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Dermatologist to Give Tips on How to Diagnose, Manage Skin Emergencies

by Carla Kemp, Senior Editor

Editor's note: The *2017 AAP National Conference & Exhibition* will take place from Sept. 16-19 in Chicago.

About 15%-20% of primary care visits by pediatric patients are for skin-related issues, the dermatologic literature shows.

"Primary care providers end up managing a lot of skin disease because there simply are way more pediatricians, family medicine docs and physician extenders who work in primary care than there are subspecialists who work in dermatology," said Dawn Davis, MD, FAAP, associate professor of pediatrics and dermatology at Mayo Clinic, Rochester, Minn. "We need their help, and we're very grateful for their care of patients."

However, not all primary care clinicians feel equipped to diagnose and manage such conditions.

"Some people either like making visual diagnoses and feel very comfortable with their visual acumen, and some people do not," Dr. Davis said. "A lot of times people will say to me something like 'I believe I have a patient with X condition. Can I please review the patient with you? Can you please come see the patient to reaffirm my diagnosis and to give me some tips on how to manage this patient?'"

Dr. Davis encourages primary care providers looking to improve their visual diagnostic skills to attend a session she is presenting titled "Dermatologic Emergencies." The session will be held from 8:30-9:15 am Saturday, Sept. 16 (F1036) and again from 3:00-3:45 pm Sunday, Sept. 17 (F2149).

During the session, Dr. Davis will review erythema multiforme spectrum, including Stevens-Johnson syndrome and toxic epidermal necrolysis (TEN); staphylococcal scalded skin syndrome; Kawasaki disease; Kasabach-Merritt phenomenon; and acne fulminans.

For each condition, she will give demographics on who gets the condition, show photos, talk about physical exam findings, mention if there could be complications beyond the skin, such as systemic complications, list any associated syndromes, and discuss treatment options.

"It will be a lecture format with numerous photographs because dermatologists love photographs," she said.

All the conditions Dr. Davis will discuss are emergencies that can land a patient in the hospital. Yet pediatricians may wonder why Kawasaki disease is on the list.

Unlike the other conditions, which usually are managed by a dermatologist, Kawasaki disease usually is managed by a pediatrician or pediatric infectious disease specialist, with a dermatologist providing consultation, she said. While pediatricians know a lot about the disease, "there's a new understanding in the medical world that there's a lot of atypical Kawasaki's disease or people who don't necessarily meet the very stringent criteria but truly do have Kawasaki's disease. A lot of these patients have subtle skin findings that can be a helpful clue to the diagnosis," she said.

Other serious skin disorders can be confused with less serious conditions. For example, Kasabach-Merritt phenomenon initially may be diagnosed as a hemangioma or port wine stain.

Hopefully, Dr. Davis concluded, the talk "will increase their (attendees') comfort level for these conditions because they are all fairly uncommon."



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