

INTRODUCTION AND AIM OF THE WORK

INTRODUCTION

Dermatologic complaints play a major role in the pediatrician's practice. Because they are readily visible, skin diseases could be very distressing to children and their parents. However those diseases are more accessible for recognition and diagnosis than are diseases of other organs. Far from being a simple wrapping, the skin is a complex organ, the largest of the whole body, playing a multitude of functions. It is a protective defence keeping in vital fluids and solutes, and keeping out noxious environmental elements. It's functions include absorption, secretion, perspiration, continuous formation of epidermis, temperature regulation, sensory perception, pigment formation and keratin production. It is a reflection of internal well being.

Not only are there a variety of diseases intrinsic to the skin, but also the skin may participate in a variety of internal disorders: infections, immunologic, nutritional, hormonal, congenital or malignant (Schmidt, 1978).

Under certain circumstances a physician who examines a patient with a rash is charged with a grave responsibility. An error in diagnosis may have a profound effect on the patient, the contacts, and the community. The following examples will serve as illustrations.

Effect on the patient:

The disease of a patient with meningococcemia was mistakenly diagnosed as measles. Specific therapy was not started early; however, a potential fatality was averted when the disease was finally recognized and treated. Another patient with scarlet fever was said to have rubella. Complicating otitis media could have been prevented if the correct diagnosis had been made and appropriate treatment had been instituted.

Effect on contacts:

A classical clinical picture of exanthem subitum in an infant was erroneously labeled as rubella. Under normal circumstances this mistake would have been of little consequence. In this instance, however, the patient's mother was 2 months pregnant and had never had rubella. The error in diagnosis created an unnecessary period of anxiety for the parents who had visions of the future birth of a congenitally malformed infant. A child with mild measles was said to have rubella. A young sibling contact developed severe measles complicated by pneumonia. This situation could have been prevented by a correct diagnosis that would have dictated the use of gamma globulin to attenuate the sibling's disease.

Effect on the community:

On March 5, 1947, a 47-years-old business man was admitted to a general hospital in New York city because of

fever and rash. The initial diagnosis was toxic eruption, and the patient was admitted to a dermatology ward. On March 8 he was transferred to a communicable disease hospital where he subsequently died. The cause of his death proved to be small pox. A small outbreak of the disease was initiated in the general hospital and in the communicable disease hospital, spreading out from these foci. In the end there were 12 cases of small pox and deaths. There were several additional deaths among the 5 million persons who were vaccinated in New York city. The cost in time, effort, and money was incalculable, and the affairs of the entire city and its inhabitants were seriously disrupted. It is unlikely, that a similar situation will occur again because small pox has been eradicated from the world. However, occasionally an adult with severe hemorrhagic varicella may be erroneously diagnosed as having smallpox (Saul, and Samuel, 1981).

AIM OF THE WORK:

The aim of the present work is to study fevers with rash in pediatrics with its differential diagnosis.