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The impact of pediatric skin disease on self-esteem $\stackrel{\bigstar}{\sim}$

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ABSTRACT

Background: Pediatric skin disorders can affect children's self-esteem, relationships with caregivers and peers, and performance in school and activities.

Objective: This review describes common pediatric congenital and acquired dermatologic disorders and the impact that these disorders can have on children's self-esteem.

Methods: A review of current, English-language literature was conducted with use of the PubMed database. Search terms included atopic dermatitis, acne, infantile hemangiomas, port wine stains, congenital melanocytic nevi, hidradenitis suppurativa, and self-esteem.

Results: During infancy and toddlerhood, skin disorders such as infantile hemangiomas primarily affect the attachment between child and caregiver. School-aged children with port wine stains and atopic dermatitis report increased bullying, teasing, and social isolation. Acne and hidradenitis typically affect older children and teens and these conditions are associated with increased risks of depression and suicidal ideation. Effective management of these conditions has been shown to increase patients' self-esteem.

Conclusion: Pediatric dermatologic disorders impact self-esteem throughout childhood. In addition to the surgical and medical management of these disorders, clinicians can also take an active role in the assessment and improvement of the psychosocial impact of these skin disorders.

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Introduction

Infancy, childhood, and adolescence each have their respective neuropsychological developmental stages that can be uniquely impacted by differences in cutaneous physical appearance. From early infancy until 3 years of age, self-image is shaped by the strength of the attachment between the child and his or her caregivers (Chernyshov, 2016). The bond between infants and caregivers infants can be affected by the emotions parents have about having a child with a skin disorder (Dweck, 2009). Caregivers of children with congenital malformations have described reactions that are similar to the grieving process including shock, denial, sadness, anger, adaptation, and reorganization (Drotar et al., 1975).

From 2 to 10 years of age, relationships with peers increase in importance and children may encounter teasing and bullying (Chernyshov, 2016). During this critical time, children develop their

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body image and by 7 years of age, children are able to recognize esthetic differences between themselves and their peers (Williams et al., 2003). This recognition of physical differences can influence self-esteem (Dweck, 2009) but even so, the early school-age years are marked generally by positive self-perception and optimism (Eccles, 1999). After 10 years of age and into the teenage years, children generally have lower self-esteem and are more pessimistic and self-critical (Chernyshov, 2016). During these school-age years and beyond, self-esteem manifests outwardly through children's motivation, confidence, and resilience (Dweck, 2009).

The majority of the literature indicates that acquired skin disorders have a more profound impact on self-esteem than congenital skin disorders. In a study of adolescents ages 11 to 18 years, subjects with acquired facial conditions endorsed a more negative self-image than those with congenital facial conditions (Patrick et al., 2007). In another study of patients ages 11 to 18 years including 148 patients with congenital facial differences and 32 patients with acquired facial differences, those with acquired facial differences were more likely to report experiences of stigmatization such as noticing others staring at their face (Strauss et al., 2007). This study describes the impact of common skin disorders on the self-esteem of pediatric patients and

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focuses first on common congenital lesions and subsequently on acquired dermatoses with an emphasis on disorders that are not addressed in other articles in this series.

Congenital disorders

Port wine stains

Port wine stains (PWS) are congenital capillary malformations that affect 3 in 1000 births (McCafferty et al., 1997). The face is the most common location and approximately 80% of PWS involve the face (Mills et al., 1997). In a questionnaire-based study of 231 patients with PWS who presented for laser therapy, 18% of patients ages 0 to 9 years were disturbed by their PWS with the highest rate of disturbance between the ages of 6 and 8 years. The psychosocial disturbance increased during the adolescent years with 73% of patients ages 10 to 20 years who reported that they were negatively affected by their PWS with the highest scores for patients ages 14 to 16 years (Troilius et al., 1998).

Without treatment, PWS persist into adulthood and may darken and/or thicken over many years. Laser therapy is available for patients with PWS but complete clearance is uncommon and many PWS partially recur after therapy (Klein et al., 2011). Because of the persistence of PWS, the psychosocial effects of these birthmarks continue into adolescence and adulthood. Adolescents and young adults with PWS ages 13 to 31 years have lower scores for mental health and self-perceived health and also report a higher impact of their PWS in social situations compared with children without chronic medical conditions (van der Horst et al., 1997). In a study of 71 patients with PWS who were age 15 years or older, more than half of the respondents felt embarrassed, anxious, or depressed because of their PWS. Seventy-three percent answered that they have been hurt by comments about their birthmark and 71% reported that their birthmark has affected their self-confidence (Lanigan and Cotterill, 1989).

The psychosocial effects of PWS can be alleviated partially by treatment with a pulsed dye laser (PDL) and also by a strong social support network that encourages coping skills. A 1981 study of 82 patients ages 7 to 66 years found no significant difference in emotional disturbance between patients with PWS compared with normal controls. The patients in this study "received extraordinary support from family members in coping with their affliction" (Kalick et al., 1981).

The advent of PDL therapy has provided further relief. In a 1998 study of 231 patients with PWS, 47% of respondents reported low self-esteem compared with their peers. After therapy with PDL, only 8% of these patients reported persistently low self-esteem. In this same study, 28% of patients reported having difficulties at school prior to treatment but after therapy, this decreased to 0% (Troilius et al., 1998).

Infantile hemangiomas

Infantile hemangiomas are the most common tumors of infancy and female patients are affected three times more often than male patients (Hemangioma Investigator Group et al., 2007). Most hemangiomas arise during the first 2 to 3 weeks of life. Hemangiomas most frequently involve the head and neck and the majority of facial hemangiomas lie within the central face (Haggstrom et al., 2006). Facial hemangiomas can interfere with vision, feeding, or respiration and pose a risk of potentially permanent disfigurement and psychosocial compromise (Haggstrom et al., 2006). Hemangiomas typically proliferate during the first 5 to 12 months of life with subsequent spontaneous involution over many years (Chang et al., 2008). However, even after involution, hemangiomas may leave residual telangiectasia, atrophy, scarring, or fibrofatty masses that can be persistently disfiguring (Couto et al., 2012). Hemangiomas are frequently located in highly visible areas; therefore, they may impact patients' self-concept and self-esteem. In a 1992 study of 38 patients ages 3 to 5 years, children with hemangiomas were more likely than the controls to identify themselves as the child playing alone and the child without toys. The children with hemangiomas less often identified themselves as the child their parents liked, which suggests that children with hemangiomas perceived themselves less positively (Dieterich-Miller et al., 1992).

However, more recent studies have not found similar impacts on self-perception, which is likely due to both the propensity of hemangiomas to involute and the use of beta blockers to prevent proliferation. For example, in a study of 21 subject ages 5 to 8 years, patients with hemangiomas reported no significant difference in reported quality of life or self-perception compared with the controls (Cohen-Barak et al., 2013). Notably, the patients in this report were treated prior to propranolol being widely used (Cohen-Barak et al., 2013). Nine of 21 patients were treated medically (four with systemic steroid medications, two with intralesional steroid medications), surgically, or both, and only one patient in the post-proliferative stage was treated with propranolol (Cohen-Barak et al., 2013). This minimal impact on self-esteem reflects the natural history of hemangiomas as they typically involute prior to the development of recognizing physical differences between self and others around 7 years of age (Williams et al., 2003). Additionally, the lack of demonstrated impact on self-perception in patients with infantile hemangiomas is likely linked to the widespread use of beta blockers such as propranolol as an effective therapy to prevent proliferation (and therefore also prevent the subsequent disfigurement) of hemangiomas.

Congenital melanocytic nevi

Approximately 1% of neonates are born with a congenital melanocytic nevus (CMN). The trunk is the most common site of CMNs, followed by the face and limbs (Kinsler et al., 2009a). CMNs are associated with a 0.7% to 2.9% risk of transformation to melanoma and large and giant CMNs portend the highest risk (Bett, 2005; Krengel et al., 2013). Large and giant CMNs also pose additional risks including neurocutaneous melanosis, undesirable cosmesis, and a higher complexity of surgical excision.

In a study of 29 Dutch children (mean age, 8.7 years) with giant CMNs, 20% of the mothers did not feel that they had accepted their child's CMN. The children in the study had 2.5 times higher rates of behavioral and emotional problems than the Dutch norms with difficulties such as anxiety, depression, and aggressive and isolating behavior. Families reported that the children avoided public exposure of their CMNs and there was no difference in psychosocial scores between children with highly visible nevi compared with those with less visible nevi (Koot et al., 2000).

In a study of 150 subjects that sampled infants who were born with congenital nevi of all sizes and all body locations in Sweden between 1973 and 1993, 8% reported that their skin lesion caused taunting and changed their social activity (Berg and Lindelof, 2002). In a study of 87 children ages 9 months to 16 years who had facial differences including burn scars, infantile hemangiomas, PWS, and CMN, larger lesions were associated with greater experiences of stigmatization (Masnari et al., 2012). Parents reported higher rates of stigmatization of the child in older school aged children (Masnari et al., 2012). Additionally, perceived stigmatization was associated with impaired psychological adjustment with higher rates of anxiety (Masnari et al., 2013).

In the Dutch study of children with giant CMNs, 17 of 29 patients underwent an excision at a mean age of 3.6 years including four patients who had dermabrasion and three patients who had laser treatment. Two-thirds of the subjects were satisfied with the procedural Download English Version:

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