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отрабатывать алгоритмы действий до возникновения, при возникновении наводнений, а также после среди населения и служб спасения.

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ОСОБЕННОСТИ ТЕЧЕНИЯ АТОПИЧЕСКОГО ДЕРМАТИТА,
ОСЛОЖНЁННОГО ВТОРИЧНОЙ ИНФЕКЦИЕЙ**

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THE COURSE OF ATOPIC DERMATITIS WITH SECONDARY INFECTION

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Аннотация. В статье представлен клинический случай atopического дерматита, осложненного вторичной инфекцией, у индонезийского мальчика 8 лет. Приведен обзор литературных источников.

Annotation. The article presents a clinical case of atopic dermatitis complicated by a secondary infection in an Indonesian boy of 8 years old. A review of literary sources.

Ключевые слова: atopический дерматит, эритематозные бляшки, дети

Key words: atopic dermatitis, erythematous papule, pediatric

Abstract

Atopic Dermatitis, is an inflammatory condition of the skin that has characteristics of dryness, itchiness, and redness. This condition is really common in infants and children. This is a skin disorder that causes very itchy red papules that can be lichenified and excoriated later. Reported case of atopic dermatitis in 5-year-old boy with multiple erythematous papules that scattered in the forehead and scalp. The patient also felt itchy and scratched his forehead. From the clinical manifestation and typical lesion, this case strongly supports the diagnosis of atopic dermatitis. Treatment given to this patient is hydrocortisone cream 2,5% and gentamicin topical cream. Results of the treatment can't be evaluated yet and prognosis for this patient is also difficult to predict, but tend to be better because onset of the disease and lesion condition is improving.

The **purpose** of the study is to demonstrate a case of atopic dermatitis in children at one of the health facilities in Tangerang, Indonesia

Materials and methods of research

In the present study domestic and foreign sources on the clinical features of atopic dermatitis in children were analyzed. Search systems as PubMed and Google Scholar were used. A clinical case of atopic dermatitis in 5-year boy is given.

Study results and discussion

Patient F, 5 years old came to the clinic with chief complaint on small vesicles filled with pus on the forehead during 3 days. At first, there was just a rash. Then, the rash was progressing to be small vesicles filled with clear fluid. Those vesicles were intact and tender, accompanied by dry and itchy skin so that the patient keep scratching his forehead. In addition, patient had cough, runny nose, and fever since 3 days ago, also decreased appetite.

From the previous medical record, patient also had a history of tonsillitis.

Patient lives in the village with a poor sanitation. He likes to swim in the river nearby with his friends. On a regular day basis, patient likes to play football from noon to evening. He was really active so that he exposed by sunlight and often sweats a lot.

On physical examination, patient looks ill with GCS 15 (compos mentis). His weight is 22kg, height 110 cm. His vital signs showed: blood pressure 110/70, HR 90 x/minute, RR 18 x/minutes, Temperature 38,5° C.

During Inspection, multiple vesicles filled with clear fluid, diameter 0.5 cm, well-defined margin, with macule erythema base were found, accompanied by minimal tenderness. Patient also has some mucus from his nostril.

Atopic Dermatitis, is an inflammatory condition of the skin that has characteristics of dryness, itchiness, and redness. This condition is really common in infants and children, especially when they're heavily exposed to sunlight.¹ Atopic dermatitis tend to appear in forehead, scalp, and face, mostly in cheeks. Wherever this condition appear, it will be so itchy, so children always feel uncomfortable and often scratching the site to relieve the itchiness. When this lesion is scratched vigorously, infection starts to appear. Signs and symptoms of Atopic Dermatitis are: 1) erythema macula, 2) pus-filled vesicles, 3) fever because of infection, 4) rash in scalp, face, cheeks.

Prevalence of Atopic Dermatitis is increasing in this past 30 years, it is estimated that 20-30% of children and 1-3% adults in the developing countries have this condition [1,3].

Atopic Dermatitis usually started to appear in really young children, where 85% of the case in children less than 5 years old [1,2].

Diagnostic criteria for Atopic dermatitis are suggested by William of England are [2,3]:

1. Has or had the itchy skin, or parents report that their child often scratching the site
2. Had a history of skin fold condition, example: elbow crease, neck crease, and cheeks for children under 10 years old
3. Had a history of dry skin in this past year
4. Dermatitis that appeared in cheeks, forehead, or another parts of the body

This description matched the patient's condition because according to his mother he was a really active child who likes to play football in from noon to afternoon when the sunlight intensity is high, this child also scratching his forehead with his unclean hands so that causing a pus-filled vesicles because of infection.

This patient is advised to increase his body hygiene, with take a bath at least 2 times a day, and stay at home for awhile so his lesions healed. Patient also advised to take antibiotic and steroid topical cream like hydrocortisone 2,5% and gentamicin to relieve the pain and treating the bacterial infection he had. There's no laboratory exam needed for management of Dermatitis Atopic that has no complications, so the patients didn't take a laboratory examinations [4,5].



Figure 1,2. Patient skin condition,
appeared erythematous papules scattered in his forehead

Conclusions

This child is diagnosed with Atopic Dermatitis because all of his signs and symptoms are matched. This patient is advised to increase his body hygiene, with take a bath at least 2 times a day, stay at home for awhile so his lesions healed, also not to scratch his forehead, and take the medications until his condition improved.

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ГНЕЗДНАЯ АЛОПЕЦИЯ КАК ДЕРМАТОЛОГИЧЕСКИЙ МАРКЕР
СИНДРОМА ШИХАНА

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