

little

life's a kid



SPECIAL DUO COVER

KNOCKOUT EDITION

INSIDE THE
FAMILY LIFE OF SINGAPORE'S
FOOTBALL LEGEND
FANDI AHMAD

A GUIDE TO
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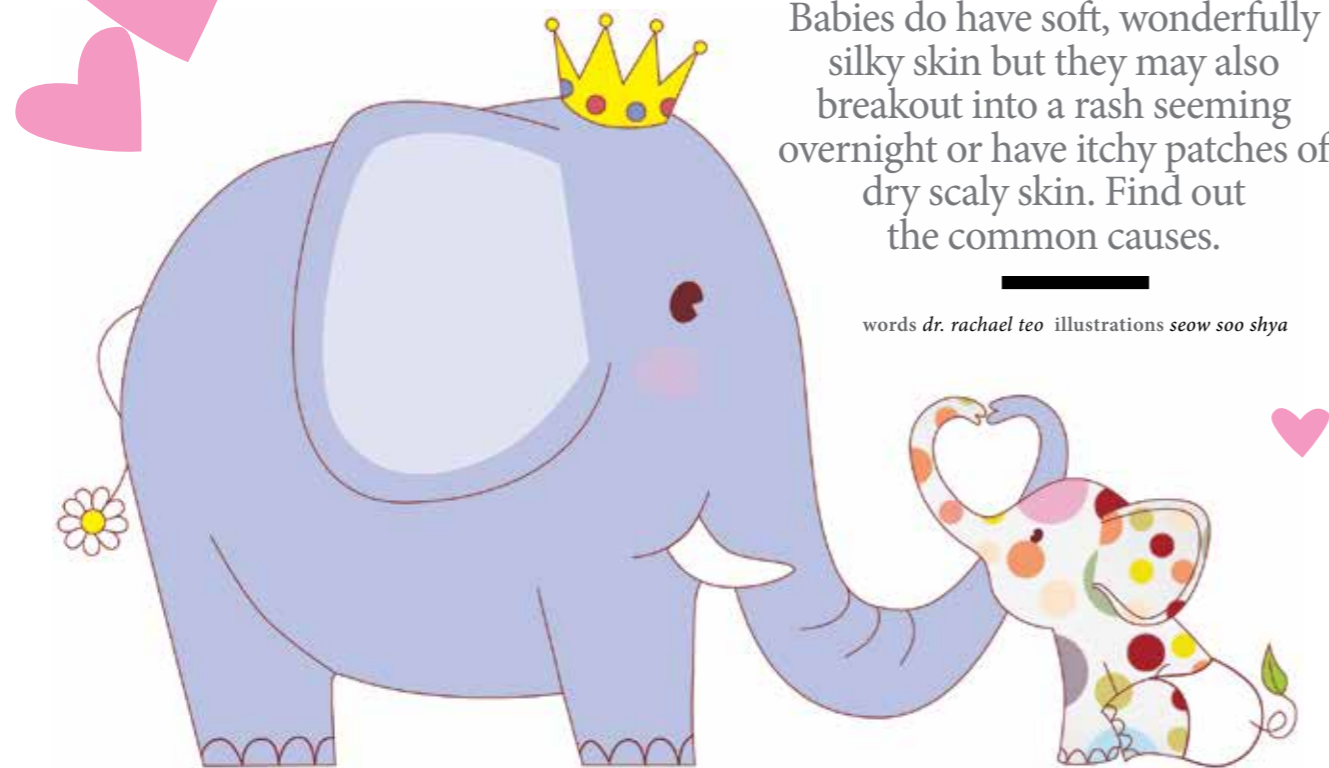
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Itchy & Scratchy



Babies do have soft, wonderfully silky skin but they may also breakout into a rash seeming overnight or have itchy patches of dry scaly skin. Find out the common causes.

words dr. rachael teo illustrations seow soo shya

Patients often remark that they would like to have their skin “as smooth as baby’s bottom”. However, this is not always true in the case of skin rashes. Babies do have soft, wonderfully silky skin but they may also breakout into a rash seeming overnight or have itchy patches of dry scaly skin.

Diaper Rash

Diaper rash is very common in babies and toddlers, and is most definitely not a sign of poor parenting. It appears as red, inflamed skin in the diaper area and may have small red bumps. It may be mild with just a small surface area affected, or severe with intense redness and areas of broken skin.

The child is usually irritable and fretful when the diaper area is cleaned. Often, more than one factor may contribute to its occurrence.

► Irritation

When the buttock skin remains in contact with moisture, urine or stools, enzymes in the stools may irritate the baby’s delicate skin. The release of ammonia from urine may interact with the stool enzymes causing them to be more active.

“The best treatment for diaper rash is prevention.”

Occlusion from prolonged diaper wearing causes moisture to be trapped inside and makes the skin more vulnerable to irritation. One key feature of this cause of diaper rash is that the redness tends to affect only the areas in contact with urine or stools, sparing the skin folds. Diaper rash may rapidly worsen during bouts of diarrhea.

► Skin Infection

The moist environment of the diaper area encourages the growth common skin bacteria and yeast. Bacterial infection usually appears as superficial blisters on the skin with yellowish crusts, whereas yeast infection appears as red patches with surrounding smaller “satellite” red dots or pustules. Yeast infection is often found in the skin creases such as the groin fold or anal region.

Metabolic and nutritional

deficiencies, immunodeficiency states and even malignancies are very rare causes of diaper rash. Fortunately, these are very uncommon.

Better Safe Than Sorry

The best treatment for diaper rash is prevention.

Change the child’s diaper frequently throughout the day and immediately after bowel motion, even if it means getting him up at night. Clean the diaper area by rinsing with water or dabbing the area gently with a cotton ball.

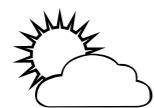
Minimise the use of wet wipes (unless you are out) as they may contain fragrances or alcohol that irritate the skin. Pat the skin gently dry before applying any diaper creams. Barrier creams such as petroleum jelly or those containing zinc oxide are easily available in pharmacies.

If diaper rash has already set in, consider allowing the child to go diaper-free for a few hours (with a plastic sheet on the mattress) to allow the diaper area to dry thoroughly.

Consult a doctor if the rash looks infected (pus, broken skin or blisters) or if the rash

HOME CARE TIPS

If your toddler has eczema, follow these recommendations to take care of your child.



KEEP COOL

The weather may be hot and humid, but your tyke has to feel relaxed and cool at all times. Dress them in loose fitting cotton clothing.



CLEAN & MOIST

After swimming or play, shower your tot gently with lukewarm water. Before towel drying him dry, apply moisturiser while his skin is still damp.



GO FRAGRANCE FREE

Use a mild, fragrance-free cleanser that goes easy on the skin. Avoid harsh soaps, anti-septic soaps and bubble baths.

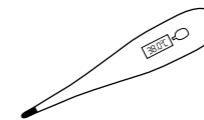


EARLY TREATMENT

Once Junior shows early symptoms of eczema, seek treatment immediately. Otherwise, eczema is harder to treat when it has become more severe.

WARNING SIGNS

Most skin conditions in toddlers and young children are short-lived and may even clear up on their own. However, do consult a dermatologist if:



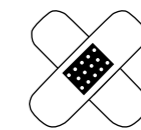
IF YOUR CHILD APPEARS TO BE UNWELL

If he has a fever, depending on the type of rash, he may have a disease that causes rashes.



RASH DOESN'T GO AWAY

The rash does not clear up on its own after a few days, and you are unsure of the diagnosis.



YOUR CHILD IS IN PAIN

Your child develops symptoms such as blisters, broken skin or appears to be in pain.



YOU WANT TO BE SURE

An accurate diagnosis is the first step to effective treatment for your toddler’s skin woes.



doesn't go away after two to three days of home treatment. The doctor may prescribe an antibiotic or a prescription cream for your child.

Hives

Urticaria (or hives) is a common childhood skin problem and affects two to three percent of otherwise healthy kids. They appear as red, warm, extremely itchy, raised bumps on the skin known as wheals.

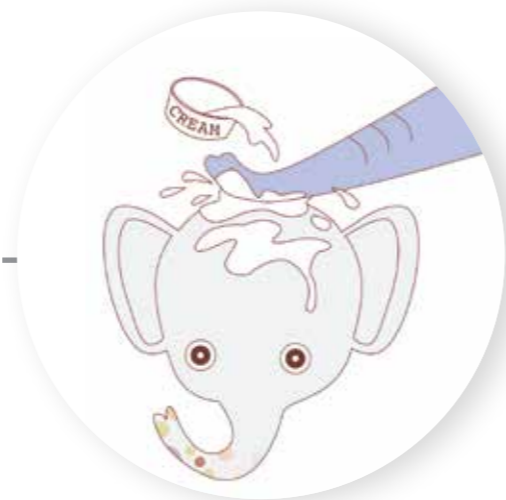
Each wheal lasts from a few minutes to several hours and varies in size from a small coin-size to large patches of several centimetres. Hives may appear quickly over several minutes and can be alarming.

The good news is, in kids, hives are mostly short-lived and last only for a few weeks. The commonest trigger of hives in children is infections such as the common cold. Foods, such as peanut, egg white and milk, medications, and insect bites may also cause hives in children. In some cases, it is not possible to definitively identify the triggering factor.

Simple hives are harmless if they are the only symptom your child is having. A more severe form of hives is known as angioedema and causes swelling of the deeper tissues. This may cause difficulty breathing or swallowing and is a medical emergency.

In most cases, especially if the hives are short-lived, no tests are necessary. An allergy test may be recommended. Hives that persist for longer than six weeks are considered long-term or chronic but are uncommon in toddlers.

In chronic hives, allergies are unlikely to be the cause. Often, a specific cause cannot be found after



investigations. Certain types of anti-histamines are used to treat hives.

Impetigo

This is a contagious skin infection caused by a type of bacteria, and is commonest in kids aged two to five years. They appear as red areas of broken skin or erosions, frequently on the face or diaper area.

Sometimes, fluid-filled blisters may form which burst to form yellow honey-coloured crusts. It is contagious and the child should be kept away from school till the sores dry up.

The mainstay of treatment is with antibiotics. If the infection is very mild, an antibiotic cream may suffice. However, for more severe cases, the doctor will prescribe an antibiotic medication taken by mouth for one to two weeks.

Molluscum Contagiosum

This is a common, harmless skin infection caused by a virus. It is contagious and is spread by skin-to-skin contact or by touching contaminated objects. Children often catch the virus when they play with, touch or hug an infected child.

Molluscum appear as firm raised small skin coloured bumps on any part of the skin, and they tend to appear in clusters. They may have a central depression with a little "plug". Molluscum are harmless and may be left to self-resolve on their own after six to 12 months.

Treatment options if required include prescription creams such as tretinoin or imiquimod. (Imiquimod is not



licensed for use in molluscum but works well in my personal experience.) Other options include gentle cryosurgery, pricking and expressing the contents and electrocautery.

Atopic Eczema

Atopic eczema is a common inflammatory skin condition affecting about 20% of Singaporean children at some point in their lives. It causes red, itchy, scaly patches to appear on different parts of the skin.

The cause of atopic eczema is multifactorial and is still not completely understood, even by experts. Inherent factors such as a genetic predisposition, an abnormality in a gene called filaggrin and defects in the skin barrier are some important factors in the development of atopic eczema.

External or environmental factors also play a role, and these include heat, dust, contact with irritants, such as harsh soaps and detergents, and contact with certain materials like wool. Being sick with the common cold or infection on the skin may also cause a flare up of eczema.

In general, food allergy is the main cause of atopic eczema, although research is still ongoing. Unless food allergy is proven, I would not advise food avoidance to parents, as this may result in the child not receiving enough nutrients from certain food groups.

Atopic eczema causes the skin to look red, scaly and dry and is itchy. In babies, it often starts on the face but in later childhood, typically affects the neck, elbow and knee fold areas. Itch can have a big impact on the child's sleep and may affect his daytime activities such as school.

“Atopic eczema affects about 20% of Singaporean children at some point in their lives.”



Thus, it is important to get the skin condition diagnosed and treated effectively.

Having an experienced dermatologist examine your child is usually sufficient to make the diagnosis of atopic eczema, and usually no investigations are needed. Occasionally if a food allergy is suspected, or the child's eczema is poorly controlled, the dermatologist may advise you to do an allergy test.

Although atopic eczema is a long-standing condition that waxes and wanes, most of my patients lead a full life with no particular restriction on activities such as sport and swimming. Certain measures such as application of a moisturiser before entering the pool and a shower soon after, may be useful in preventing a flare up of the eczema.

Recommended treatment involves the use topical anti-inflammatory medications and regular application of moisturisers. Wet dressings may be used to enhance the efficacy of topical treatments.

Treatment has to be closely supervised by a dermatologist, so as to reduce the risk of unwanted side effects like skin atrophy (or thinning). Avoidance of harsh soaps and the use of a soap substitute or bath oil is also recommended.

If the eczema becomes weepy, wet or infected, oral or topical antibiotics may be added. For very severe cases in older children, phototherapy may be useful to control the skin inflammation. Very rarely, stronger medications such as cyclosporine or azathioprine may be indicated. **17**

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