

Skin Conditions and Down syndrome Take Home Points

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Cutis marmorata

- 1) Cutis marmorata is common and not harmful

Dry skin

- 1) Thicker moisturizers are better (creams, ointments, oils)
- 2) 'All-natural' and 'baby' does not mean good for sensitive skin
- 3) The best time to moisturize is after the bath or shower

Skin thickening on elbows and knees/calluses on feet

- 1) Thicker dry skin on the elbows, knees, and feet (calluses) can be treated with "keratolytic" moisturizers
- 2) If there are thick calluses on the feet, talk with your doctor about potentially seeing a foot doctor (podiatrist) or a bone doctor (orthopedic doctor) since this could be a sign of needing help with shoes/walking

Eczema

- 1) Moisturizing is important to rebuild the skin barrier when you have eczema
- 2) Before your provider gives you a prescription for eczema, ask how it will feel on the skin
- 3) Ointments hurt the least

Dandruff

- 1) Talk with your provider about prescription anti-dandruff shampoos if the over-the-counter shampoos do not work
- 2) These shampoos are a treatment for the skin on the head. Let them sit on the skin for 1-2 minutes
- 3) Remember steroids come in solutions, foams, oils

Angular Cheilitis

- 1) When treating angular cheilitis, ask your provider about 50/50 mixtures with antifungals and topical steroids

Perioral dermatitis

- 1) With a face rash around the mouth, nose, and/or eyes, ask your provider about perioral dermatitis
- 2) When treating perioral dermatitis, consider steroids a 'frenemy'

Diaper rash

- 1) The two most common causes of diaper rash are irritant and yeast/candidiasis
- 2) Do not over wipe
- 3) Apply barriers like cream cheese on a bagel!
- 4) Ask your provider about potential need for anti-yeast treatments

Alopecia areata

- 1) Make sure thyroid screening is up-to-date
- 2) Ask for a referral to a dermatologist to discuss treatment options for alopecia areata

Vitiligo

- 1) If you notice light spots on the skin, please contact your provider to be seen.
- 2) If vitiligo is suspected, ask to be seen by a dermatologist

Folliculitis

- 1) Uncontrolled folliculitis can be painful and lead to scarring.
- 2) Consider once to every other day bathes or showers.
- 3) An over-the-counter wash such as benzoyl peroxide, chlorhexidine gluconate, or bleach bathes is often a good first treatment.

Bleach bath recipe:

- Full tub: ½ cup bleach
 - Half-tub: ¼ cup bleach
 - Gallon of water: 1 teaspoon bleach
- 4) Oral antibiotics can be helpful, but should be avoided chronically.

Hidradenitis suppurativa

- 1) Hidradenitis suppurativa can look like bumps, boils, blackheads and scars.
- 2) Hidradenitis can happen in the “hidden spots” on the body including the armpits, under the breasts, groin, and inner thighs.
- 3) Hidradenitis is more common in people with Down syndrome and can happen at a younger age.
- 4) Yearly screening for hidradenitis should start around age 8 years.
- 5) If you have hidradenitis, you should ask your provider about seeing a dermatologist.

Acne

- 1) Acne should not be ignored! There are excellent treatments available.
- 2) Ask your provider about what kind(s) of acne you have (comedonal, inflammatory, nodulocystic, pityrosporum folliculitis, hormonal). Know there are topical and oral treatments for each of these.

Rosacea

- 1) Rosacea should not be ignored! There are excellent treatments available
- 2) Ask your provider about what kind of rosacea you have (most common is papulopustular). Know there are topical and oral treatments for different kinds of rosacea

Psoriasis

- 1) Psoriasis may be more common
- 2) Psoriasis can be linked with other health conditions
- 3) If you have psoriasis, you should ask your provider about seeing a dermatologist
- 4) Think of scabies if the ‘psoriasis’ is all over the body

Toenail fungus/Athlete's foot

- 1) Athlete's foot and toenail fungus may be more common
- 2) Both can happen at a younger age
- 3) Keep those feet/shoes dry and consider a maintenance treatment

Syringomas

- 1) Syringomas are common and typically happen around the eyes, although can be on other areas of the body
- 2) They can be difficult to treat

Skin cancer

- 1) Skin cancer including melanoma and non-melanoma skin cancers (basal cell carcinoma and squamous cell carcinoma) have been found in people with Down syndrome
- 2) We should remember this as people with Down syndrome live longer!

Don't Forget the Hidden Spots!

**Reminder providers to look at the scalp, armpits, groin, buttocks, thighs, and feet.
Many skin conditions 'hide' in these areas.**