# Irritant Diaper Dermatitis (Diaper Rash)



**FAST FACTS** 

### over 50%

of infants are affected by irritant diaper dermatitis

## 1/4 of visits

in the first year of life are related to dermatologic complaints

## breastfeeding

is protective against irritant diaper dermatitis

#### WHEN TO REFER

Refer to the Department of Dermatology at **513-636-4215** or **dermatology@cchmc.org** if:

- A red flag is present
- Extensive, severe disease is present
- Unclear diagnosis

For urgent issues or to speak with a pediatric dermatologist on call 24/7, call the Physician Priority Link® (PPL) at 513-636-7997 or 1-888-987-7997.

Irritant diaper dermatitis is an irritant contact dermatitis caused by urinary pH, fecal bacteria and residual pancreatic enzymes.

#### **ASSESSMENT**

Perform a standard health history and physical exam. Irritant diaper dermatitis presents as erythema, erosions and sometimes scaling, which typically spares the genitocrural folds.

Examine the skin for involvement, including the scalp and intertriginous sites (axillary, genitocrural).

Ask probing questions about:

- Barrier cream use (including how much is used with each diaper change)
- Diaper changing habits
- · Diaper wipe use
- · Previous treatments

#### HISTORY AND PHYSICAL EXAM RED FLAGS

- Significant involvement of the genitocrural folds
- Involvement of other intertriginous sites and/or scalp
- · Perioral and acral involvement
- Rash unresponsive to frequent barrier cream application and low-strength topical corticosteroid

These could be signs of an alternative cause of the diaper eruption, such as candida infection, seborrheic dermatitis, infantile psoriasis or acrodermatitis enteropathica.

#### MANAGEMENT/TREATMENT

Decreasing contact with the irritants and barrier cream application are the mainstay of treatment.

#### For mild to moderate cases

Encourage parent to make the following lifestyle modifications:

- Frequent diaper changes
- Use of 20% zinc oxide barrier cream or other petrolatum-based emollient with every diaper change and before bedtime. Parent should apply a generous amount.
- Use of water wipes or saline or mineral oil on cotton squares. Parent should discontinue use of standard or "sensitive skin" diaper wipes.

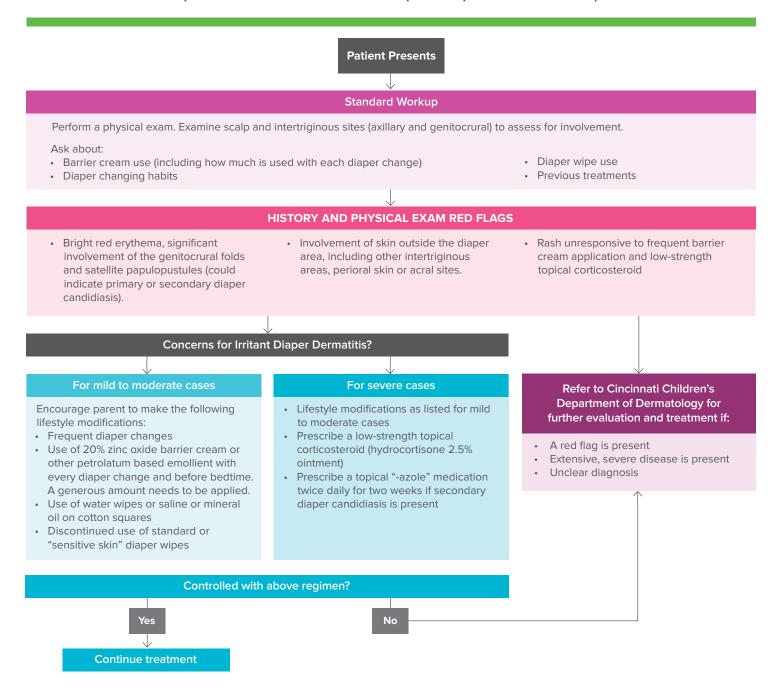
#### For severe cases

- · Lifestyle modifications as above
- Prescribe hydrocortisone 2.5% ointment twice daily as needed for up to 2 weeks at a time.

Prescribe a topical "-azole" medication twice daily for two weeks if secondary diaper candidiasis is present. Diaper candidiasis will present with bright red erythema of the genitocrural folds and "satellite" papules and small pustules adjacent to the diaper eruption. Patients with irritant diaper dermatitis are at high risk for developing a secondary candida infection.

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children's.

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