

# Photo quiz: what causes brown spots on feet?



What causes brown spots on feet? In the summer, we see kids with these spots on their feet or hands. Read on for the answer behind the mysterious spots.

Every child with a lemonade stand hopes for hot sunny days to drive in customers. But if your kids squeeze fresh lemons for their stand, make sure they wash their hands after squeezing the lemons. Otherwise, after a sunny day, your child's hands may turn out looking like this kid's feet. The juice of some fruits or plants will cause a dark discoloration of the skin if exposed to sunlight.

This reaction, called phytophotodermatitis, usually starts a day after the juice comes into contact with the skin. Redness and mild blistering eventually leads to a discoloration, like those brown spots on feet, which can last for months.

Citrus fruits are the most common culprits, but wild parsnip, wild dill, wild parsley and buttercups also cause the photosensitivity. Often the initial redness and blistering is missed. The kid in the photo was walking in bare feet on leaves near an apple tree. So now you can tell your kids not to walk barefoot outside to prevent stepping on a bee, to prevent contracting poison ivy, and to prevent phytophotodermatitis!

Makes you think about holding off on fresh lemons and using powdered lemonade mix...almost.

Naline Lai, MD and Julie Kardos, MD

©2014, 2019 Two Peds in a Pod®

---

## **How to treat eczema or atopic dermatitis**



Photo by Uschi Dugulin, Pixabay

*It's pretty annoying to be itchy. Dr. Lai fondly called her itchy oldest child with eczema "itchy, bitty, spider," or some variant of that, for much of her daughter's childhood. Fortunately, for your kids with sensitive skin, dermatologist Teresa S. Wright, MD joins us today with tips for how to treat eczema or atopic dermatitis—Drs. Kardos and Lai*

Has your child been diagnosed with eczema? Eczema is a general term that refers to a group of skin conditions characterized by itchy red rashes. The term "eczema" often refers to a skin condition known as atopic dermatitis. Atopic dermatitis may occur in association with allergies and/or asthma and the rash tends to come and go. Common triggers include illness, stress, and changes in the weather or temperature. The cause of atopic dermatitis is not well understood. However, most children with atopic dermatitis tend to have very dry, sensitive skin. Atopic dermatitis cannot be cured, but it can be controlled. Most children with atopic dermatitis gradually improve and many will outgrow it over time. In order to control the rash, a proper daily skin care regimen is extremely important.

# Skin care regimen to treat eczema

**A daily bath or shower is recommended.** It is a common myth that daily bathing “dries out” the skin. This is not true. Bathing puts moisture in the skin and removes irritants and germs. However, the bath or shower should be short (less than 10 minutes) and not too hot. Cleanser should be gentle, fragrance-free, and dye-free. Dove™ for Sensitive Skin or Aveeno™ fragrance-free cleanser are good choices. After bathing, pat the skin dry with a soft cotton towel and apply a heavy bland moisturizer to all skin to seal in the moisture.

**The type of moisturizer you select is very important.** It is best to use an ointment (like plain unscented Vaseline™ or Aquaphor™) or a heavy cream (like Vanicream™, CeraVe™ cream, Cetaphil™ cream, or Aveeno™ Baby Eczema Therapy Moisturizing cream, to name a few). Lotions are poor choices because they tend to contain more preservatives and ingredients that can sting open skin or cause irritation.



**Apply moisturizer to the skin at least twice daily,** but more often if the child’s skin is unusually dry or the eczema is severe. Apply topical medications sparingly to the affected areas prior to the application of moisturizer. I recommend applying topical medications twice daily, but you should follow the instructions given by your child’s doctor. It is very important that medications are applied only to areas of active eczema and never to normal skin. Apply moisturizer to all skin, including over the areas where you already applied medication.

This time of year, parents ask if swimming is okay for children with atopic dermatitis. **In general, swimming should not be a problem for children with atopic dermatitis. In fact, some children improve dramatically with regular swimming.**

Improvement may be due to the effect of chlorine. Chlorine causes a decrease in the skin residing germs that can play a role in triggering eczema flares. However, chlorinated water can be very drying to the skin, so rinse the skin thoroughly and apply a generous layer of a heavy moisturizer as soon as possible after swimming. For most children, taking these steps prevents significant flares of swimming related atopic dermatitis.

In my practice, I see many children with eczema every day. I understand how challenging and frustrating this condition can be for parents. The recommendations I outlined here are often very helpful and I sincerely hope they will help you control your child's eczema.

Teresa S. Wright, MD

©2019 Two Peds in a Pod®

*Dr. Teresa S. Wright is a board-certified pediatric dermatologist in Memphis, TN, and is Division Chief of Pediatric Dermatology at LeBonheur Children's Hospital and Associate Professor of Dermatology at the University of Tennessee Health Science Center. She has particular interests in atopic dermatitis, vascular birthmarks, and pigmented skin lesions.*

---

## Talk to your teen





Do you wonder if any communication actually occurs when you talk to your teen? We invite you to read this post for some coaching on how to talk to your teen in ways that they will find palatable.

Julie Kardos, MD and Naline Lai, MD

©2019 Two Peds in a Pod®

---

# When your child lies to you



Your child lies. What do you do?

Read our post to learn the truth of why your child might lie.

Julie Kardos, MD and Naline Lai, MD

©2019 Two Peds in a Pod®

---

# Update on Gardasil vaccine: yes, it is safe and effective



“Should I give my kid the Gardasil® vaccine?” Friends and relatives, as well as our patients’ parents, continue to ask us this question.

Our answer is always: “Yes.”

Gardasil® vaccine is the current HPV vaccine on the United States market. The vaccine prevents cancer-causing strains of human papillomavirus from infecting a person’s body. HPV cancers include cervical cancer in women, penile cancers in men, and cancers of the mouth and throat in everyone. The vaccine also protects against genital warts.

According to the Centers for Disease Control report, nearly 90 million HPV vaccines were distributed from June 2006 through March 2016. That’s a lot of vaccinations. In the US,



the large majority of HPV vaccine given was the Gardasil® vaccine.

You can read a detailed report of the way the safety of the vaccine was studied [here](#).

Here are the updates:

- 1. The vaccine prevents cancer-causing strains of HPV from infecting teens and young adults. You can read the latest study about this [here](#).**
- 2. The vaccine is still safe.** The HPV vaccine has still NOT caused any deaths, has NOT caused cases of premature ovarian failure, and has NOT caused any new chronic pain syndromes or neurologic diseases. If you read on the internet or on Facebook any gory tales about Gardasil, you can check those stories on “Snopes.” This website determines whether a popular internet story is a myth or a fact.
- 3. Your child may need only two doses of HPV vaccine instead of three.** We now know that younger teens achieve immunity with fewer doses than older teens. So, if your child gets the FIRST dose of this vaccine prior to his 15th birthday, then he needs only one more dose of vaccine 6 months later. Those starting the Gardasil® vaccine on or after their 15th birthday still need 3 doses of vaccine for maximum protection against the disease.
- 4. If your child has a weak immune system, they also might need three doses.** Children with weakened immune systems (check with your child’s pediatrician) should get 3 doses of Gardasil®.
- 5. Teens and tweens are more likely to feel dizzy or to faint after all vaccinations, not only after the HPV vaccine.** There are reports that HPV vaccine causes kids to faint, but fainting may occur with any teen vaccine. It is well known that surges of anxiety can cause fainting. Although they are older, teens are often very

apprehensive about getting vaccines. Babies and toddlers rarely faint. Although a toddler may be mad about a vaccine injection, they are not anxious. To prevent any light headedness, your teen's doctor may have them sit for a few minutes after a vaccine.

There's a reason why we give the vaccine "so young." Once people are infected, the vaccine does not work as well. Even though it may be difficult to imagine your child needing protection from a sexually transmitted disease, prevention of cancer-causing strains of human papillomavirus is most effective when HPV immunization is given well before your kids have had any exposure to the virus.

Yes, the HPV vaccine is safe, and yes, we gave it to our own kids.

Julie Kardos, MD and Naline Lai, MD

©2019 Two Peds in a Pod

---

## **Is your child sick? When to call the doctor**



Unfortunately, it is sick season. Fortunately, we have a great post to help you know when you need to call the doctor about your child's illness.

Julie Kardos, MD and Naline Lai, MD

©2018 Two Peds in a Pod®

---

## Help prevent your teen from playing risky games



Some games are riskier than others and it's hard for teens to tell the difference.

Remember playing "Truth or Dare" as a kid? Some of the dares were silly, some potentially embarrassing, but some were downright risky. Now our children are playing potentially dangerous games. How can you prevent your teen from taking unnecessary risks?

To understand why kids would play risky games such as the Cinnamon Challenge or the Laughing Game, let's step into the mindset of a teenager. Don't let their adult-like appearances deceive you. Based on what we know about teenage brain development, teens are more likely to misinterpret or mislead social cues and emotions and to engage in risky behavior. Even though your teens may be taller than you, their deductive reasoning skills are not fully developed until around 25 years old. They have difficulty thinking through long term plans.



Take a simple example of studying. If they stay up very late studying, they do not consider that this will cause impairment in cognition the next day and consequently they are forced to stay up even later to understand class material. Further, because teens also are impulsive, they will typically check their cell phones multiple times while studying, which further pushes off bedtime. Days later, when it comes to taking a test in class, their cumulative sleep deprivation leads to poor focus and poor memory retrieval.

Applied to more dangerous situations and coupled with peer pressure, even a “good teen” may take unnecessary risks. Teens truly believe that they cannot die. Even if they know others who have died, they don’t think it can happen to them. So they may be more likely to run across a busy street, try getting high off of a friend’s Adderall, or drive distracted while checking social media on their phones.

Teen peer pressure + immature teen brain = disaster potential.

As parents, you do have some power to prevent disaster. You can teach your teens the tools you have acquired through the years to help them consider all potential consequences of their actions.

Here are some ways parents can teach:

- Tell kids to pause first before playing any game. Think “What is the worst that can happen if I play the game, win or lose?” If the worst case scenario is severe injury or death, DON’T PLAY THE GAME. Remember that kids feel invincible.
- Teach directly by allowing kids to take small risks. Like we’ve said before, hold tight, but remember to let go. If your child chooses not to study for a test in school, then let them fail the test. However, make sure they study for the final exam.
- Teach indirectly through anecdotes, either from your own

childhood or events you hear about. For example, your kids might not consider that the beach they visit with you every summer can hold danger. Tell them about the family I know who lost their teen to drowning while swimming too far and was caught in a riptide on an unguarded beach.

- Teach kids that you cannot always save them. You cannot magically can save them if they get hit by traffic on a dare.
- Know where your kid and your kid's friends are developmentally and supervise accordingly. Volunteer to host the gatherings where a game may occur. Hint: Go down into the basement often with food-the kids will be happy to see you and you can be a better spy.
- Keep 'em busy so that they do not play risky games simply out of boredom.
- Give your kid a way out of an uncomfortable situation. Let them know they can always say, "I can't, my parents would kill me."

Unfortunately life is not all fun and games. Remind your kids that playing Monopoly or video games is not the same as taking real life risks.

Julie Kardos, MD and Naline Lai, MD

©2018 Two Peds in a Pod®

---

## **Coughing out germs? Natural remedies for kids**



“coughing out germs”

Recently a 6-year-old patient handed me this drawing of “a person coughing out germs.”

The artwork reminds us that a cough can be a good thing. A cough dislodges mucus from the airway and can help prevent pneumonia.

However, coughs can spread germs and make kids feel plenty uncomfortable. And, frustrating for parents, many over-the-counter medicines are not recommended for kids.

Looking for natural remedies for kids? Look no further than your kitchen.

Julie Kardos, MD and Naline Lai, MD

©2018 Two Peds in a Pod®

---

# How to get rid of Halloween Candy



After the fun

You poured out all of your two liter soda bottles, replaced all of the potato chip snacks with fruit, and signed up all of your children for winter sports. Just when you thought your family's exercise level and food choices were perfect, along comes Halloween, that fabulous candy-filled holiday, to thwart



your efforts. Here are some ways to keep the Halloween candy deluge down to a trickle:

- Buy back the candy with toys or money. The Halloween Buy Back Program was started by dentist Chris Cammer in 2005. Traditionally, dentists buy back candy from kids and usually send the candy to United States troops. Find local participating dentists and learn more about the program [here](#).

- Have the Sweet-Tooth Fairy or Switch Witch™ come overnight, pick up the candy, and leave a present behind.

- Let your children know Halloween (and most holidays) lasts only one day. Live it up on Halloween, then dump the extra sweets into the trashcan the next day. If you hear whining, remind them that until summer, holidays come at a pace of about once a month. Additionally, they may attend an awful lot of birthday parties in between. A parental saying you can recite is, "It's not a treat if you have something all the time."

- If you decide to keep a small bag of candy around, watch out, your children will want to eat some daily. Candy becomes an ongoing "must have." Instead, designate a day of the week that you will let them have some candy such as Candy Friday or Sweet Saturday. If the kids whine for candy on any other day of the week, you can say, "Sorry, it's not Sweet Saturday."

- One parent told me she discourages her kids from eating too much Halloween candy by making their dental appointments on November 1—the day after Halloween.

As final justification for getting rid of the abundance of candy after Halloween, Dr. Kardos and I have heard more than a few parents say, "If I don't get the candy out of my house, I'll be the one who ends up eating it all."

Now, that's a scary Halloween thought.

Naline Lai, MD and Kardos, MD

© 2018 Two Peds in a Pod®

---

**What's that red mark on my  
child's face? Picture puzzle  
of the day**



A red mark on your child's cheek appears just like the one above. Can you wait to ask the pediatrician about it at their next check up? Yes, you can wait. The spider-like pinkish mark is aptly named a spider angioma. Also called by other names such as spider nevus or spider telangiectasia, the marks are composed of fine blood vessels in a radiating pattern close to the skin's surface. When pressed, they momentarily disappear (blanching). Although in adults they can be associated with

pregnancy or liver disease, having one or two is common in healthy children. Since they are harmless and often resolve in their own, we usually leave them alone.

There's also a type of red mark called a cherry angioma. You can probably guess what shape those marks take.

Julie Kardos, MD and Naline Lai, MD

© 2018 Two Peds in a Pod®