



ORIGINAL ARTICLE

# Paediatric dermatology emergencies in a tertiary hospital<sup>☆</sup>



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## KEYWORDS

Emergencies;  
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## Abstract

**Introduction:** In recent years, the increasing demand for dermatological consultations in the Emergency Department has resulted in the publication of a variety of studies on this subject. However, most of them deal with the general population, without taking into account the changes in frequencies found in young children (ages 0–14).

**Objectives:** To determine the frequency of various dermatological diagnoses made by the on-call paediatrician in the Emergency Department, and after referral to paediatric dermatology.

**Materials and methods:** Firstly, a descriptive retrospective study was performed that included all patients aged between 0 and 14 years old who were seen after being referred to the emergency paediatric dermatologist by the on-call paediatrician from June 2010 to December 2013. Secondly, an analytical study was carried out by calculating the kappa index calculus, in order to establish the diagnostic concordance between the emergency paediatrician and the paediatric dermatologist.

**Results:** A total of 861 patients, with a mean age of 4.5 years were included. More than half of the skin disorders analysed were eczema (27%) and infections (26%). The five main diagnoses were: atopic dermatitis (16%), acute prurigo simplex (5%), tinea (5%), pyogenic granuloma (4%), and molluscum contagiosum (4%). Additional tests were only required in 16% of the cases. The kappa index obtained was 0.206 (95% CI: 0.170–0.241).

**Conclusions:** The dermatology consultations in the Emergency Department were shown to be frequent and mostly involved minor diseases. Collaboration between paediatricians and dermatologists resulted in a high treatment success rate, leading to a low percentage of additional tests required and a high rate of discharges.

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**PALABRAS CLAVE**

Urgencias;  
Dermatología  
pediátrica;  
Epidemiología

**Urgencias dermatológicas pediátricas en un hospital de tercer nivel****Resumen**

**Introducción:** En los últimos años, la elevada demanda de asistencia en los servicios de urgencias por enfermedad cutánea ha motivado la realización de diversos estudios al respecto. Sin embargo, la mayoría están referidos a población general, sin tener en cuenta las modificaciones en las frecuencias de las enfermedades que se producen en edad pediátrica.

**Objetivos:** Determinar la frecuencia de los distintos diagnósticos dermatológicos derivados por el pediatra de guardia y atendidos en la consulta de dermatología pediátrica urgente.

**Material y métodos:** Estudio retrospectivo descriptivo que incluyó todos los pacientes de 0 a 14 años atendidos tras citación por el pediatra de guardia en las consultas de dermatología infantil urgente desde junio de 2010 hasta diciembre de 2013. En segundo lugar, se realizó un estudio analítico que consistía en el cálculo del índice kappa para establecer la concordancia diagnóstica entre el diagnóstico del pediatra de Urgencias y el de Dermatología.

**Resultados:** Se atendió a un total de 861 pacientes con una edad media de 4,5 años. Más de la mitad de toda la enfermedad atendida se debió a eccemas (27%) e infecciones (26%). Los 5 diagnósticos principales fueron: dermatitis atópica (16%), prurigo simple agudo (5%), tiña (5%), granuloma piógeno (4%) y *molluscum contagiosum* (4%). Solo en un 16% de los casos se solicitaron pruebas complementarias. El índice kappa obtenido fue de 0,206 (IC 95%: 0,170-0,241).

**Conclusiones:** Las consultas en urgencias pediátricas por motivos dermatológicos son frecuentes y gran parte está motivada por enfermedad banal. La colaboración entre pediatras y dermatólogos permitió una alta capacidad resolutoria, lo que se tradujo en un bajo porcentaje de pruebas complementarias solicitadas y un elevado número de altas directas.

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**Introduction**

In the last years, several studies have been published on dermatological emergencies in our area, all except one concerning the general population.<sup>1-8</sup> The increasing interest in this issue is mainly derived from the progressive increase in the demand for assistance in hospital emergency services, up to the point that an annual increase of 10–20% is calculated for emergency assistance.<sup>9,10</sup>

This growth is mainly due to minor diseases. At the same time, emergency dermatological cases have not been the exception to that increasing trend. It is estimated that the emergency dermatological demand represents 8–10% of the total emergency cases at a general hospital, and up to 10.2% in the paediatric population.<sup>11,12</sup>

The main factors involved in this improper use of hospital emergencies are the lack of trust in primary care, lack of health education and waiting lists,<sup>9,13-15</sup> with the added aspect in dermatology of the spectacular nature of skin signs and symptoms, which create huge anxiety in the patient or, more frequently during the paediatric age, their relatives.

The main goal of the study was to describe the profile of the user and determine the frequency of the various dermatological diagnoses referred by the paediatrician on duty and attended to the emergency paediatric dermatological office, since most prior studies refer to the general population<sup>1-8</sup> and it is not possible to extrapolate the results to this subgroup, where we know there are changes in the frequencies of diagnoses.<sup>5</sup> As a secondary goal, we aimed to analyse the resolution capacity of the dermatologist on

duty, as well as the profitability of emergency paediatric dermatological consultation.

**Materials and methods**

The study was carried out in a third-level hospital with 100 beds, 115 of those in the Children's Hospital, covering an area of 554,981 inhabitants, 16% of whom are the paediatric population.

This hospital has a dermatology resident on duty Mondays to Fridays to cover general dermatological emergencies, 3–8 pm, and 2 days of the week, Mondays and Thursdays, with the help of a second resident (third or fourth year) for assistance at the dermatological emergency office, also 3–8 pm. In this way, all patients 0–14 years old attending the Casualty Department for dermatological reasons are previously examined by the paediatrician on duty or paediatrics resident, who may, if necessary, call the dermatologist for urgent cases.

A retrospective study was designed based on the data collected from clinical records of all patients attending paediatric dermatological emergencies from June 2010 to December 2013, a total of 861 patients.

Emergency attendance sheets were reviewed as part of the work protocol when the patient is discharged and referred to dermatological emergencies, and the subsequent medical history at that consultation. The following data were gathered for each patient: name and surname, age, gender, date of attendance, supplementary evidence requested, destination upon discharge and diagnosis, both

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