NAPKIN PSORIASIS – A REPORT OF TWO CASES

Iva Topalusic*, Zdenka Plesa Premilovic, Nives Pustiljak, Amnes Relic. Children’s Hospital Zagreb, Zagreb, Croatia

Introduction Psoriasis is a T-cell mediated chronic inflammatory disorder of the skin. There are three age groups of pediatric psoriasis: infantile psoriasis, early onset psoriasis and pediatric psoriasis with psoriatic arthritis. Upper respiratory infection is the most common trigger of infantile psoriasis. We report two patients of early, Napkin psoriasis.

Case 1. A 5-months old female baby was referred to our Emergency Department due to annular erythematous plaques in forehead, postauricular area, elbows, knees, back and diaper area. Due to suspected infection, ceftriaxon was introduced into therapy. Also, dexamethasone, mupirocin, and clotrimazole were locally applied. As therapy didn’t show any clinical effect, punch biopsy was done and showed psoriasis vulgaris. Local therapy with aclomethasondipropionate was continued with good clinical response. A child was followed up during one year and no relapse was recorded.

Case 2. Nearly one-year old female baby was referred to our Emergency Department after one week of antibiotic treatment of peri orbital rash which was spread to the forehead, postauricular area, elbows, knees, back and diaper area. Napkin psoriasis was suspected and dexamethasone was locally applied. As it showed good clinical response, we concluded biopsy was not necessary. None of the children had signs of respiratory infection.

Conclusion Differential diagnosis of diaper dermatitis includes Napkin psoriasis, candidal diaper dermatitis and allergic contact dermatitis. In almost one third of all cases, psoriasis begins in childhood. Infants with psoriasis usually present with a diaper rash that is unresponsive to irritant diaper dermatitis treatment. Therefore all patients with diaper dermatitis should be properly evaluated and followed up.

EXPLORING PARENTAL KNOWLEDGE AND INFORMATION SOURCES PRIOR TO TYPE 1 DIABETES DIAGNOSIS TO INFORM FUTURE HEALTH PROMOTION CAMPAIGNS

1Becky Hackett*, 2Edna Roche. 1The University of Dublin, Trinity College Dublin, Dublin, Ireland; 2Discipline of Paediatrics, The University of Dublin, Trinity College Dublin, Dublin, Ireland

Introduction The diagnosis of Type 1 Diabetes (T1D) can be prolonged with delayed recognition of symptoms and delayed help seeking. Delayed diagnosis can result in the development of Diabetic ketoacidosis (DKA), a potentially fatal metabolic complication resulting in a lasting trajectory of poor glycaemic control with increased risk of diabetes related complications. Health promotion campaigns designed to increase awareness of Type 1 diabetes have prompted earlier diagnosis and reduced the number of children and adolescents presenting in DKA at diagnosis in the majority of populations. Targeting of the media used in such health promotion campaigns would be anticipated to increase the effectiveness.

Aim To explore parental knowledge of T1D before their child’s diagnosis, the pathway to diagnosis and parents most valued sources of health information to inform future health promotion campaigns.

Methods Parents of young children diagnosed with T1D attending a national patient and family support organisation event, completed a questionnaire exploring diabetes knowledge, symptoms, pathway to diagnosis and information sources.

Results Parents of twenty-five children participated. Median age at diagnosis was 5.0 (range 0.6–9.3) years. Median time since diagnosis was 1.8 (0.1–10.25) years. Parents reported the classic T1D symptoms and suspected T1D in 56% of cases. Pre-diagnosis 80% knew someone with T1D. Median duration