

“Berry” Red Cheeks



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This 2-year-old girl's mother is upset by the redness of her daughter's cheeks, which are occasionally rough and swollen. The child was similarly affected around the same time last year, beginning in September and lasting until the spring. The changes so alarmed her primary care provider that bloodwork was ordered to (successfully) rule out lupus.

OTC topicals have not helped, nor have changes in diet, soap, and laundry detergent. A course of cephalexin and topical mupirocin were also unsuccessful.

Additional history-taking reveals a strong family history of atopy. The child herself has seasonal allergies and mild asthma.

On examination, both malar cheeks are red, moderately scaly, and slightly swollen. They are not tender to the touch, and no broken skin is detected. No palpable nodes can be felt in the area. The child's skin is dry but appears otherwise normal.

The most likely diagnosis is

- a) Impetigo
- b) Cellulitis
- c) Psoriasis
- d) Eczema

ANSWER

The correct answer is eczema (choice “d”).

Impetigo (choice “a”) is a superficial skin infection caused by staph and/or strep, which invade the skin through tiny breaks (such as those seen with eczema). Had that been the diagnosis, it would have responded to antibiotics.

Cellulitis (choice “b”) can also be caused by staph or strep, but it involves the deeper tissues and manifests with poorly defined, blanchable redness, along with edema. Affected skin is tender and hot to the touch and often provokes reactive adenopathy.

While young children can develop psoriasis (choice “c”), this wouldn't have appeared so symmetrically and would not have fluctuated with the seasons. Other areas of involvement would have corroborated that diagnosis, as would a positive family history.

DISCUSSION

Nearly 20% of newborns in this country either have or will have some manifestation of atopy, the chief example of which is eczema. Characterized by thin, dry, sensi-

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tive skin that overreacts to triggers such as wetting and drying, infantile eczema is especially common on the cheeks. It can be understandably frightening for parents, who worry not only about the other items in the differential but also about scarring. And the conflicting advice often doled out by family members and providers doesn't help.

Fortunately, scarring is unusual with eczema, and while it looks awful, infantile eczema in this location causes little suffering

for the patient. Treatment includes regular moisturizing (especially after bathing) and judicious application of a prescription topical steroid (eg, 2.5% hydrocortisone ointment).

The patient and family should be educated regarding the malady's genetic basis, the lack of an allergic causation (eg, food, laundry detergent), and the likelihood of future flare-ups despite everyone's best efforts to treat the condition. **CR**