Dermatological manifestations of systemic disease by Dr Anusuya Kawar, dermatology registrar at Barts Health NHS Trust. You know when you know that the rash in front of you could signify something but you can’t quite remember all that information you learnt for your postgraduate exams? It’s been happening to me a lot recently so I asked my dermatology colleagues for a reminder of some of the more important “skin clues” to a child’s underlying disorder. First up, Dermatitis herpetiformis:

- extremely itchy papules and vesicles, appearing in clusters in a symmetrical pattern
- blisters may appear eroded / crusted due to scratching. May also present as flat red patches, thickened plaques or wheals
- usually affects shoulders, elbows, knees, buttocks, scalp
- GI symptoms include abdominal bloating, weight loss, diarrhoea / constipation, fatigue
- typically affects Caucasians between 15 - 40 years, M > F
- associated with HLA-DQ2, HLA-DQ8
- may warrant a skin biopsy to confirm diagnosis
- specific auto antibody tests include IgA anti-endomyosal antibodies and TTG while still on a gluten containing diet
- refer to gastroenterology
- management: steroids may help symptoms, long term gluten-free diet and dapson

Associated disease: Coeliac disease

NEW DERMATOLOGY SERIES!!

LESSONS FROM THE FRONT LINE

Managing measles contacts

We have a measles outbreak in Hackney currently. 95% immunisation rate is needed for effective herd immunity and in north-east Hackney, only about 60% of the under 2s are vaccinated against measles. Last month, on the advice of Public Health England (PHE), we had to give a 3-day old baby immunoglobulin because he was in the resuscitation bay at our hospital at the same time as a 15-month-old with measles related pneumonitis. These are the facts:

- Measles is extremely infectious – droplet spread and non-immune people are at risk if they spend > 15 minutes in a confined space (including a GP’s waiting room) with someone with it
- Most infectious 4 days before to 4 days after the onset of the rash
- Incubation period is 10-12 days
- Infants are particularly susceptible because maternal antibodies are not reliable

This is the current infant contact advice from PHE:

Table 4: Assessment and treatment of infants

<table>
<thead>
<tr>
<th>Infants</th>
<th>Infants &lt;4 months</th>
<th>Assumes susceptible and administration HMG, ideally within 72 hours but up to six days, regardless of maternal status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants aged 4-6 months</td>
<td>For household exposure, administer HMG, ideally within 72 hours but up to six days if necessary</td>
<td></td>
</tr>
<tr>
<td>Infants 29 months</td>
<td>Administer MMR vaccine, ideally within 72 hours of exposure</td>
<td></td>
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</tbody>
</table>

A reminder of measles’ typical clinical course here, with thanks to Dr Helena Jones, FY2 in paediatrics at Homerton, for researching this in depth.

From the Literature – a paper in this month’s Archives of Disease in Childhood (Arch Dis Child) has backed up my practice of using a smartphone-based ECG recording device for children with sporadic palpitations and a low risk of significant arrhythmias. Children with no family history of cardiac death before the age of 45, no syncope and a normal 12-lead ECG are unlikely to have anything seriously wrong with their heart. Kardia (Kardialink), monitors have been assessed by NICE for use in adults at risk of AF. Maiciotes et al (2015) showed that smartphone devices can generate diagnostic tracings in children with SVTs. Maciotes et al. found that the Kardia outperformed the conventional cardiac event monitors with respect to both diagnostic yield and patient satisfaction. The smartphone app is free and the gadget itself costs just under £100.