

PRACTICAL
PEDIATRIC
DERMATOLOGY

MORRIS LEIDER

PRACTICAL PEDIATRIC DERMATOLOGY

By

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To

MARION B. SULZBERGER, M.D.

Teacher, Mentor, Friend

FOREWORD

BY

MARION B. SULZBERGER, M.D., F.A.C.P.

Though not by any means claiming that the thought was original with us, it was many years ago, in an article on the evolution of atopic dermatitis, that Dr. Lewis Webb Hill and I wrote that the infant is not just a little man, he is quite another kind of little man. Every physician who has had much experience in dealing with the ills of children will, I believe, subscribe to this statement. And dermatology is one specialty of medicine to show clearly how justified this conclusion is and how marked the differences between child and grown-up may be. Inception, course, general diagnosis, prognosis, and management of many cutaneous diseases are quite different in children from what they are in older age groups.

For example, on the basis purely of statistical probability, the likelihood that a solitary papule, nodule, or tumor of the skin is a basal- or squamous-cell epithelioma, is almost nil in an infant or child; whereas the likelihood that the very same thing is malignant rises steeply as age advances and especially in advanced old age. In a similar way, another lesion that appears clinically and also histopathologically to be a malignant melanoma, in a young child often has an entirely hopeful outlook, whereas the very same thing is nearly hopeless in prognosis when it develops in an adult.

Again, there are many more ordinary things that are either much easier or much more difficult to detect or to accomplish in infants and children than in grown-ups. Ascertainment of where the patient has been, what the patient has done, what has been worn or used on the skin, what has been eaten and what has been taken by way of medicines is usually at its simplest in infants and children. Contrariwise, the performance in an office of minor surgical procedures, like biopsy or the removal of warts, is generally much simpler in adults than in children.

Still another area of difference lies in the kind of advice and the sort of answers the physician must furnish to parents of infants and children with regard to treatment and prognosis—not only about the immediate issues but about the future. Will the skin disease remain stationary, worsen with aging, or be “out-grown”? What will be its effect and how will it be affected at puberty? in adolescence? and in young aspiring adulthood? Is it “safe” for the parents to have other progeny? Can the family be planned with assurance that other children will not be affected in the same way? When should this or that elective procedure, like the destruction or removal of a “birthmark,” best be carried out? As early as possible in infancy? before school age? when body growth is complete? And how will this or that treatment affect the child’s development, capabilities, immunities, and susceptibilities in later life? All of this is but a small sample of the kind of thing that makes the practice of pediatric dermatology so different from the practice of the specialty among adults.

Probably nothing is more baffling to the nondermatologist than an unfamiliar dermatosis in a child. What can it be? What is it called? What is its treatment? And what are its implications? The average physician's medical schooling has not equipped him to find the answers. He has neither the theory nor the practical knowledge to cope with more than the most elementary, self-limited cutaneous conditions; and there is a regrettable paucity of reliable specialized texts to which he can turn for information and help. More often than not the mysterious cutaneous apparition is just dubbed either a "rash," an "eczema," a "fungus," or a "dermatitis"; and is treated—much more hopefully than scientifically—with some of the latest pharmaceutical samples left by the most recent and enthusiastic detail-man.

Here now is a book that fills what I believe is the very great need for theoretical and practical information on skin diseases of infants and children. I count Dr. Morris Leider among my most faithful students and among my most conscientious colleagues. In this book he has fashioned a text that not only skillfully weaves scientific theory into feasible praxis for recognizing and managing cutaneous diseases of the young, but he has revived, refurbished, and re-presented in a usable way many ideas and procedures that are ageless. Like the many other things that Leider has contributed, the writing has sparkle. Moreover, the content is a happy blend of scholarly exposition of established facts and critical demolition of half-truths, guesses, and plain errors—mistakes that so often appear in book after book, article after article as though by contagion or metastasis.

The result is a synthesis in which the author has achieved his objective to assemble and to impart to medical students, general practitioners, pediatricians—and, indeed, even to experienced dermatologists—practical information, well buttressed by sound theory. While the sharpest focus has been fixed on dermatologic problems in the young, there are in this text valuable hints for every one concerned with cutaneous diseases, regardless of the patient's age. Indeed many aspects of general dermatology that unavoidably intrude themselves because they apply to all ages receive significant attention.

Obviously no two honest men capable of original thought will ever write precisely in the same way on any complex subject. Nevertheless there are statements in this work that I can say I wish I had made—and indeed many of them it appears I have. But trust Leider to add an original twist; trust him to turn out passage after passage which bears the unmistakable imprint of his own style of thinking and of using words.

I am confident that every student of medicine—be he undergraduate, postgraduate, or graduate—every physician—be he general practitioner or specialist in pediatrics or dermatology—will find in Leider's forcefully presented textbook a great wealth of accurate and modern data about the difficult segment of medicine that is pediatric dermatology. Finally, I am personally proud to have this much-needed book issue from a reliable and inspiring teacher of the staff of the Department of Dermatology and Syphilology of the Post-Graduate Medical School and Skin and Cancer Unit of the New York University-Bellevue Medical Center.

PREFACE

There ought to be no need to justify a book on pediatric dermatology. When one examines statistics on the incidence of cutaneous diseases it becomes more a matter of surprise that there are not more such works. Accurate statistics on the incidence of diseases in general, and of cutaneous diseases in particular, are not too plentiful or not always current to the day, but in recent years several counts have indicated that skin conditions constitute between 10 and 20% of cases seen in general and institutional practice.

As an index of the pediatric magnitude of dermatologic problems, consider the implications of Table I which is a record of admissions to a pediatric hospital. Assuming that only patients with the severest cases and most serious conditions

TABLE I.* INCIDENCE OF SKIN DISEASES† AMONG 74,000 ADMISSIONS TO THE HARRIET LANE HOME

DISEASE	NUMBER OF CASES	DISEASE	NUMBER OF CASES
Acne vulgaris	25	Impetigo contagiosa	1,561
Acrodynia	11	Insect bites	63
Albinism	4	Irritative dermatitis (including	
Alopecia areata	30	miliaria, intertrigo, diaper rash,	
Angioneurotic edema	55	etc.)	778‡
Burns, thermal	188	Keloid	14
Burns, chemical	9	Leukoderma	26
Burns, x-ray and radium	1	Lichen pilaris	6
Dermatitis exfoliativa	9	Lichen planus	5
Dermatitis herpetiformis	8	Lymphangioma	8
Dermatitis, infectious		Lymphedema, congenital	5
(pyodermia, furunculosis)	1,162	Molluscum contagiosum	8
Dermatitis medicamentosa	15	Nevus (pigmented)	16¶
Dermatitis venenata	124	Pediculosis capitis	568
Ectodermal defects	3	Pediculosis corporis	6
Eczema	2,960	Pityriasis rosea	13
Epidermolysis bullosa	1	Psoriasis	39
Erythema multiforme	30	Ringworm	410
Erythema nodosum	25	Scabies	1,430
Erysipelas	137	Sclerema	24
Erysipeloid	2	Scleroderma, diffuse	7
Erythromelalgia	3	Scleroderma (morphea)	1
Granuloma annulare	5	Seborrhea	203
Granuloma inguinale	1	Telangiectases (multiple)	5
Hemangioma	208	Urticaria	517
Herpes simplex	44	Urticaria pigmentosa	2
Herpes zoster	58	Warts	19
Hydroa estivale	2	Xeroderma pigmentosum	1
Ichthyosis	32		
		Total	10,887

*From Holt, L. E., Jr., and McIntosh, R.: Holt Pediatrics, ed. 12, 1953. Courtesy Appleton-Century-Crofts, Inc.

†The eruptive fevers, tuberculids, syphilids, purpuras, and traumatic lesions are not included.

‡These lesions are far more frequent than the figure given would indicate. In most instances such lesions were not entered on the diagnosis file.

¶Large ones only.

were hospitalized, which is a safe assumption, the simplest analysis of this compilation reveals the following:

1. Every seventh case (14.7% of all cases) admitted to a pediatric hospital was a cutaneous condition.

2. Of the cutaneous conditions admitted:

- 9% were dermatoses of physical cause (burns, miliaria, intertrigo).

- 26% were dermatoses caused by pyogenic bacteria (furunculosis, impetigo contagiosa, erysipelas, pyoderma).

- 3.8% were dermatoses caused by fungi (ringworm).

- 1.2% were dermatoses caused by viruses (herpes simplex, herpes zoster, molluscum contagiosum, warts).

- 19% were dermatoses caused by metazoal parasites (insect bites, pediculosis capitis, pediculosis corporis, scabies).

- 33.7% were dermatoses probably based on allergic mechanisms (angioneurotic edema, dermatitis medicamentosa, dermatitis venenata, eczema, urticaria).

- 2.8% were major hereditary, congenital, dysplastic, or nevoid anomalies (albinism, ectodermal defects, hemangiomas, ichthyosis, lymphangiomas, pigmented nevi).

- 4.5% were miscellaneous dermatoses.

While these data are of former years, there is reason to believe that conclusions drawn from them still apply. The distribution of diseases by pathogenesis may be somewhat different nowadays, but over-all incidence is probably no less and may be more. And what the situation may be in private, nonhospital practice cannot be accurately gauged; it must, however, be comparably large and important.

The needless justification made, this book, then, was designed and written with practical purposes foremost in mind. Throughout the planning and composition I tried to keep before me the requirements of busy pediatricians and general practitioners. Dermatologists too may find sufficient novelty of substance or of arrangement in it to make this work useful to them. At every point attempt was made to indicate the practical significance of whatever theoretical was presented; as much material as possible was cast in tabular or chart form; and illustrations were used to an extent that was deemed useful profusion. Elementary data from the basic sciences of medicine have been cited to what it is hoped is sufficient, but controversial matter in general was avoided if possible. Where issues in dispute could not be avoided, I stated my own views, and gave advice that stemmed from my own opinions with enough qualification to suggest that there are other opinions and advisements.

One never knows, however, until criticism arrives, how well or how poorly one has carried out his objectives. It has been difficult to decide how inclusive and extensive or intensive to be, for, clear as the beginning is, where does the dermatology of the child end? Considering precocity and progeria, nearly everything seen in adults may at times be seen in the child. The word "practical" in the title of this book should suggest that conditions that are common and treatments

that are workable are emphasized, but not that conditions that are rare and treatments that are difficult or uncertain in effect have been entirely overlooked. The same goes for theory: where things could be made simple, I hope I have done so, but where complexity and perplexity exist, I hope equally that I have not blinked the fact.

Despite great general and specific advances that have been made in dermatologic therapy in recent years, the larger part of effective treatment of cutaneous diseases is still based on long-established principles and well-known agents of topical therapy. This is especially true in pediatric dermatology where oral and injectable drugs and physical therapeutic modalities have special difficulties and hazards which limit their usability. More emphasis therefore has been placed and more detail given on the art and science of nursing and medicating the skin directly than will be found in most books. Systemic medication and nonmedicinal agencies have not been neglected; they are cited briefly in proper dosage, for proper indication, and with proper techniques and safeguards. Topical treatment, however, requires, in addition to prescription of agents, methods of use that have to be learned, have to be described, and have to be taught repeatedly to patients. Good practice of topical therapy is a matter both of knowledge and of ingenuity in imparting some of that knowledge in an understandable way to lay persons.

Almost nothing will be found in this book on pediatric dietotherapy or on puericulture. This book is not a treatise on the pediatric aspects of dermatology, but rather a practical exposition of dermatologic problems in the young. I do not believe that food per se is responsible to any significant degree for cutaneous disease, nor that dietary juggling helps to cure outright or to alleviate significantly any common dermatologic condition. I believe that abundant nutrient and perfect metabolism are good for all organs, including the skin; that malnutrition and dysmetabolism are bad for all organs, including the skin. There are systemic metabolic diseases and avitaminoses that have cutaneous manifestations and require special dietotherapy, but none of the common cutaneous diseases, including atopic dermatitis, is helped or is curable by playing with the composition of formulae, by seeking the milk of strange mammals, or by eschewing orange juice, wheat and other cereals, fish, flesh, fowl, vegetables, eggs, and nuts. The rare case of a dermatosis, almost always an urticaria, that is caused by adventitious sensitization to a food will be so obvious and so unique in its one food cause that no great talent will be required to diagnose it and to cure it by avoidance, unless the food is so widely distributed or occultly ingested that it is unavoidable.

Another thing not to be found here is a section on psychosomatics. As with diet, mentality and mental disturbances are not, in my opinion, prime movers of other organ disease. Physiologic alterations far beyond the normal average may be set into motion by transient, or frequently repeated, severe mental or emotional disturbances, but permanent structural changes do not come into being solely or directly from thoughts, emotions, or mental derangements. The precipitation of some diseases may be made easier or their incidence greater (or of others more difficult or smaller) by psychic circumstances, and treatment may be more difficult or easier on account of mental aberration in directions of deficiency or genius, but macules, papules, pustules, vesicles, wheals, oozing, crusting,



lichenification, and scars are not caused purely by a disturbed psyche. Neurotic and psychotic individuals may wittingly or unwittingly injure their skins, but without fingernails, knives, or jumps from open windows, nothing they may do in their heads injures the skin especially, or in ways that can be characterized as syndromes.

A third omission in this book is a long, formal bibliography. One reason for the omission is that this book is not intended to be a treatise on pediatric dermatology so exhaustive that everything that can happen to the skin of an infant or child is reviewed. In a book that aims to be practical both in size and content, only a scant bibliography would be possible, and a scant bibliography could not be fair. A few direct citations are made, and some general references are given, largely for supplementary reading, but in the main the material set forth is too condensed to permit credit references that could be justly distributed and really useful rather than merely space-consuming, ornamental, and distracting. I have tried to be thorough in what is commonest in the well-inhabited parts of the world at the present time, and hope that this work is an accurate distillation of the wisdom and experience of numberless observers and teachers of the past and present who have put that wisdom and experience in the public domain. To those unnamed sources goes the credit for what is good herein; if I have injected an originality that is bad or in error, that is my responsibility.

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