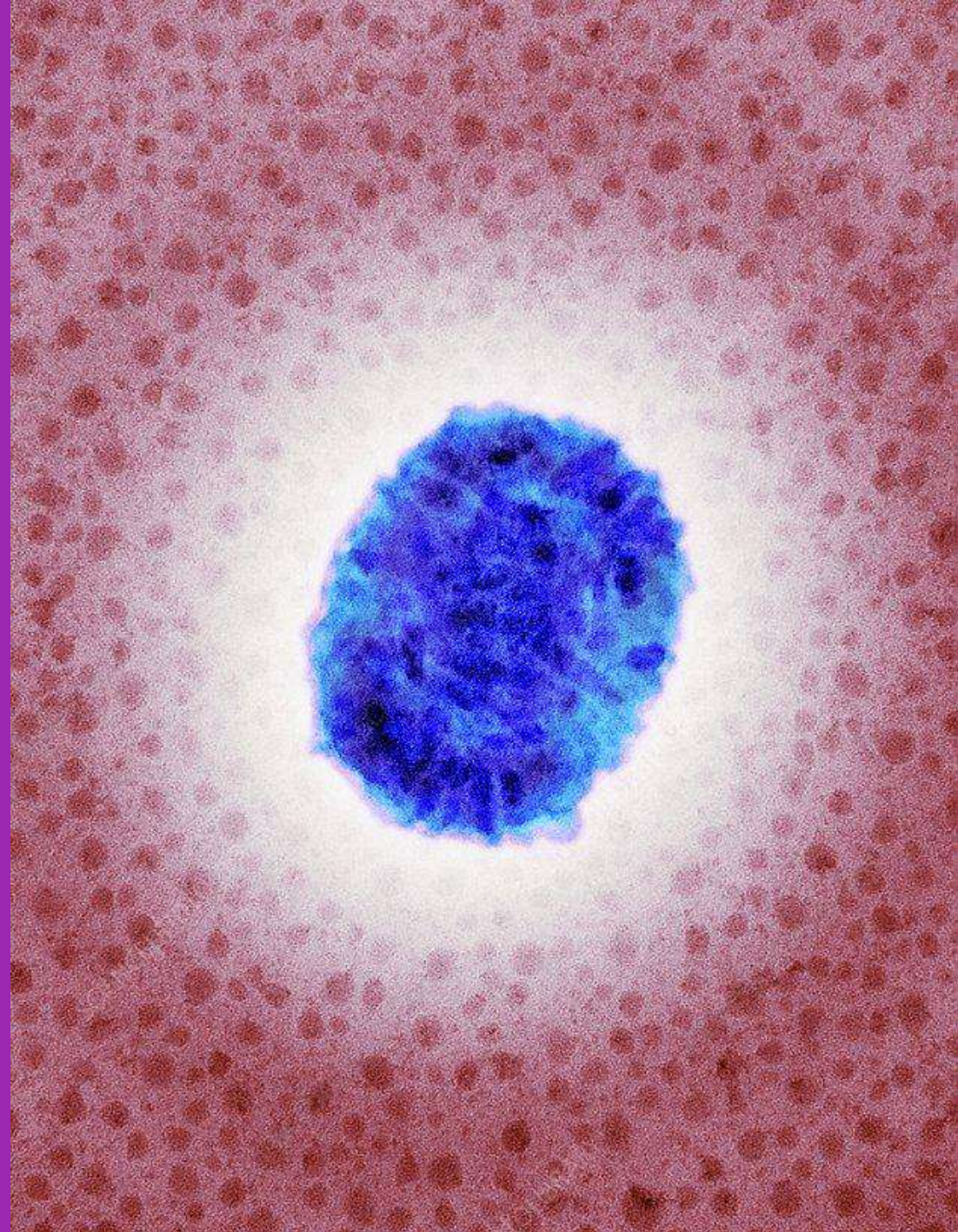
Treatment is not usually required in immunocompetent.

The mean duration of each lesion is 13 months.

Avoid itching.

Avoid sharing baths/towels.

Molluscum Contagiosum virus



5-year-old child presents with a 3-day history of sore throat and fever.

They now have a bright red rash to the trunk, arms and face which has spread rapidly over the last 24 hours.

**Confluent erythematous
(scarlatiniform) rash to torso
and arms.**

**Bright red cheeks,
strawberry tongue, enlarged
erythematous tonsils.**



'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards **(version 1.0)**

#EM3
East Midlands Emergency Medicine Educational Media

Scarlet Fever

'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards (**version 1.0**)

#EM3
East Midlands Emergency Medicine Educational Media

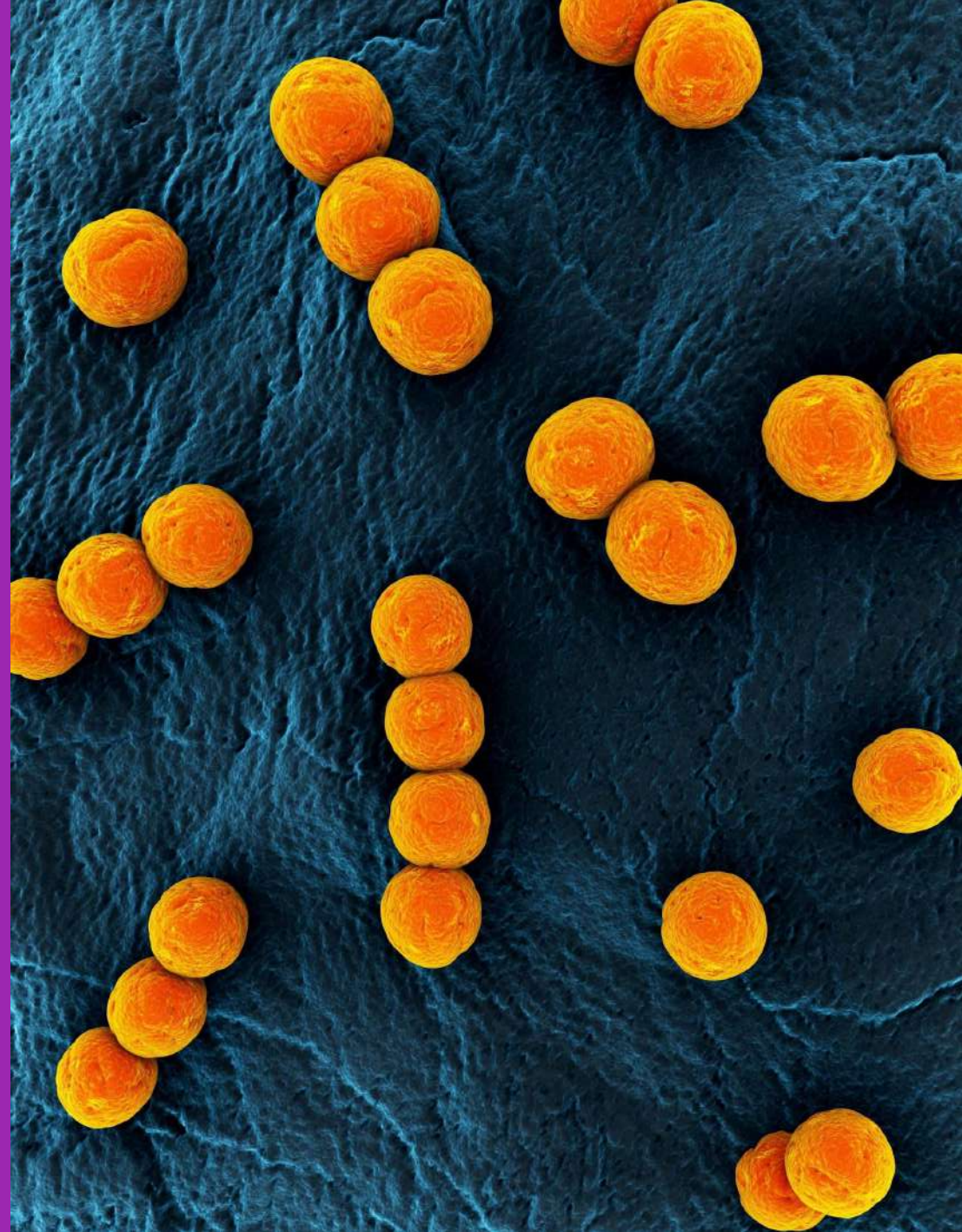
10-14 days of a penicillin such as phenoxymethylpenicillin or amoxicillin. If penicillin allergic azithromycin is an alternative.

Response expected in 48 hours.

Fluids management.

Antipyretics if child miserable with fever.

Group A Beta-haemolytic streptococci



1-day-old newborn.

**Well, uneventful pregnancy
and delivery.**

Discharged at 6 hours.

**Presents with a developing red
blotchy rash since discharge.**

2-3 cm blotchy erythematous
macules with a central
1-4 mm papule on cheeks,
back, and extremities –
sparing palms of hands and
soles of feet.



'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards **(version 1.0)**

#EM3
East Midlands Emergency Medicine Educational Media

Erythema Toxicum Neonatorum

'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards (**version 1.0**)

#EM3
East Midlands Emergency Medicine Educational Media

**Reassure parents:
lesions may continue to
appear over the next
week, should be
cleared by 2 weeks, no
lasting scarring.**

No known
pathogen.

11-month-old child.

Unwell with a cough and cold last week.

Overall they are getting better.

Today they have an itchy rash to face, buttocks, arms and legs.

1-10 mm flat-topped coalescing flesh pink papules. Some plaques to the face, elbows, knees and buttocks, inguinal and axillary.

Lymphadenopathy and hepatomegaly can be noted sometimes.



'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards **(version 1.0)**

#EM3
East Midlands Emergency Medicine Educational Media

Papular Acrodermatitis of Childhood or Gianotti-Crosti Syndrome

'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards (**version 1.0**)

#EM3
East Midlands Emergency Medicine Educational Media

**Self-limiting rash may take
2-8 weeks to resolve.**

Lymphadenitis by 2-3 months.

Hepatomegaly by 3 months.

**Antipruritic agents may be of
benefit for comfort.**

**Host response to a
variety of agents.**

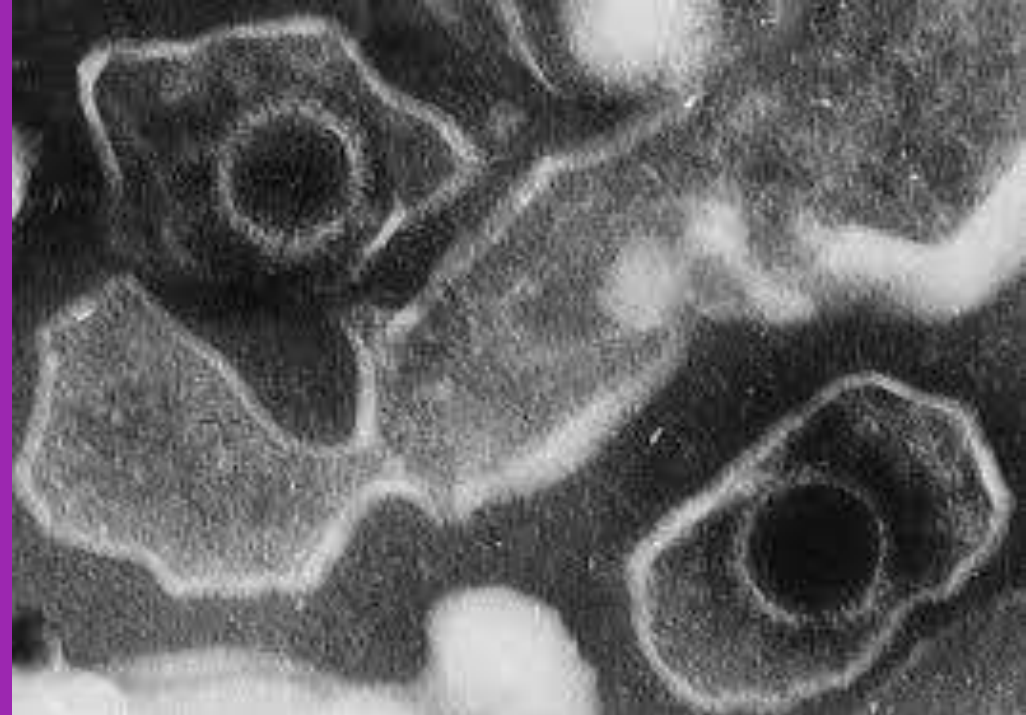
Hepatitis A, B or C.

Epstein-Barr virus.

Adenovirus. Rotavirus.

Parainfluenza. Coxsackie.

**Respiratory syncytial
virus. Cytomegalovirus.
Parvovirus.**



12-month-old child.

Cough and cold.

**Miserable, feverish, difficult
to be settled.**

Now has a red rash.

Miserable child, feverish,
with a maculopapular red
rash confluenting around
face, neck and shoulders.

Small white spots inside
the mouth.



'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards **(version 1.0)**

#EM3
East Midlands Emergency Medicine Educational Media

Measles

'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards (**version 1.0**)

#EM3
East Midlands Emergency Medicine Educational Media

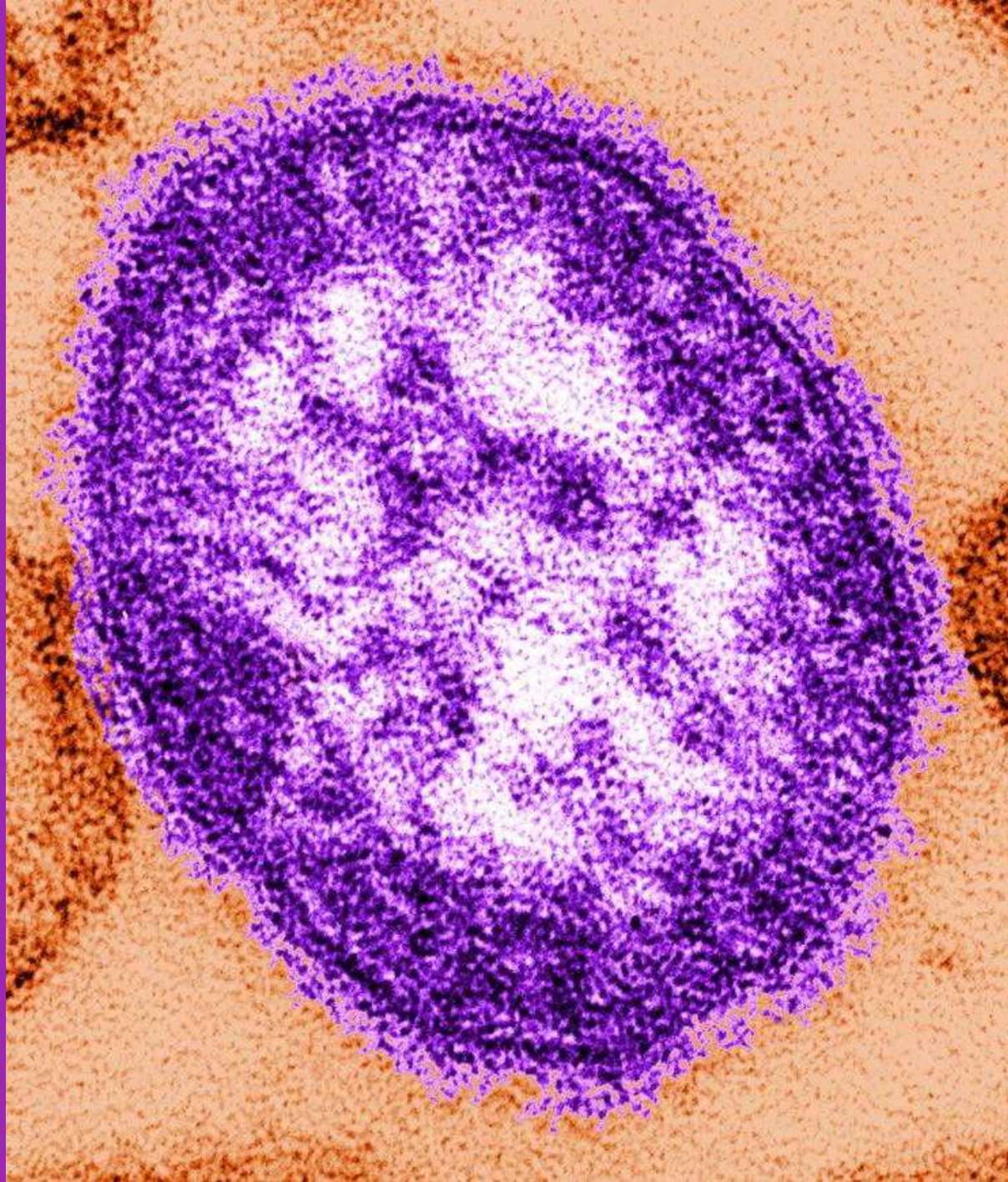
Symptomatic relief.

**Pain and fever
management.**

Encourage fluid intake.

Red flag advice.

Morbillivirus



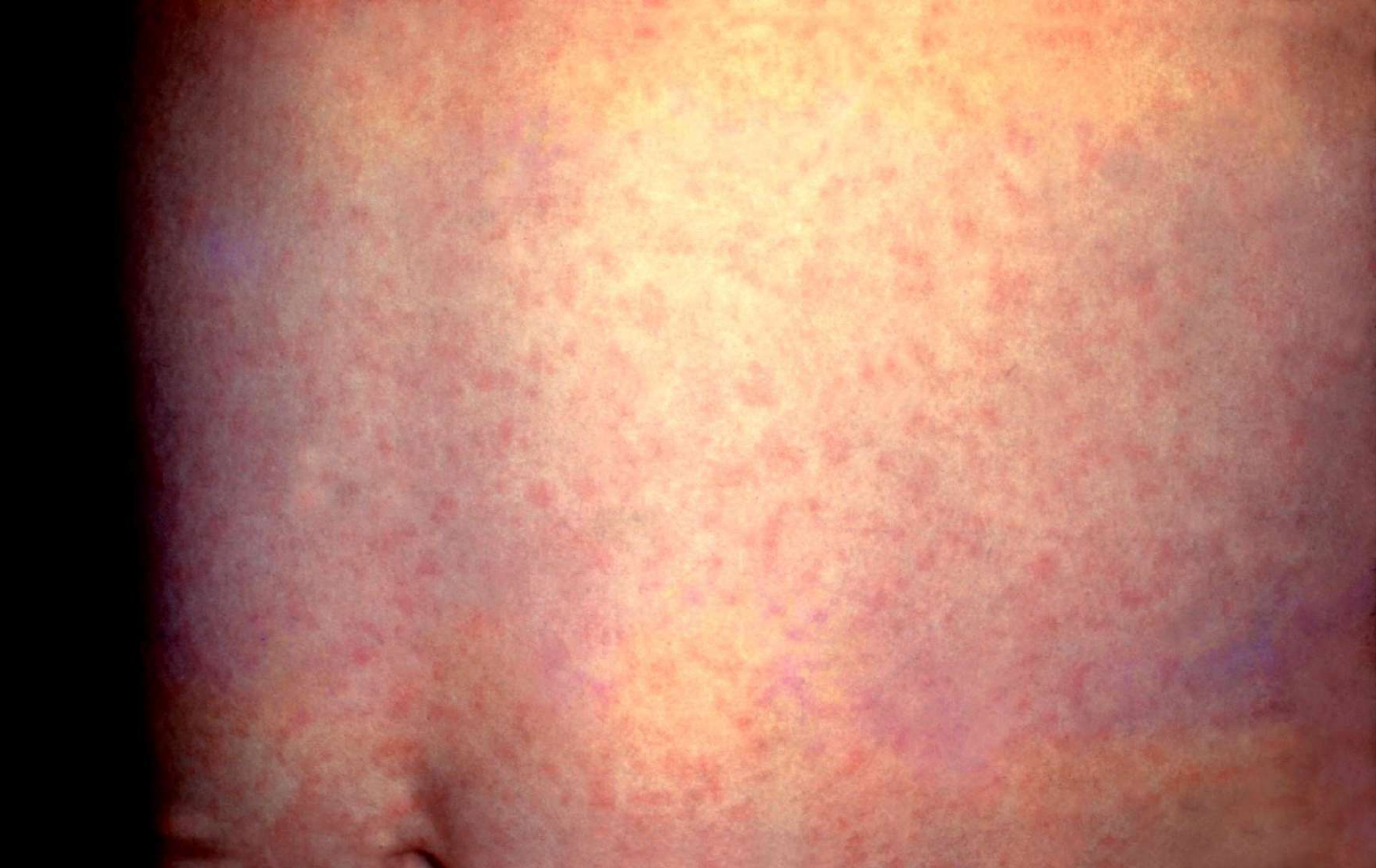
'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards (**version 1.0**)

#EM3
East Midlands Emergency Medicine Educational Media

5-year-old child.

**General malaise, anorexia,
headache, low-grade fever,
mild upper respiratory
symptoms, rash over trunk.**

Maculopapular pink
confluent rash over trunk,
petechiae on soft palate,
postauricular, suboccipital
and posterior cervical
lymph nodes enlarged.



‘Cards Against Paediatric Dermatology’ by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards **(version 1.0)**

#EM3
East Midlands Emergency Medicine Educational Media

Rubella

'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards (**version 1.0**)

#EM3
East Midlands Emergency Medicine Educational Media

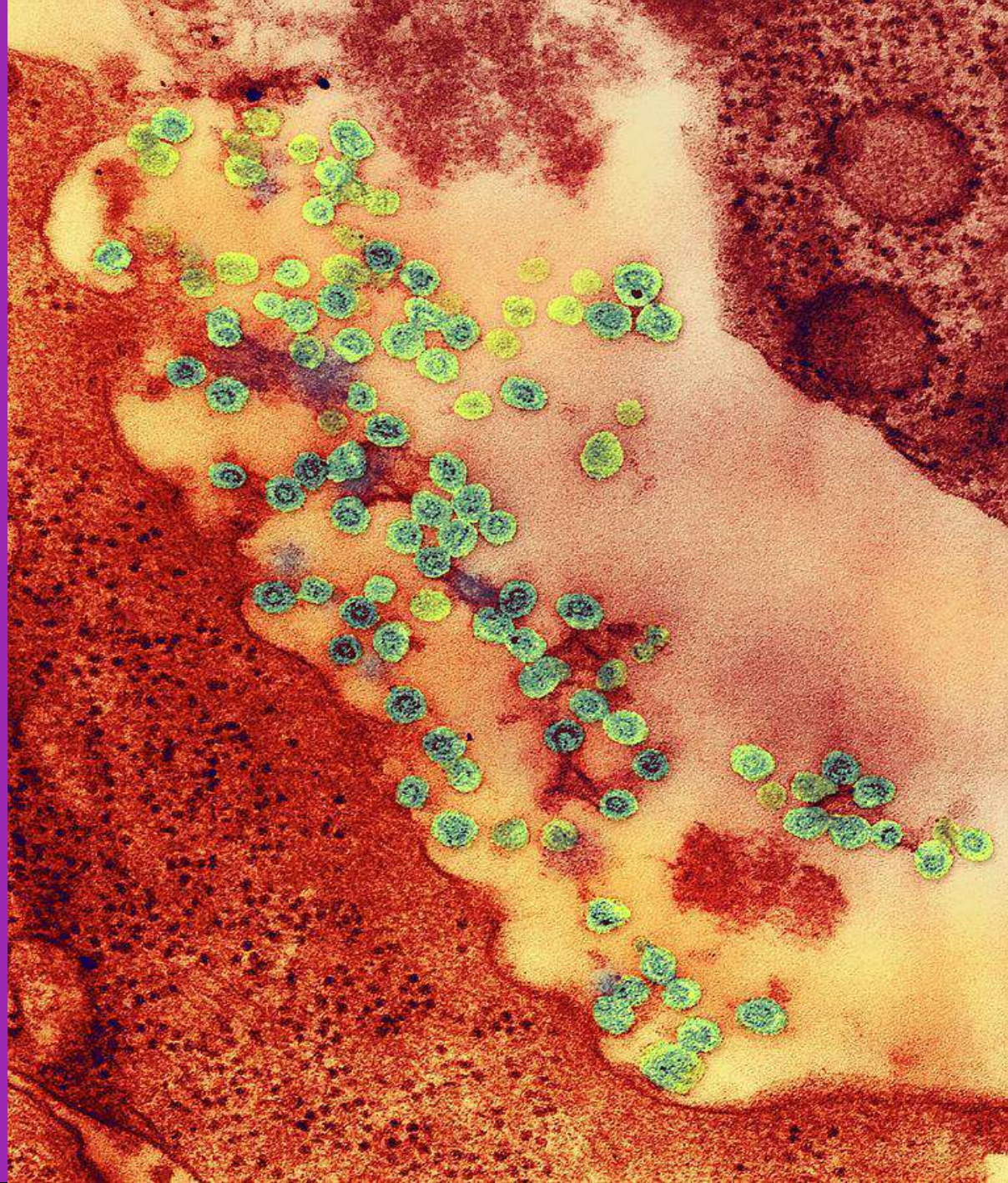
Symptomatic relief of symptoms.

Encourage fluids.

Avoid spread and contact with unimmunized young children.

Red flag advice.

Rubella virus



'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards **(version 1.0)**

#EM3
East Midlands Emergency Medicine Educational Media

4-year-old child.

**Otherwise well, but with
blistering to the lips.**

Well child.

Cluster of 1-2 mm vesicles
some with yellow crusting
in the corner of the lower
lip.



'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards **(version 1.0)**

#EM3
East Midlands Emergency Medicine Educational Media

Herpes Simplex

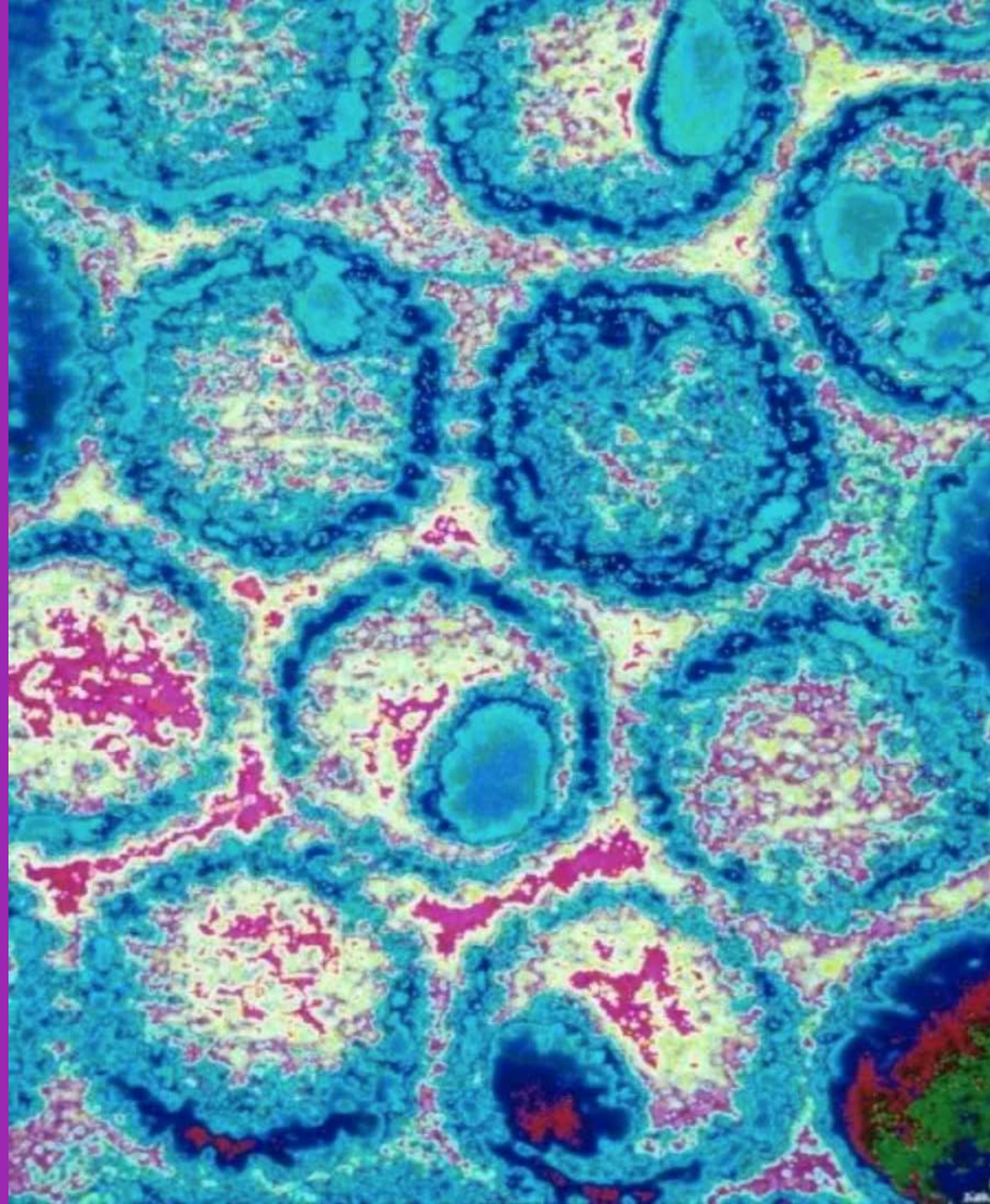
'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards (**version 1.0**)

#EM3
East Midlands Emergency Medicine Educational Media

Self-resolving but can reoccur at any time during a lifetime.

In some severe cases of recurrence antivirals can be taken at the prodromal phase.

Herpes Simplex virus (Type 1)



1-year-old child.

**Fever, malaise, irritable,
sore skin, red broken skin
all over.**

Unwell, feverish &
irritable child. “Punched
out” lesions to the face
neck and trunk with
crusting.



'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards (**version 1.0**)

#EM3
East Midlands Emergency Medicine Educational Media

Eczema Herpeticum

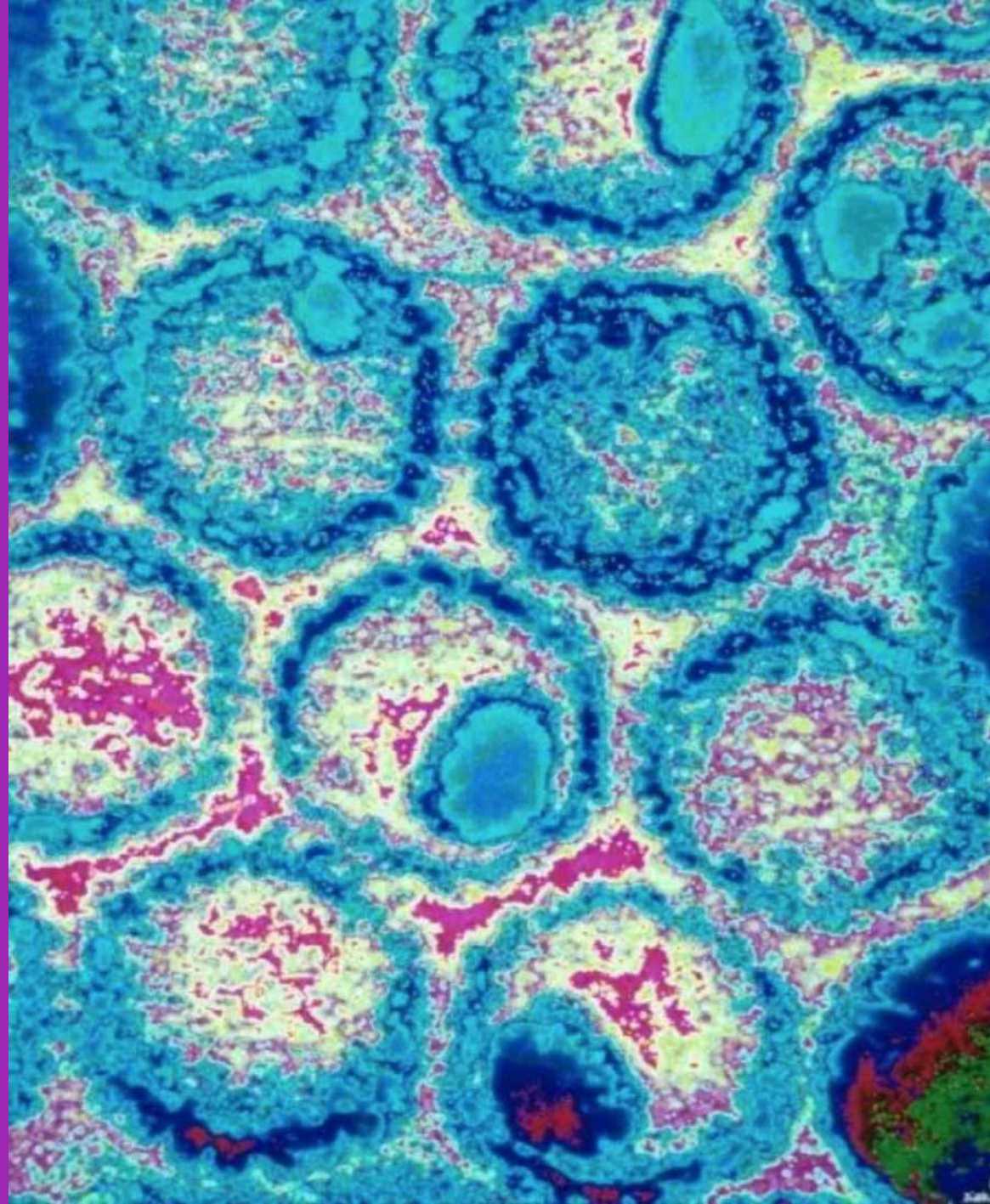
'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards (**version 1.0**)

#EM3
East Midlands Emergency Medicine Educational Media

**Admission for IV Aciclovir,
antibiotics and fluids in
severe cases.**

**Less unwell children may
self-resolve in 2-4 weeks.**

Herpes Simplex virus (Type 1)



10-year-old child that is well.

**Itchy patches on scalp
some hair loss.**

**Tried several creams from
GP but getting worse.**

Scaly, dry, flaky circular patches to scalp.

Some hair loss over these patches.



'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards **(version 1.0)**

#EM3
East Midlands Emergency Medicine Educational Media

Tinea Capitis

'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards (**version 1.0**)

#EM3
East Midlands Emergency Medicine Educational Media

New hair brushes and combs (*not to share these whilst infected*).

Antifungal shampoo can be used for 4-6 weeks.

Consider Dermatology.

Skin scrapings.

Dermatophyte fungus



13-month-old child.

Systemically well.

**Redness to the upper
thigh following
immunisations 2 days ago.**

Large 6 cm erythematous circular lesion with puncture wound to the centre, hot to touch and tender to examine.

Lymphadenopathy in the groin.



'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards **(version 1.0)**

#EM3
East Midlands Emergency Medicine Educational Media

Cellulitis

'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards (**version 1.0**)

#EM3
East Midlands Emergency Medicine Educational Media

Wound/skin swab to isolate pathogen.

Mild cases in well child: treat with oral antibiotics.

Severe cases in the unwell child: needs admission for Intravenous antibiotics.

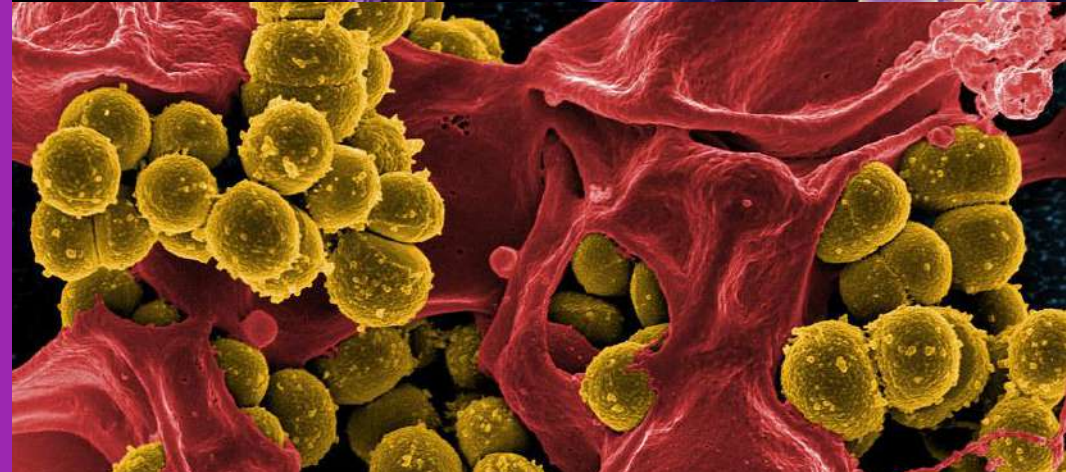
Common Pathogens:

Group A Beta-Haemolytic streptococcus.

Streptococcus pneumoniae.

Staphylococcus aureus.

Methicillin-resistant staphylococcus aureus (MRSA).



4-year-old child.

**Complains of headache
and legs hurting.**

**Generally unwell with fever,
red rash to trunk, arms and
legs.**

Miserable, feverish, child.

Pinkish/red

maculopapular rash to

the cheeks, lacy rash on

torso and extremities.



'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards **(version 1.0)**

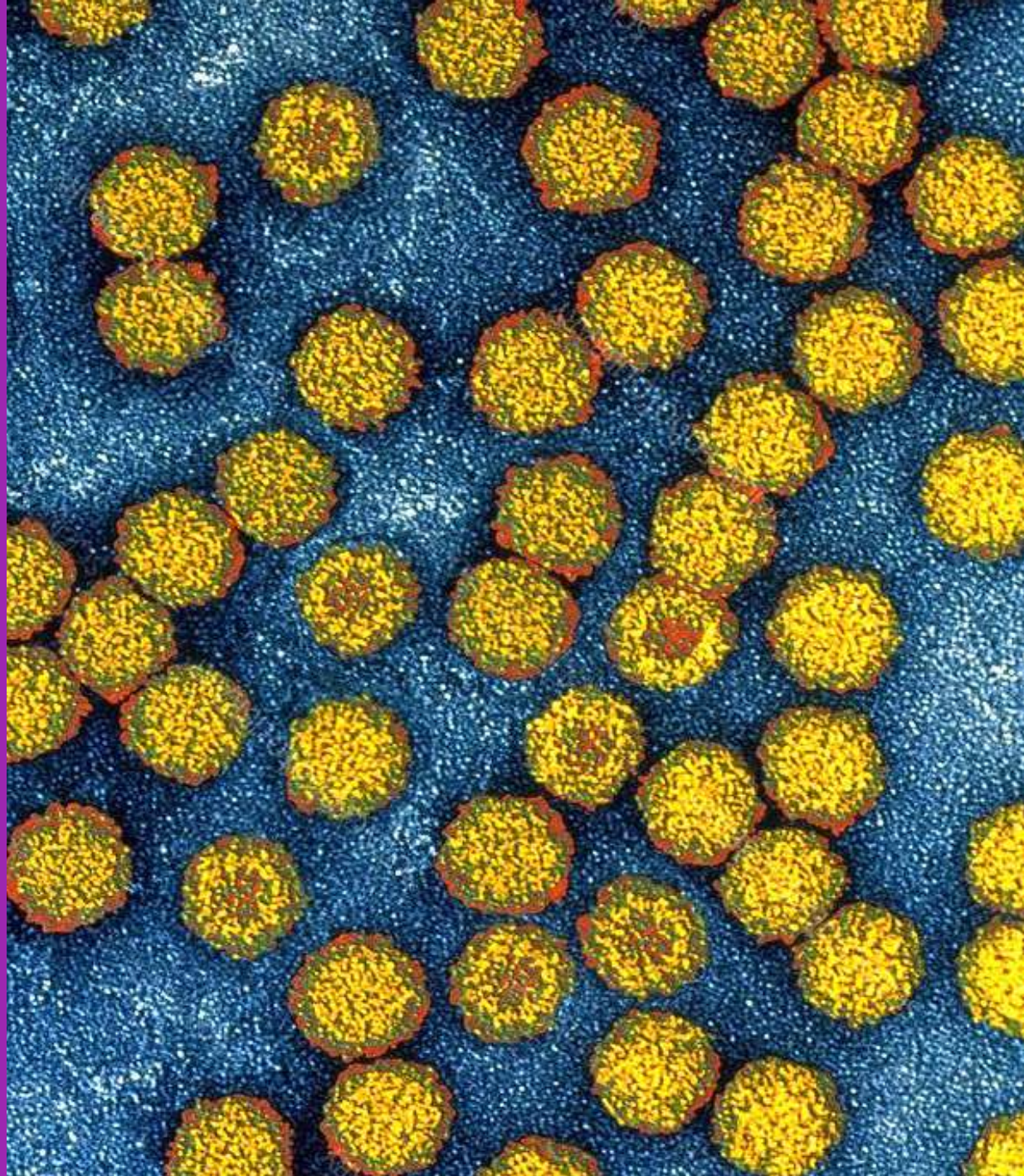
#EM3
East Midlands Emergency Medicine Educational Media

Erythema Infectiosum

(slapped cheek,
5th disease)

Self-resolving over a couple of weeks.

Human Parvovirus B19



‘Cards Against Paediatric Dermatology’ by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards (**version 1.0**)

#EM3
East Midlands Emergency Medicine Educational Media

10-year-old child.

Otherwise well.

One patch a week ago
and has now spread over
the neck and chest.

Herald patch 1-10 cm, also
widespread smaller plaque
lesions following a christmas
tree distribution, trunk out
to arms legs, face and head.



'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards **(version 1.0)**

#EM3
East Midlands Emergency Medicine Educational Media

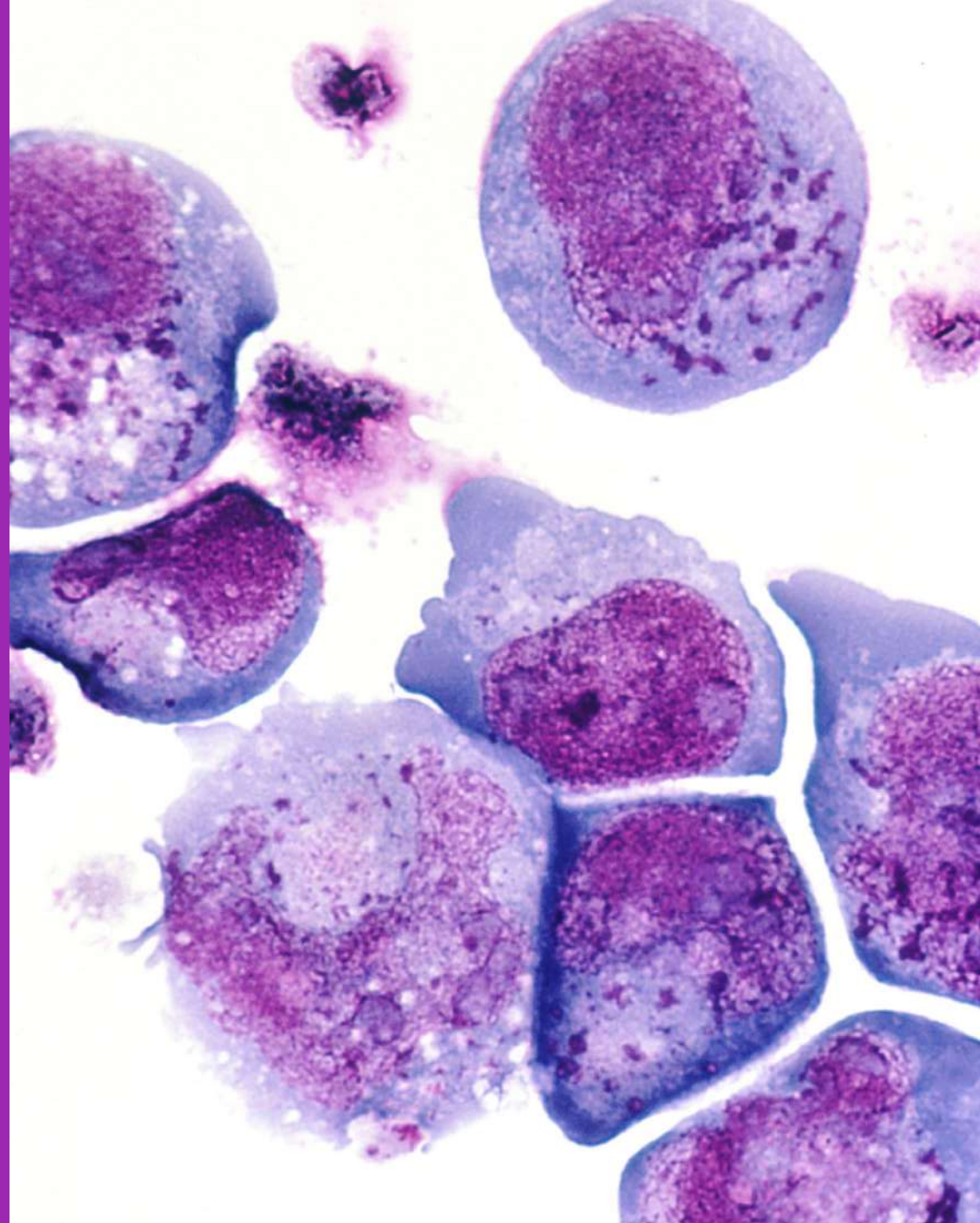
Pityriasis Rosea

'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards **(version 1.0)**

#EM3
East Midlands Emergency Medicine Educational Media

Asymptomatic and self-resolving in 6-14 weeks.

Human- Herpesvirus 6 and 7



6-year-old male.

Unwell for 8 days.

Fever, red eyes, sore lips, not eating and drinking, red rash to body, sore hands and feet.

Miserable, feverish child difficult to settle, red infected conjunctiva, cracked dry lips, polymorphous rash to whole of the body.

Edema and desquamation of hands and feet, cervical lymphadenopathy.



'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards **(version 1.0)**

#EM3
East Midlands Emergency Medicine Educational Media

Kawasaki Disease

'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards (**version 1.0**)

#EM3
East Midlands Emergency Medicine Educational Media

Admission.

Targeted for prevention of cardiovascular complications, including:

- high dose aspirins**
- intravenous immunoglobulins**

No known
pathogen.

14-year-old child.

**Initial fever although now
improving. Sore throat.**

Swollen glands.

Tired ++ - 1 week.

Not attending school.

The child is quiet.

Interacting but can't be
bothered.

Observations within normal.

No rashes.



'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards (**version 1.0**)

#EM3
East Midlands Emergency Medicine Educational Media

Infectious Mononucleosis

'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards (**version 1.0**)

#EM3
East Midlands Emergency Medicine Educational Media

Conservative management.

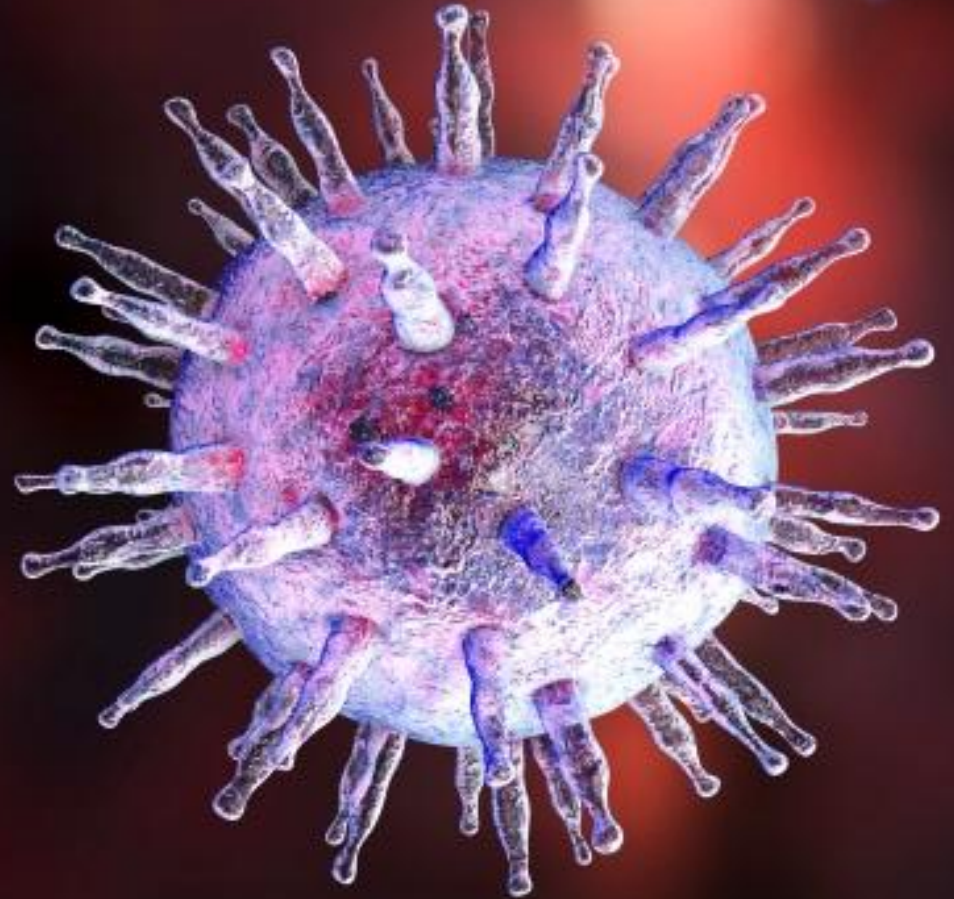
Analgesia.

Oral fluids.

Rest, gradually increasing activity levels.

Should improve within 2-3 weeks but may remain tired for several months.

Epstein- Barr virus (EBV)



4-year-old at a party.

**Ate something that may
have contained nuts.**

**Within 15 mins developed
a rash to the chest.**

Normal observations.

No difficulty in breathing.

No lip swelling.

**Erythematous patches with
raised wheals over trunk/limbs.**

Itchy +++



'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards **(version 1.0)**

#EM3
East Midlands Emergency Medicine Educational Media

Allergy

'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards (**version 1.0**)

#EM3
East Midlands Emergency Medicine Educational Media

Weight.

Antihistamine.

Stop known allergen.

***(consider Allergy referral
depending on local guidance)***

IgE-mediated reaction



'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards **(version 1.0)**

#EM3
East Midlands Emergency Medicine Educational Media

2-year old child.

**Unwell for previous 2 days
with fever. Rash all over
and mouth is sore.**

999 ?allergic reaction.

**Abrupt onset of symmetrical
red papules that have evolved
into Target lesions.**

**Some skin lesions darker in
colour.**

Shallow oral lesions.



‘Cards Against Paediatric Dermatology’ by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards **(version 1.0)**

#EM3
East Midlands Emergency Medicine Educational Media

Erythema Multiforme

'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards (**version 1.0**)

#EM3
East Midlands Emergency Medicine Educational Media

Management: Symptomatic.

Antihistamine. Analgesia.

Antivirals.

If there is no obvious specific cause, safety-netting for the illness is most important.

Oral lesion: ENT review.

No known
pathogen.

4-month-old child.

Recent cold. Now reduced feeding. Miserable & irritable, particularly on handling.

Rash to trunk: noted this morning.

Skin may initially feel like sandpaper, becoming more red and wrinkled.

Epidermis may detach from underlying layers resulting in loose blisters and shallow erosions.



'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards (**version 1.0**)

#EM3
East Midlands Emergency Medicine Educational Media

Staphylococcal Scalded Skin Syndrome

'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards (**version 1.0**)

#EM3
East Midlands Emergency Medicine Educational Media

Bloods including cultures.

Intravenous antibiotics and fluids.

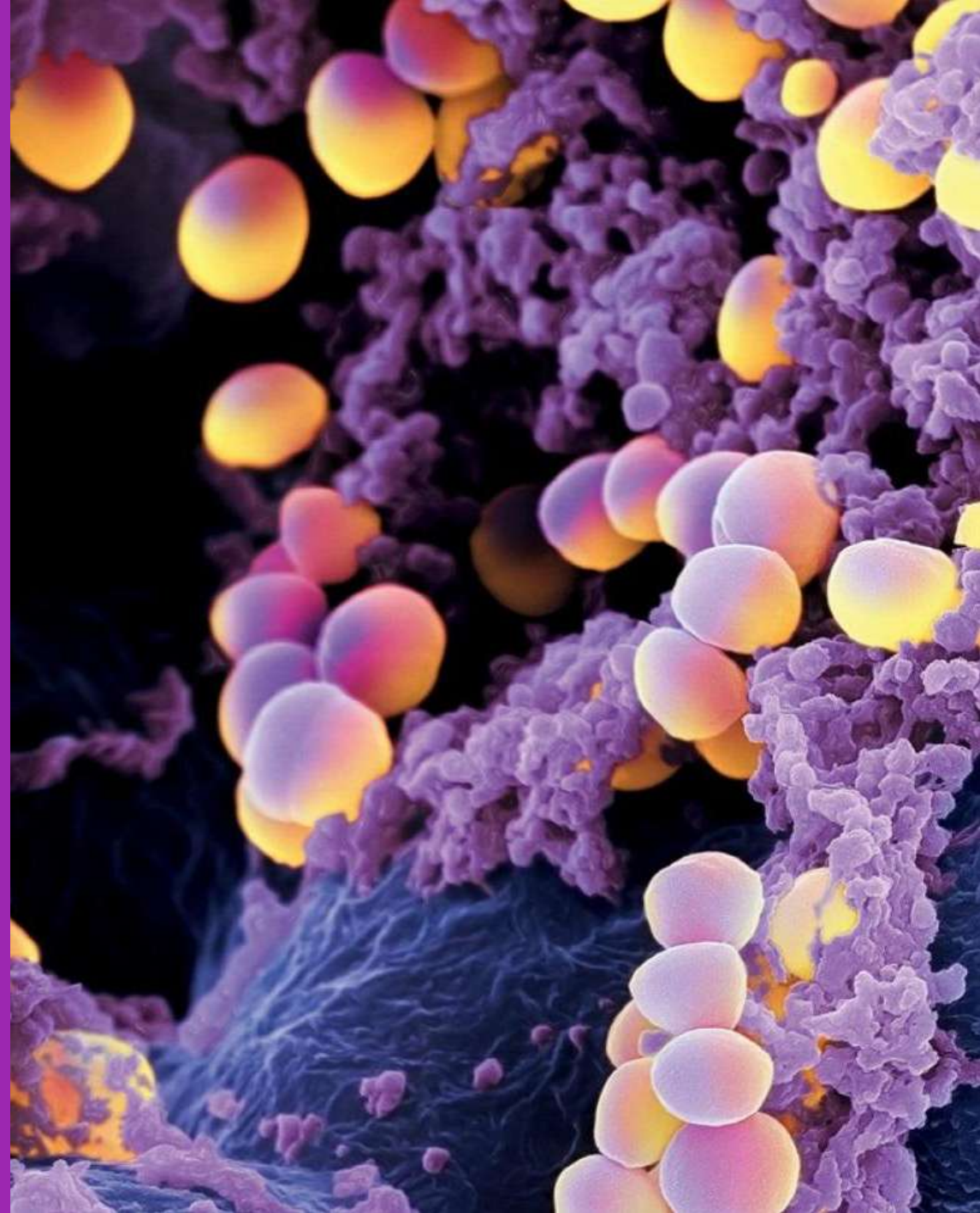
Lubricating ointment.

Minimal handling to reduce friction.

Dermatological review will be helpful.

Analgesia.

**Staphylococcal
infection that
produces
epidermolytic
toxins A and B.**



6-year-old child.

Fever, with a headache.

**They also have a sore
throat and are not
drinking.**

More than 2 mucosal surfaces involved:

- **Hemorrhagic crusts to lips**
- **Severe oral mucosal necrosis**

Eyes: conjunctival redness



'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards **(version 1.0)**

#EM3
East Midlands Emergency Medicine Educational Media

Stevens- Johnson Syndrome

'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards (**version 1.0**)

#EM3
East Midlands Emergency Medicine Educational Media

Discontinue offending drug.

Will likely need intravenous fluids and steroids.

Will possibly need intensive care, a Burns and Plastics review and Dermatological input.

No known
pathogen.

6-month-old child who has been unwell for the past few days.

They have a spreading rash: initially just the face and slowly progressing to the trunk.

Fever of 38.6°C

Known to have eczema.

Several large bullae over trunk and face.

Central moist crust or form.

Shallow erosions with a thin remnant of blisters now popped.



'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards **(version 1.0)**

#EM3
East Midlands Emergency Medicine Educational Media

Bullous Impetigo

'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards **(version 1.0)**

#EM3
East Midlands Emergency Medicine Educational Media

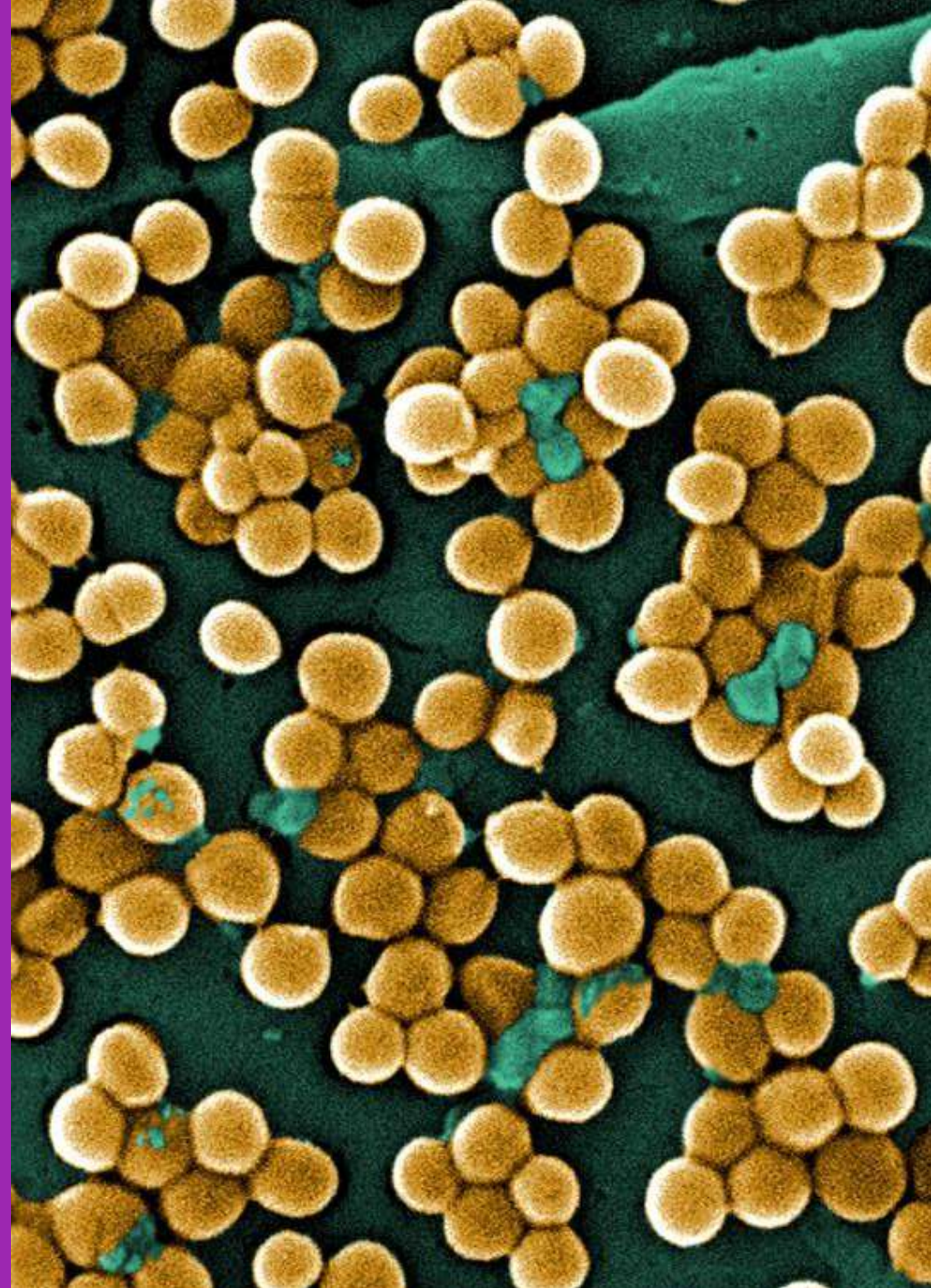
IV Antibiotics.

Analgesia.

**Dermatology review
as needed.**

Eczema creams.

Staphylococcus aureus



2-year-old child.

Dribbling ++ with dummy.

**Lesion to chin not
improving.**

Keeps picking at it.

Red sore with golden
crusts.

Further red lesions
spreading – looks the
same.



'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards **(version 1.0)**

#EM3
East Midlands Emergency Medicine Educational Media

Impetigo

'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards (**version 1.0**)

#EM3
East Midlands Emergency Medicine Educational Media

Antibiotic cream +/- oral antibiotics.

Advice to stop scratching as will spread.

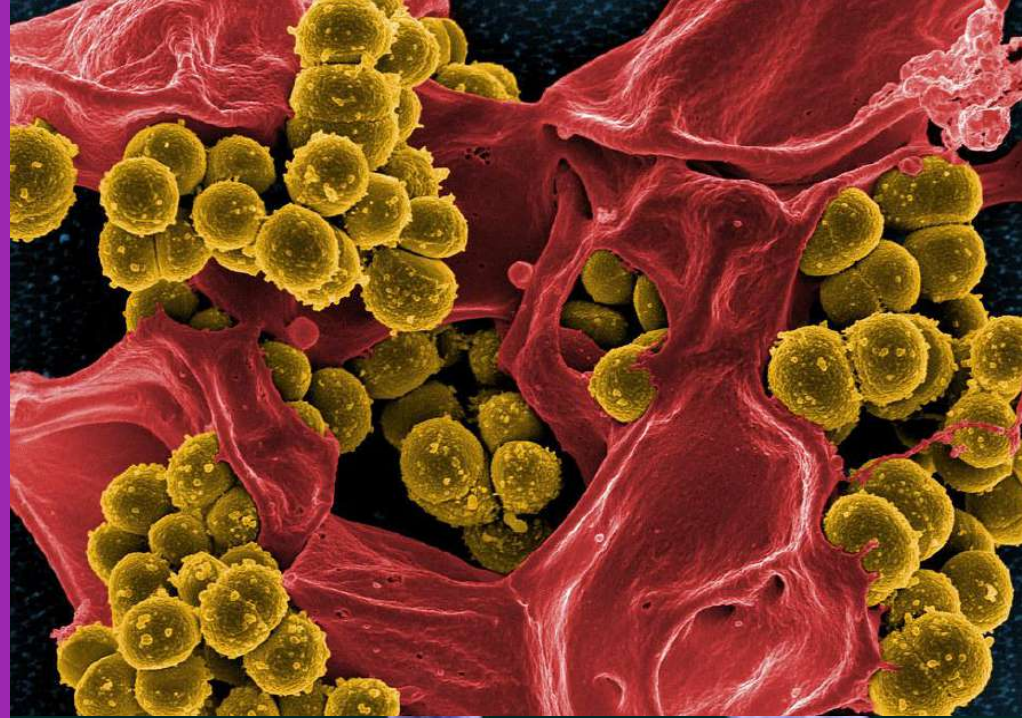
Good hand hygiene and importance of washing hands to minimise spread.

Analgesia if needed.

No school/nursery 48 hrs post starting treatment.

**Staphylococcus
aureus.**

**Streptococcus
pyogenes.**



2-year-old child.

Goes to nursery.

Rash to hands and feet.

Eating and drinking as normal.

No fever but a little grumpy!

Small vesicles on the
face around the mouth,
ulcers inside the
mouth and on the
hands and feet.



'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards **(version 1.0)**

#EM3
East Midlands Emergency Medicine Educational Media

Hand, Foot & Mouth Disease

'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards (**version 1.0**)

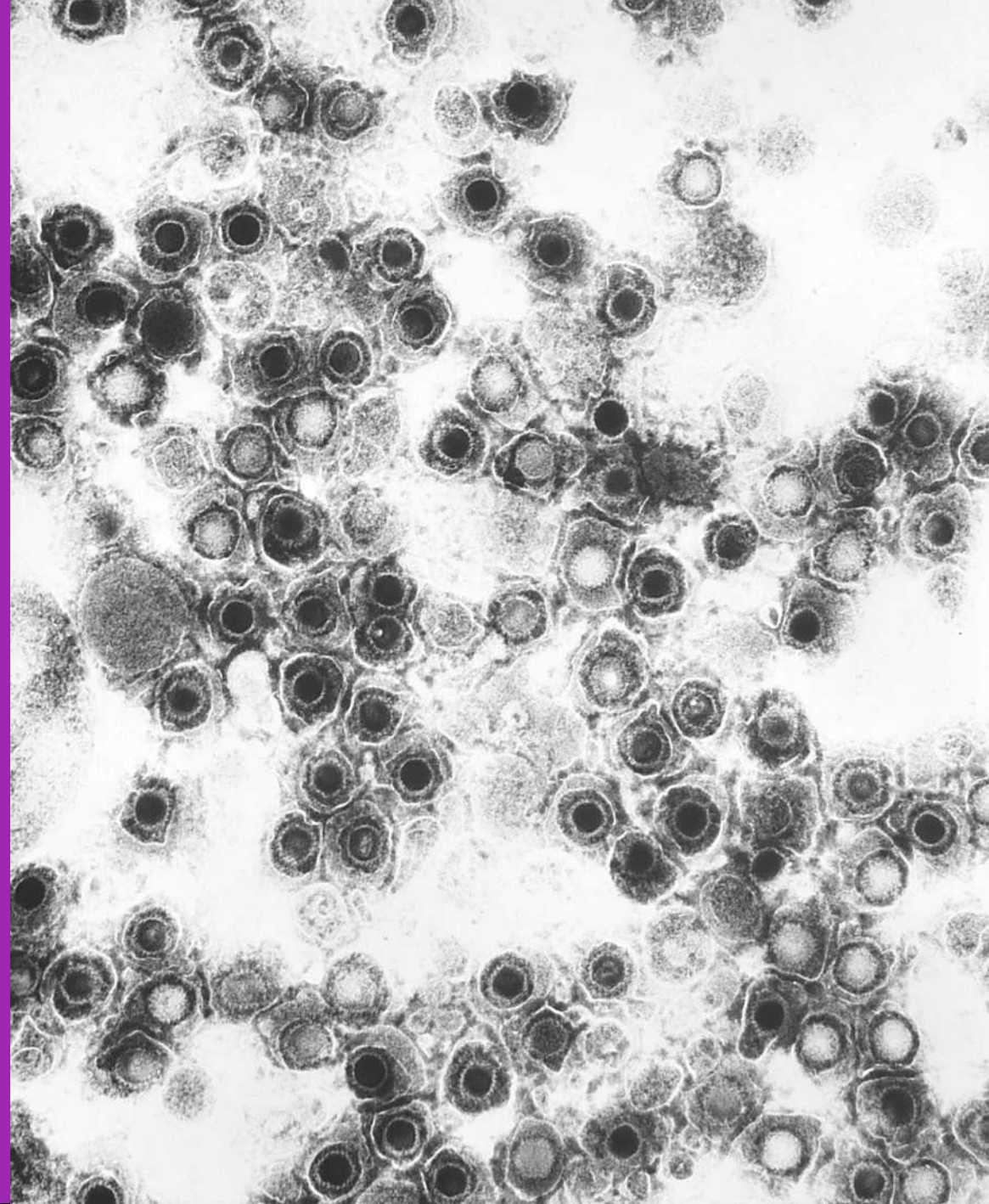
#EM3
East Midlands Emergency Medicine Educational Media

Treat symptomatically.

Analgesia as required

for oral lesion pain.

Coxsackie -virus A16



**Recent illness with
fever, now resolved.**

**Rash to legs not
disappearing.**

Purpuric rash to legs and
buttocks.

Joint swelling with pain
to ankles.

No fever.



'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards **(version 1.0)**

#EM3
East Midlands Emergency Medicine Educational Media

Henoch- Schönlein Purpura

'Cards Against Paediatric Dermatology' by Vickie Wells,
Emma Buxton, Damian Roland & Sarah Edwards (**version 1.0**)

#EM3
East Midlands Emergency Medicine Educational Media

Analgesia: swollen/painful joints.

Refer to Paediatrics, especially if there is protein in the urine.

Consider a Surgical review if abdominal pain is a concern.

Blood pressure measurement.

No known
pathogen.