Common Rashes

A rash means some change has affected the skin. It is generally a minor problem and may be part of an illness that will go away on its own. Rashes may be caused by contact with a substance outside the body like poison ivy (contact dermatitis), or by illnesses such as roseola or strep throat.

Viral rashes covering the whole body are more common in babies and young children than in adults. A viral rash may occur if a child has a cold, a cough, or diarrhea, or is in day care around frequently ill children. Most rashes caused by viruses are not serious and usually self-resolve in a few days. Home care is often all that is needed.

After a child has had a rash caused by a virus, their bodies generally build immunity to that virus. This immunity may protect the child from getting that specific viral illness and rash again.

RASH TERMINOLOGY

The words we use to describe a rash are below. This will also help you more accurately describe a rash when calling the doctor’s office.

- **Raised** – you can feel bumps/dots when you rub fingers over the rash. (heat rash/roseola/molluscum)
- **Flat** – area is flush with the skin and cannot be felt. (Sun rash/eczema)
- **Lacy** – flat and mottled. (Hand, foot and mouth disease/ Fifth’s disease)
- **Pustule** – a pus-filled blister. (chicken pox/ acne/poison ivy)
- **Welt** – is a raised, red and part skin-colored area. It can be small or large. (hives/allergic reactions)
- **Blotches** – like a welt, but flat, and usually not a uniform color – part are red and parts are flesh toned. (allergic reactions)
- **Crusty/Scaly**– usually starts as a blister. (Chicken pox, Impetigo, Ringworm)

Other valuable information for the doctor’s office includes: Is/was there a fever? Rash how many days? Is it itchy? Is it spreading? Does it blanch? (Turns white when pressed and then red again), what color is it? (Pink, red, purple).

Children are constantly exposed to illness and irritants that can cause rashes. Below is a list to help you recognize the most common childhood rashes and how to treat them, or help you decide if a rash is concerning and requires a visit to your doctor.

RASHES ARE RARELY URGENT, AND ALMOST NEVER REQUIRE IMMEDIATE ATTENTION FROM YOUR DOCTOR.

In fact, there is basically only one rash that requires immediate medical evaluation – this is a rash called petechiae (or purpura), which involves ruptured blood vessels under the skin. Petechiae appear as tiny, red or purple, pinpoint, flat spots. They look as if someone used a purple or dark red fine-tip ink pen to put little dots on the skin. Purpura are large, flat, purple blotches. **This type of rash does not blanch when you press on it.** Many other kinds of spots, when pressed, will turn white or skin colored for 1 or 2 seconds and then turns red again. Petechiae/purpura will stay red or purple. Children with petechiae/purpura rashes generally look quite ill.

There is one situation where petechiae are not urgent. If your child has a severe cough or is forcefully vomiting, the pressure in the head can cause little blood vessels under the skin of the face and neck to rupture and form petechiae. **THESE PETECHIAE ARE OK.** They are nothing to worry about provided your child otherwise looks well and has no fever.

PETECHIAE FOUND ANYWHERE ELSE ON THE BODY BESIDES THE FACE AND NECK COULD BE A SIGN OF A BLEEDING PROBLEM OR A SERIOUS INFECTION. IF YOU SUSPECT THIS RASH YOU SHOULD SEE THE DOCTOR IMMEDIATELY- EVALUATED IN OUR OFFICE/URGENT CARE OR LOCAL HOSPITAL EMERGENCY ROOM.
**Chicken Pox** – or sores, can appear suddenly and spread rapidly. They are most common on the trunk, but can be on the extremities, they are rarely on the face. One distinctive characteristic of chickenpox is that a sore may come and go over a period of a few minutes or last as long as a few hours. The sores can be small, large, round or irregularly shaped, single or clustered together and over-lapping. Chickenpox usually itch, but not always. Chickenpox is caused by an allergic reaction to a variety of things including foods, medications, soap, detergent, clothing material, grass, etc. Children can also get chickenpox during a normal illness such as a cold or fever. **Because this is an allergic reaction, you need to observe your child for other signs of a severe allergic reaction such as throat tightness, wheezing, breathing difficulty, or persistent vomiting.** Contact your doctor if this occurs. Treatment: Oral Benadryl and topical hydrocortisone cream. Do not use Benadryl cream or Caladryl.

**Eczema** – Eczema is a condition caused by two factors: a genetic tendency toward dry, irritated skin; and skin allergies to a variety of irritants and foods. Eczema has two different appearances. When this rash is mild it looks like flat, dry, white patches. During flare-ups it appears as red, irritated, raised patches. This rash characteristically occurs on the inner elbows and behind the knees in infants and young children. In older children it usually affects the front of the knees and outside of elbows. In can also appear on the trunk, face, hands and feet. Your child can have as little as one patch, or dozens. Eczema can either be a short-lived temporary reaction to something in your child's environment or it can be a chronic condition lasting for years. The standard treatment is hydrocortisone cream 1%, OTC over-the-counter moisturizer creams like Cerave, Restoraderm and Egyptian Magic are sometimes helpful. Baking soda soaks.

**Viral illness** – the most common rash that appears suddenly on your child is rash due to a variety of viruses. Some viruses can be easily identified, like chickenpox, fifth disease, and roseola. Most viruses, however, do not cause their own specific type of rash as chickenpox does. These generic viral rashes can have many different appearances, such as lacy or pimply, raised or flat, bumps, spots, or blotches, and they often (but not always) start on the trunk, and then spread to the extremities. Most begin after a fever. So, if your child has a fever and is not feeling well, then breaks out in a rash, it is probably viral.

Here is a brief description of some identifiable viral rashes:

- **Chicken Pox** – starts off with a few red spots or bumps, usually in the warmer areas like the arm pit /groin, (often mistaken for insect bites). Low fever is common at the onset. Next, many more bumps will appear and will turn into fluid-filled blisters. New bumps will continue to appear in crops and the original blisters will start to pop and crust over. Usually by days 5-7, no new bumps will appear and most blisters will be crusted over. The fever can last several days. Once the fever is gone and all the blisters are crusted over, your child is no longer contagious. **Treatment:** Oral Benadryl, calamine lotion.

- **Fifth Disease (Erythema Infectiousum)** – this is a very common virus. It starts out with bright red cheeks (looks like your child has been playing outside in the cold), and sometimes there is a fever. They may develop a lacy or pimply rash from the trunk to the extremities. No treatment usually but hydrocortisone cream may ease facial skin irritation.

- **Roseola** – is one of the most common causes of fever and sudden all-over rash in infants and young children ages 6 months to 3 years. It starts out with moderate to higher fever and no other symptoms. After the fever breaks your child develops the rash yet acts completely well. The rash consists of red spots and bumps starting on the upper back and neck, spreading down the trunk and into the extremities. It sometimes has a lacy appearance. Fever reducers if necessary.

- **Coxsackie**: Blister on hands, feet and inside the mouth - is called **hand, foot and mouth disease** and is caused by a virus called coxsackie. Fever reducers if necessary and a mouth wash made up of 1 tsp baby Oragel, 1 tsp children's Benadryl and 1 tsp of liquid Maalox antacid. Use a q-tip to apply some of the solution to the sores in the mouth. **DO NOT GIVE THIS AS A DOSE!! IT IS ONLY DOTTED ON SORES.**

Contagiousness – in general, most viral illness are contagious starting the day before the rash and fever start, and are no longer contagious after the fever has gone for 24 hours (and no Tylenol given to hide the fever), even though the rash will continue. Chicken Pox is the exception

- **Insect bites** – Fleas, mosquitoes, bees, wasps, and spiders. If your child develops red bumps with a visible pinpoint hole in the middle, then it is probably an insect. **Treatment:** Benadryl. For stings, apply a paste of meat tenderizer and water for a few minutes and then apply ice. Calamine lotion.

- **Heat rash** – this appears as tiny red pimples, bumps, or spots. It usually appears on the back of the neck or lower back, but can involve the entire trunk. It occurs due to a mix of sweat, heat and clothing. Treat this by cooling your baby off, airing out the area, or applying a cool washcloth.
• **Contact rash** – there are two types of contact rash.

The first type appears as red, raised bumps or patches, and can have a slight crusty surface. This is generally confined to one or two small areas on the body. It is caused by contact with an irritant such as poison ivy, other plants, cleaners or chemicals. It is treated with over-the-counter hydrocortisone 1%, cream or prescription-strength cream if severe or persistent.

The second type of contact rash is more generalized throughout the body, very similar to the generic viral rashes discussed above. It occurs as fine, red pimples or small spots. It can be caused by a huge variety of irritants such as new clothes, soaps, shampoos, bubble baths, detergents or fabric softeners, suntan or other lotions, bed sheets, grass, swimming pools or anything else that comes into contact with your child's skin. The treatment is to figure out the cause, and use hydrocortisone as above if needed.

Facial rashes – virtually all infants and young children will get a rash around the mouth and cheeks at some point during their childhood. It usually appears as flat patches, or slightly raised patches, with tiny red bumps scattered around the mouth and chin. This type of rash can be cause by drooling, pacifiers, smeared food left too long on the face, or rubbing face against fabric/clothes. This rash may remain for weeks at a time. No treatment is really necessary. If its appearance bothers you, you can apply Aquaphor ointment or hydrocortisone 1% cream twice a day until clear.

• **Impetigo** – this is a bacterial infection in the skin that can occur just about anywhere, but is most common around the mouth and nose. It appears as red, raised bumps or patches with a honey-colored crust on the surface. It is treated with an OTC triple antibiotic ointment or a prescription antibiotic ointment.

• **Ringworm** – appears as a red, raised ring, with almost normal skin in the middle. Itching is common. There can be any number of these rings. It is caused by a fungus. It is transmitted from other infected animals or people. A general rash of fine, red bumps can appear elsewhere on the body – this is an allergic reaction to the fungus that causes the rash. The treatment is over-the-counter Lotrimin AF (clotrimazole) twice a day for several weeks, or until clear. **Apply the AF cream to 1 inch outside of the border.** Sometimes you may need to alternate clotrimazole with Lamasil due to fungus that may be resistant.

• **Warts** – these are usually fairly obvious, and usually occur on the hands and feet. **Treatment:** Over-the-counter wart treatment, a prescription called magic wart cream or in office freezing.

**Molluscum warts** – these are another type of wart but they have a different appearance and usually occur on the chest, arms or legs, but can be all over. They are skin-colored bumps, can vary in size from the tip of a ball-point pen to about half the size of the eraser end of a pencil, and have a slightly raised, smooth surface and often have a dimple in the center, and usually occur in clusters. They can be itchy **Treatment:** A prescription of magic wart cream.

These are the most common rashes in children. None require an urgent page to the doctor or visit to the ER. They can all wait until the next day to be evaluated, unless your child is acting extremely ill.

**DECIDING WHEN TO SEE THE DOCTOR**

• If your child is happy, and the rash is not irritating, you don't need to get it evaluated.

• Most rashes self-resolve in a few days (some take a little longer). Your doctor should evaluate any rash that persists for more than four weeks.