

We really, really don't like any type of virus



We are cranky.

Oh no! Unfortunately, it looks like someone or some robot has inserted links into our old blog posts. Please be extra careful when reading a sentence which contains a link. We may not posting for a bit while we solve this problem.

This shows, yet again, how much we dislike viruses.

Thank you all for supporting us.

Julie Kardos, MD and Naline Lai, MD

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Pack your child a healthy lunch



Photo by Lexi Logan

Wondering how to pack your child a healthy lunch for school this year? Our friend and colleague, Dr. Roxanne Sukol, gives some wonderful suggestions in this post.

Julie Kardos, MD and Naline Lai, MD

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Texting guidelines to give your college kid



Taking your child to college for the first time? Dr. Lai offers the texting guidelines she gave to her first born as she headed off to college.

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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
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Holy Cannoli, Two Peds in a Pod® turns ten!



This little ten-month-old wishes Two Peds in a Pod® a happy ten-YEAR-old birthday!

Let's take a stroll back ten years to 2009. Ten years ago Facebook was just five years old. Back then there was no Instagram (2010), no Pinterest (2010), no Snapchat (2011). People were mesmerized by virtual vegetable picking (FarmVille) and taking care of Zhu Zhu pets. Bulky video gaming consoles ruled. The "New" Super Mario Bros. Wii really was "new." Apple's "pile of poo" emoji had just arrived the

year before. And ten years ago, Two Peds in a Pod® was born. The idea that doctors would write advice on the internet was so novel that even NPR thought the concept worthy of a story. Today we take a Happy Birthday look back at our first five posts:

Then and now

Our blog's first five posts, from the summer of 2009, include the very same topics parents ask us about now in the summer of 2019.

Back then parents wondered about infant sleep, or lack thereof. Please note that we began our infant sleep podcast with the reminder that newborns are not meant to sleep through the night. Fisher Price should have listened to our podcast, because now in 2019 we are writing about rock' n play recalls.

Two posts tackled **Potty training** and **picky eating**. Spoiler to both posts: you can lead a horse to water but you can't make him drink! These days, we're still talking about both topics in the office. But now, people also ask about the need for probiotics to regulate bowels and digestive health in their child. Unfortunately, in 2019 probiotics have not panned out to be the hoped-for panacea for all gastrointestinal ailments. But they are helpful in some types of diarrhea.

In 2019 we talked about the tick borne illness **Lyme disease** and we're still talking about ticks now. As for the **mystery object** Dr. Lai found in a drawer, ten years later the models are kinder and sport a raised lip instead of a contraption that can break off.

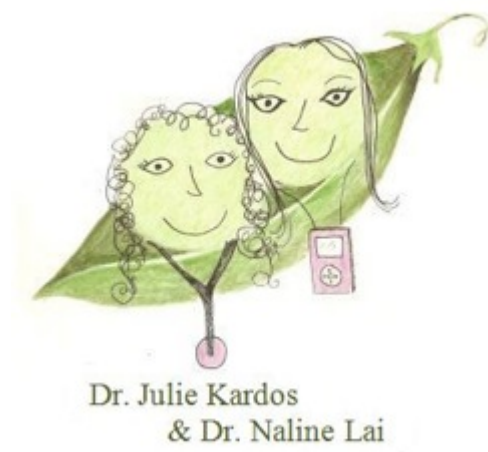
Blog writing a decade later

Internet traffic has grown exponentially. Possibly because of so many sources of misinformation, we see more and more anxious parents who receive conflicting information about how to raise

their kids. We depend on you to let your friends know about this site. We would rather spend more time on writing than on search engine optimization. Despite the congested writing climate, our mission (read our maiden voyage) remains the same, to bring you practical pediatric advice. What fuels us? Our intense and comprehensive pediatric training from Children's Hospital of Philadelphia, our combined **over forty years** of practicing pediatrics, and our passion for helping children and their families, give us the experience and the motivation to continue to help all of you whether online or in our offices.

A last blast from the past

How many of you remember our initial logo penned by the combined efforts of Dr. Kardos's brother and her sister-in-law? That's an iPod dangling from Dr. Lai's neck-remember those?



It's good to be ten.

Julie Kardos, MD and Naline Lai, MD

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Vitamin D: too much? too little?



Get your daily dose of D

How much vitamin D is recommended for kids? Dr. Lai contributed to this week's Children's Hospital of Philadelphia *Health Tip of the Week* post "Vitamin D Supplements: What Parents Should Know."

Julie Kardos, MD and Naline Lai, MD

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More ticks: We're in Good Housekeeping and an infographic on where ticks hide



Where ticks hide.

During tick season ticks love to snuggle up and hide on kids. When you check your kids for ticks, make sure you look in all the places pictured above in our infographic "Where ticks hide." Find one? We're quoted in Good Housekeeping talking about ticks. Click here to read on about common questions such as, What happens when you squeeze a tick? and What do you do if a tick's head stays embedded?

Julie Kardos, MD and Naline Lai, MD

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Ick! My kid has a tick!



ick, a tick

My kid has a tick!

Our office phones were ticking with calls about ticks this week. In our area of Pennsylvania, it seems that no walk in the park is complete without hosting a tick or two. Save yourself a phone call, and read here to learn how to remove a tick from your child.

Julie Kardos, MD and Naline Lai, MD

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**When your dad is a
pediatrician, a Father's Day
tale**



Medical school graduation 1994: Dr. Julie Kardos with her pediatrician dad, Dr. Stephen Kardos

When your dad is a pediatrician

When your dad is a pediatrician, you never get to stay home from school for illness, feigned or real. Unless you are vomiting.

When your dad is a pediatrician, people call your home phone and ask you about symptoms of chickenpox, even when you are only ten years old.

When your dad is a pediatrician, you sit in booster seats long after your friends "outgrow" theirs.

When your dad is a pediatrician, you know to give that kid who feels like he is going to pass out in marching band at the 95 degree football game Gatorade or juice, not just plain water,

because of “electrolytes.”

When your dad is a pediatrician, you do not have a curfew as a teen, because he is more concerned about you or your friend speeding to get home in time than about what time you get home.

When your dad is a pediatrician and you call home from college with an illness, he makes you go to Student Health because he knows it is very difficult to diagnose an illness on the phone. And he will NOT “just call in an antibiotic.”

When your dad is a pediatrician, you have extra security when leaving him to watch your own children, because not only will he show his grandchildren a grand time, but also he will know what to do if they get sick.

Thank you, Dad.

Happy Father’s Day!

Julie Kardos, MD

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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

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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.