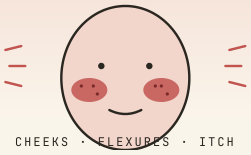
The Three Rashes *That Look Alike*

SHEET 01 / CLINICAL

Eczema · Psoriasis · Seborrheic

Eczema 01

ATOPIC DERMATITIS



Itchy, dry, weeping patches on cheeks & flexures — the atopic child.

Psoriasis 02

PLAQUE · GUTTATE

Sharp-edged plaques with silver scale on elbows, knees, scalp.

Seborrheic Dermatitis 03

"CRADLE CAP" IN INFANTS

Greasy yellow scales on scalp & brows — usually not itchy.

◇ SIDE-BY-SIDE CLINICAL COMPARISON

	ECZEMA	PSORIASIS	SEBORRHEIC
PATHOPHYS	Atopic / immune dysregulation + impaired skin barrier (filaggrin defect)	Autoimmune **T-cell** driven; skin cells turn over in **3–4 days** (vs 28)	Reaction to **Malassezia** yeast on sebum-rich skin
TYPICAL AGE	Onset **2–6 mo**; flares throughout childhood	Any age; **guttate** common in school-age post-strep	Infants **0–3 mo** (resolves ~12 mo); also adolescents
ITCH LEVEL	**Severe** — "the itch that rashes"	Mild–moderate; sometimes burns	**Minimal** in infants (key clue!)
LOCATION	Infant: **cheeks, scalp, extensor** Child: **flexural** (antecubital, popliteal)	**Extensor** — elbows, knees, scalp, lower back; **nail pitting**	Scalp, eyebrows, behind ears, diaper folds, T-zone
LESION LOOK	Erythematous, dry, weeping/crusting; chronic → **lichenification**	**Sharply demarcated** red plaques with **silvery white** scale	**Greasy, yellow**, scaly patches on erythematous base
HALLMARK SIGN	Atopic triad: eczema + asthma + allergic rhinitis	**Auspitz sign** (pinpoint bleed) **Koebner** (lesions on trauma sites)	"**Cradle cap**" — easily flaked off with mineral oil + soft brush
TRIGGERS	Heat, sweat, harsh soaps, wool, allergens, stress, dry air	**Strep throat** (guttate), trauma, stress, cold weather, meds	Sebum + yeast; worsens with dry indoor air

ECZEMA PEARL

Soak & Seal

Lukewarm bath ≤10 min, pat dry, apply **thick emollient within 3 minutes**. Locks moisture into the broken barrier.

PSORIASIS PEARL

Auspitz Sign

Pinpoint bleeding when silver scale is removed = pathognomonic. Also: **Koebner** = new lesions appear at sites of injury — protect the skin.

SEBORRHEIC PEARL

Not Hygiene

Cradle cap is **NOT** caused by poor washing or allergy. Reassure parents — it's self-limiting and usually resolves by 12 months.

MEMORY AID

Where the rash lives

Eczema → **Flexures** (creases) · Psoriasis → **Extensors** (bony points) · Seborrheic → **Sebaceous** (oily zones)

Itch ladder: **Eczema >> Psoriasis > Seborrheic** · Scale ladder: **Psoriasis (silver) > Seborrheic (yellow) > Eczema (fine/dry)**

Treatment *& Parent Teaching*

◆ PHARMACOLOGIC & NURSING MANAGEMENT

Eczema — HYDRATE & CALM

FIRST-LINE TX

- **Emollients** (Aquaphor, Vanicream, Cetaphil) — apply ≥2×/day, esp. after bath
- **Low-potency topical steroid** (hydrocortisone 1% or 2.5%) for active flare; **face/diaper area: low potency only**
- Higher-potency steroids (triamcinolone) for body — **short course**

SECOND-LINE / SEVERE

- **Topical calcineurin inhibitors** — tacrolimus, pimecrolimus (steroid-sparing; ok for face)
- **Wet wraps** for severe flares (steroid + emollient + damp gauze)
- Antihistamines (hydroxyzine, diphenhydramine) at **night** for sleep/itch
- Dupilumab (biologic) for refractory ≥6 mo

NURSING PRIORITIES

- Keep **nails short**, cotton mittens at night
- Lukewarm baths ≤10 min, fragrance-free cleanser
- Cotton clothing — avoid wool, synthetic fabrics
- Watch for **2° infection** (gold crusts = staph; vesicles = HSV)

Psoriasis — SLOW TURNOVER

FIRST-LINE TX

- **Mid-potency topical steroids** — mainstay for plaques
- **Vitamin D analogs** — calcipotriene (Dovonex) slows cell proliferation
- Coal tar shampoo / preparations for scalp
- Emollients to soften scale before med application

SECOND-LINE / SEVERE

- **Phototherapy** — narrowband UVB (school-age+)
- **Methotrexate** for severe (monitor LFTs, CBC, folate)
- Biologics — etanercept, ustekinumab (screen TB first)
- **Treat underlying strep** for guttate flare

NURSING PRIORITIES

- Avoid **skin trauma** (Koebner phenomenon!)
- Soak/soften scales before topicals — improves penetration
- Address **psychosocial impact** — body image, bullying
- Confirm **NOT contagious** — schools, sports, swimming OK

Seborrheic — LOOSEN & REASSURE

INFANT CRADLE CAP

- **Mineral oil or emollient** — massage into scalp, leave 15 min
- **Soft brush** to gently loosen scales
- Wash with mild baby shampoo, rinse well
- **Do NOT pick or scrub** — risks bleeding/infection

STUBBORN / ADOLESCENT

- Antifungal shampoo — **ketoconazole 2%**, selenium sulfide, zinc pyrithione
- Coal tar shampoo for scaling
- Low-potency topical steroid for inflamed areas — **short course only**
- **Avoid medicated shampoos in young infants** unless prescribed

NURSING PRIORITIES

- Reassure: **self-limiting, not contagious, not poor hygiene**
- Distinguish from eczema (cradle cap is non-itchy)
- If diaper area involved — keep dry, barrier cream
- Monitor for 2° candida (bright red, satellite lesions)

✎ PARENT TEACHING — WHAT TO SAY

Eczema · *The "soak & seal" parent*

- "This is a **chronic relapsing** condition — we manage flares, we don't cure it.
- "Bathe your child in **lukewarm** water, pat dry, and apply the moisturizer **within 3 minutes** — every single time.
- "Use steroid cream **only on red, active patches**, not as a daily moisturizer. Thin layer, 1–2× daily, for the time prescribed.
- "Keep nails trimmed and consider cotton mittens at night to prevent scratching damage.
- "**Call us** if you see honey-yellow crusting, fever, or grouped blisters — that's infection.

Psoriasis · *The reassured family*

- "Psoriasis is **not contagious** — your child can play, share towels, swim, sleep over.
- "Avoid skin trauma when possible — cuts, sunburn, and even tight rubbing can trigger **new patches** at the injured site.
- "If your child gets a sore throat, **have them checked for strep** — strep can trigger guttate flares.
- "Take a few minutes to **soften the scale** with moisturizer before applying medication so it can absorb.
- "Watch for emotional impact — talk openly, and tell us if your child seems withdrawn or teased.

Cradle Cap · *The first-time parent*

- "This **is not your fault** — it isn't from poor washing, allergy, or anything you ate while breastfeeding.
- "Massage **mineral oil** into the scalp, wait 15 minutes, then gently brush with a soft baby brush. Shampoo afterward.
- "**Do not pick** or scrape the scales — that can cause bleeding and infection.
- "It usually clears on its own by **12 months**. We'll only add medicated shampoo if it doesn't budge.
- "Call if the rash spreads, becomes **bright red with little bumps** outside the patches, or starts oozing.

NGN CLICK-TRAP AWARENESS

The wrong answers *that look right*

- ✗ ~~"Apply high-potency triamcinolone to the infant's face"~~ — **Face & diaper = low-potency hydrocortisone only**. Atrophy, striae, HPA suppression risk.
- ✗ ~~"Use hot water baths to soothe eczema"~~ — **Lukewarm only.** Hot water strips lipids and worsens dryness.
- ✗ ~~"Tell parents cradle cap means baby needs better hygiene"~~ — Inflammatory + Malassezia, **not hygiene**. Reassure.
- ✗ ~~"Vigorously scrub plaques to remove the scale"~~ — Triggers **Koebner phenomenon**. Soak, soften, gently lift.

- ~~"Reassure parents psoriasis will resolve by school age"~~ — It's **chronic relapsing**, not transient. Set realistic expectations.
- ~~"Skip moisturizer on days the skin looks clear"~~ — **Daily emollient is non-negotiable** — clear days especially.
- ~~"Eczema is contagious — keep child home from daycare"~~ — **Not contagious.** Daycare/school are fine unless infected.
- ~~"Recent strep doesn't matter for a psoriasis flare"~~ — **Strep triggers guttate psoriasis**. Treat the strep, treat the skin.

NGN BOW-TIE SCENARIO

The 8-month-old with red, weeping cheeks

An 8-month-old presents with **erythematous, weeping** patches on both cheeks and the antecubital fossae. Mom reports the baby **scratches constantly**, sleeps poorly, and family history is positive for **asthma and allergic rhinitis**. Skin is dry overall with fine scaling.

> **Recognize Cues →** Atopic triad family hx + intense itch + flexural & cheek distribution + dry weeping skin = **Atopic Dermatitis (Eczema)**. Not psoriasis (no silvery scale, no extensor pattern). Not seborrheic (itchy, no greasy yellow scale).
> **Take Action →** Lukewarm bath ≤10 min · pat dry · emollient within 3 min · low-potency hydrocortisone to active patches · trim nails · cotton clothing · oral antihistamine at bedtime · educate on chronic course.
> **Evaluate →** Decreased pruritus, improved sleep, healing of weeping areas without honey-crusting (rule out 2° staph).