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Editorial

Paediatric dermatology: past, present and the future

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Human life is a continuum, within which there are several identifiable phases. These are recognized mainly by pattern of behavior as illustrated by William Shakespeare in seven ages of man. Some phases of life, like neonatal period are clearly defined, others are not so clearly defined. The skin along with other organs undergoes some degree of maturation during childhood. Paediatric dermatology, a branch amalgamating both paediatrics and dermatology deals with skin diseases of neonates, infants, preschoolers, school children and adolescents. The latter is the transient period between childhood and adulthood.

Childhood is a rapid phase of growth and development. Many physiological changes take place during this phase which also involves the skin. Changes in the complexion, skin texture, and different patterns of hair growth of the scalp are few examples of this. Often parents may think these as abnormal. Neonatal period is characterized by transition from an aqueous, protected environment to a dry hazardous environment. The skin begins to function as an organ of protection during this time. As a result a heap of transient dermatological problems occur, which are often misdiagnosed as pathological.

During the neonatal period many genetic diseases present with cutaneous manifestations. The best known broad group being the neurocutaneous syndromes. Parents of such affected children are often devastated. They need considerable support and help during this period.

In infancy and childhood the baby becomes more mobile and is exposed to wide array of antigens and allergens. This exposure, in babies with defective barrier function will lead to the development of a cutaneous reactive inflammatory pattern known as Atopic dermatitis. This is the commonest chronic inflammatory skin disease in childhood.

Antimicrobial defense mechanisms begin to establish during this period. Use of broad spectrum antibiotics for intercurrent infections suppresses the protective normal flora. This often leads to development of mucocutaneous candidiasis. The absence of sebaceous secretions promotes invasion of scalp hair by pathogenic dermatophytes. This mechanism also explains why *Sarcoptes scabiei* infests the head and neck of young children.

Preschoolers and school children are exposed to variety of infections and allergens due to different activities they undertake. Certain hobbies and sports activities are associated with an increased risk of certain cutaneous infections. Examples are fish tank granuloma and viral warts.

Child abuse is an emerging, important entity in paediatric dermatology. Recognition of such cases are often difficult due to non-availability of an accurate history and overlap of cutaneous signs with other common dermatological conditions.

Childhood skin diseases are often treated by non-Dermatologists. Medical personnel in primary health care often treat these children at least initially. At times valuable dermatological signs of systemic diseases are ignored by the attending doctors. At other times inappropriate and often expensive treatments are initiated for mild, benign conditions. One such example is acute haemorrhagic oedema of infancy.

Paediatric dermatology is now an established specialty in many countries in Europe and America. There are dedicated units and departments attached to many renowned universities. This is in contrast to the past where children with skin diseases had to attend clinics along with adults.

Yet in some countries the specialty has failed to gain recognition. However it is common knowledge that majority of dermatologists are competent in handling children with common childhood skin diseases.

Exclusive paediatric dermatology clinics are often overcrowded and slow moving. Distressed parents often seek reassurances than advice. Specialized dermatological therapies like cryotherapy often require considerable expertise and patience for them to be productive.

Novel concepts are being converted to safe new therapies for many dermatological conditions. Old molecules are found to be safer remedies in paediatric dermatology. An example being propranolol for haemangiomas.

The future will see emergence of subspecialties of paediatric dermatology. There are few established centers for neonatal dermatology in countries like USA.

Many advances are being made in the prenatal diagnosis and treatment of inherited skin diseases. Perhaps this will lead to the establishment of fetal dermatology in the near future.

J K K Seneviratne