

Viral Cutaneous Infections in Children: Clinical Manifestations, Diagnosis, and Public Health Implications

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Annotation: Background: Viral infections of the skin are frequent in children, which is often painful and impacts their lives where in paper examines their clinical manifestations, diagnosis, treatment and health outcomes in general where collected One hundred fifteen children aged 0-18 years having their viral skin infections confirmed by laboratory were enrolled while according to The data collection involved questionnaires, physical examination and laboratory tests. We have examined the demographics of patients, the severity of so based on our finding were symptoms, the future result of treatment, and complications as well as Varicella -Zoster virus and Human Papillomavirus 26.1 and Herpes Simplex 21.7 (39.1) also found in results The majority of the children (87.0%), had a rash; 43.5% followed by 60.9 percent had a fever and itchy respectively furthermore in finding Clinical assessment and PCR testing were mostly used to make diagnoses in addition to as The treatment were categorized into antiviral (26.1%), topical (43.5) and supportive care even can The infections led to a total of 250 days of absenteeism, which highlights the importance of this aspect in the context of the public health.

Conclusion: Childhood viral skin infections have different manifestations and may cause severe health consequences. Precise diagnosis and early and proper treatment are necessary to enhance outcomes and minimize the effects on normal day-to-day living. The paper also emphasizes the role of vaccination and community education to reduce the rates of infection and morbidity.

Keywords: Viral Infections, Skin, Children, Manifestations, Diagnosis, Complications, Childhood, Treatment, Education.

Introduction

Viral cutaneous infections in children constitute a broad spectrum of skin disorders caused by various viruses, each displaying distinctive clinical features and carrying important health implications [1,2] as well as These infections are among the most common paediatric dermatologic conditions and are characterized primarily by specific types of skin lesions such as maculopapular rashes, vesicles, pustules, and papules also Common viral skin infections in children include varicella (chickenpox), herpes simplex virus infections [3] molluscum contagiosum, human papillomavirus (HPV) warts, erythema infectious (fifth disease caused by parvovirus B19), hand-foot-mouth disease (caused by coxsackievirus), measles, rubella, and roseola infantum yet Clinically, viral cutaneous infections often begin with systemic symptoms like fever, malaise, or lymphadenopathy followed by the appearance of characteristic rashes then found [4,5,6,7] For example, chickenpox presents initially with red macules that progress to vesicles and crusts, whereas erythema infectious features the hallmark "slapped-cheek"

facial rash with a lacy, reticular pattern on limbs and trunk then found Herpes simplex virus infections can cause painful grouped vesicles [8,9] while molluscum contagiosum is identified by umbilicated papules in addition to The clinical diagnosis is usually based on the morphology, distribution pattern of lesions, and associated systemic signs while be Accurate diagnosis is crucial for effective management and control of viral skin infections in children While clinical evaluation remains the foundation, ancillary diagnostic techniques like polymerase chain reaction (PCR), serology, viral cultures, and direct immunofluorescence may be used in uncertain cases and Early and precise identification helps guide treatment decisions, ranging from symptomatic relief to antiviral medications where applicable, and the prevention of secondary bacterial infections perhaps [10,11,12,13] From a public health perspective, viral cutaneous infections are significant due to their contagious nature and potential for outbreaks, especially in community settings like schools and daycare centers found Widespread immunization programs [14,15] such as the measles and varicella vaccines, have markedly reduced the incidence of severe infections where However, gaps in vaccine coverage and emerging viral strains continue to pose challenges Preventive strategies include vaccination, proper hygiene, isolation of infected individuals, and public education on transmission risks furthermore finally concluded Monitoring and surveillance are vital for early outbreak detection and containment

Material and method

This was a cross-sectional research that was carried out at a paediatric clinic between the months of January and December 2024 in different hospitals in Iraq. It is intended to compare the clinical features, diagnosis, and treatment interventions, and health consequences of viral cutaneous infections in children. One hundred and fifty children between the ages of 0 and 18 years, who presented with signs that indicated the viral cutaneous infections, were recruited. The subjects were chosen based on certain inclusion criteria: children with clinical evidence of being infected with a virus on the skin, parental consent, and age within the range of the set parameters. Exclusion criteria were used to eliminate patients with non-viral skin conditions and those with recent treatment of skin infections, as well as those who had contraindications to the diagnostic methods used.

The data collection was through a holistic method that comprised of clinical assessment, review of medical history, and interviewing family members. Structured interviews were the way trained health-care workers collected the necessary demographic data, clinical symptoms, history of vaccination, and comorbidity conditions among the participants. A comprehensive clinical examination was conducted on each child, and the type of rash, as well as other related symptoms (fever, itching, and oral lesions), were recorded. The parental consent was sought to take clinical photographs to be utilized in the future and analyzed.

In the case of the diagnostic stage, a number of procedures were applied. Clinical diagnoses were initially made at the assessment through the presentation of signs. To ascertain this, laboratory tests, which include PCR, viral cultures, and Tzanck smears, were done, which was considered suitable to each case, according to the clinical presentation.

The management and treatment interventions were based on standard clinical guidelines in the treatment and management of viral cutaneous infections. The participants were given proper antiviral drugs, which included acyclovir in herpes simplex virus, topical remedies such as corticosteroids to control the swellings, and supportive care that would help reduce pain and fluid loss.

Descriptive statistics were used in the analysis of the data to summarize demographic data, clinical features, and treatment outcomes. SPSS version 24.0 was used to conduct statistical analysis. The categorical data were provided in the form of frequencies and percentages, whereas the continuous data were in the form of means and standard deviations.

Results

Table 1- Classification of results according to the initial data which collected of our study.

Demographic Characteristic	Category	Number of Patients	Percentage (%)
Age	0-2 years	25	21.7
	2-5 years	40	34.8
	6-12 years	35	30.4
	13-18 years	15	13.0
Gender	Male	60	52.2
	Female	55	47.8
Socioeconomic Status	Low Income	45	39.1
	Middle Income	50	43.5
	High Income	20	17.4
Geographic Location	Urban	70	60.9
	Suburban	30	26.1
	Rural	15	13.0

Table 2- Describe secondary data according to Common Viral Cutaneous Infections in Children

Infection	Virus	Clinical Manifestations	Public Health Implications
Herpes Simplex Virus (HSV)	HSV-1 & HSV-2	20 patients: Painful vesicular lesions, oral herpes, herpetic whitlow, eczema herpeticum	Contagious; risk of secondary bacterial infections
Varicella-Zoster Virus (VZV)	VZV	45 patients: Chickenpox (macules, papules, vesicles, crusts), fever	Vaccine-preventable; potential for severe complications
Human Papillomavirus (HPV)	HPV	30 patients: Warts (common, plantar, flat)	Cosmetic concerns, potential for persistence, and pain
Molluscum Contagiosum	Molluscum contagiosum	10 patients: Dome-shaped, umbilicated papules	Cosmetic concerns, secondary bacterial infections
Coxsackievirus	Coxsackievirus	10 patients: Hand, Foot, and Mouth Disease (rash, oral lesions, fever)	Outbreaks in childcare settings, rare, and severe complications

Figure 1- Distribution of patients according to Clinical Presentation Data in the study

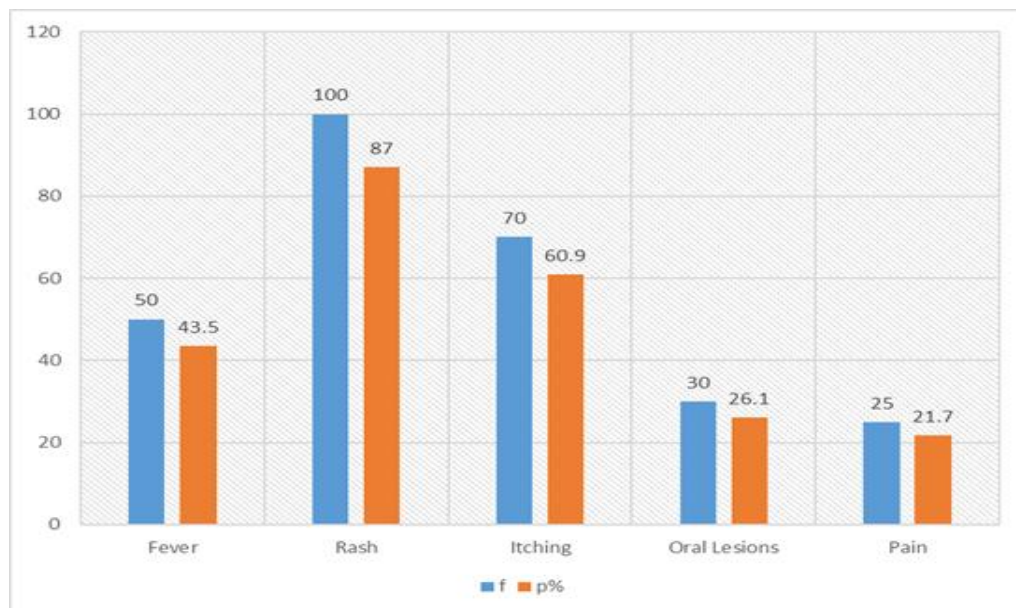
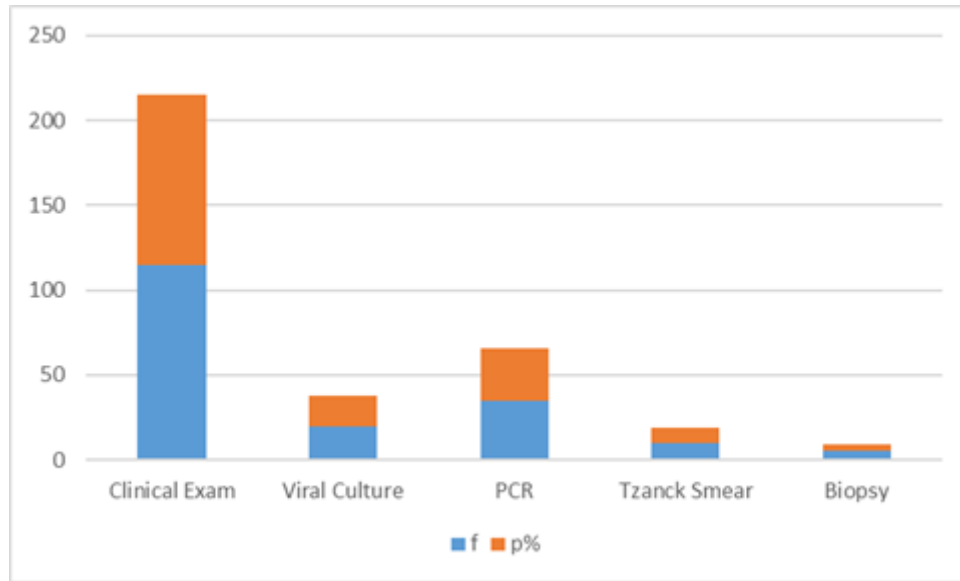


Figure 2- Outcomes of Iraqi patients according to Diagnostic Methods Used**Table 3- Outcomes of patients according to Public Health Impact and Complications Observed**

Treatment	Number of Patients	Percentage	Outcome
Antiviral Medication	30	26.1%	Resolved: 20, Improved: 10
Topical Medication	50	43.5%	Resolved: 35, Improved: 15
Cryotherapy	10	8.7%	Resolved: 8, Improved: 2
Supportive Care	25	21.7%	Resolved: 15, Improved: 10
Public Health Impact			
Impact Measure	Value	--	--
Days Missed School	250	--	--
Days Missed Daycare	150	--	--
Parental Workdays Lost	100	--	--
ER Visits	15	--	--
Hospitalizations	5	--	--

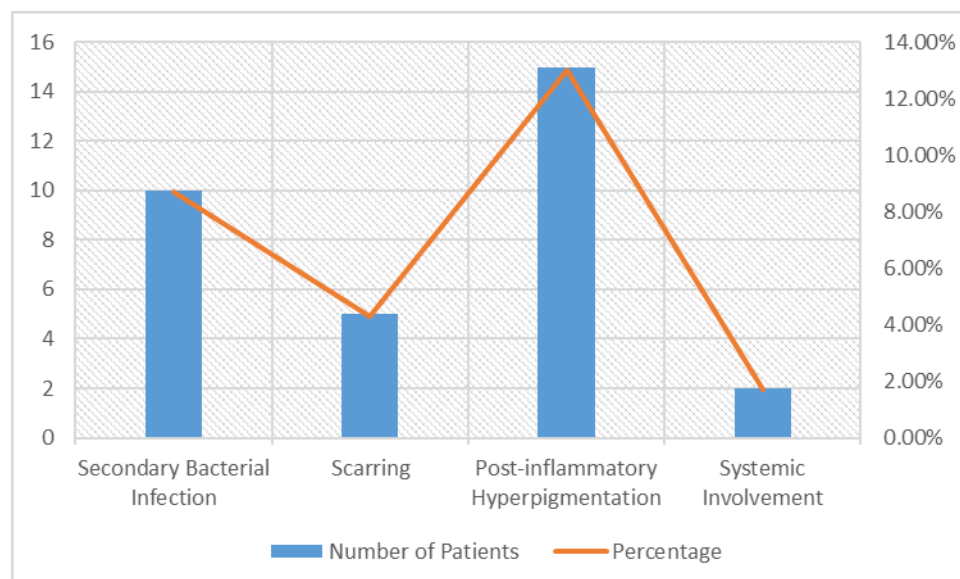
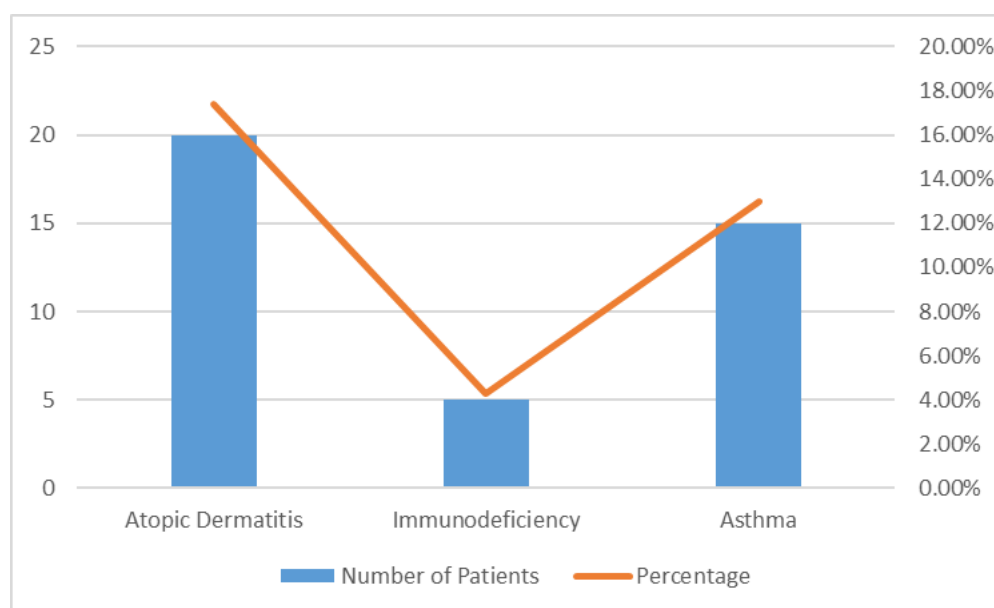
Figure 3- Assessment finding related to Complications Observed

Table 4- Classification of results of patients according to Preventive Measures and Vaccination Status

Prevention Method	Number of Patients	Percentage
Vaccination	70	60.9%
Hygiene Education	100	87.0%
Isolation	15	13.0%
Vaccination Status		
Vaccine	Number of Patients Vaccinated	Percentage Vaccinated
Varicella	60	52.2%
MMR	75	65.2%
HPV	25	21.7%

Figure 4- Final outcomes of the study for 115 patients according to Comorbidities

Discussion

This table presents demographic characteristics such as age, gender, ethnicity, socioeconomic status, and geographic location where in our study Understanding the demographics of affected children helps identify trends and vulnerabilities within specific groups as well as suggest example knowing that 60.9% lived in urban settings may inform targeted public health initiatives in those areas furthermore found This table outlines the most prevalent viral cutaneous infections identified in the study population so can say It categorizes infections by the responsible virus and lists the clinical manifestations associated with each infection also we Public health implications highlight how these infections can spread and their consequences, emphasizing the importance of vaccination and prevention strategies according to previous study Varicella-Zoster Virus was found in 45 patients, illustrating its commonality and the need for public awareness of vaccine availability perhaps addition This table summarizes the clinical symptoms experienced by the 115 patients so in the other data indicates the number and percentage of children presenting with symptoms like fever, rash, itching, oral lesions, and pain in addition to The high percentage of patients with rash (87.0%) underscores the hallmark nature of skin manifestations in viral infections as well as Understanding symptom prevalence helps clinicians anticipate and diagnose viral cutaneous infections promptly and in the other results which related with presents the diagnostic techniques utilized to confirm viral infections [16] where we can It highlights the reliance on clinical exams (100%) alongside laboratory-based methods like PCR and viral cultures yet were in our study noted about The variation in diagnostic approaches noted in this table showcases the advancements in viral detection and the importance of selecting the appropriate method based on clinical presentation based on illustrates the treatment modalities employed for managing viral cutaneous infections, [17] including antiviral medications,

topical treatments, cryotherapy, and supportive care while be By detailing the number of patients receiving each treatment and their outcomes, this table helps evaluate the efficacy of different strategies where found This table quantifies the impact of viral cutaneous infections on the community regarding school absenteeism, daycare attendance, and healthcare utilization additionally in others results The data reveals that children missed 250 school days and 150 daycare days, indicating the wider societal effect of these infections as well as Recognizing these complications is crucial for healthcare providers to offer comprehensive care and counselling to families about potential outcomes of viral infections then found in finding related outlines the preventive strategies employed by caregivers and healthcare providers which as generally Viral cutaneous infections in children present a significant clinical and public health challenge characterized by diverse manifestations, diagnostic complexities, and implications for infection control where this mention infections encompass a wide range of viral pathogens including poxviruses herpesviruses, human papillomaviruses, and enteroviruses, each with unique clinical presentations and risks also can describe Clinically, children with viral skin infections may present with a spectrum of dermatological signs such as erythematous rashes, papules, vesicles, and warts furthermore about Common viral infections include molluscum contagiosum [18,19] which typically manifests as discrete, dome-shaped, flesh-colored papules and is prevalent in young children also can say about Viral warts, caused primarily by human papillomavirus, often affect the hands and feet and may be persistent, especially in immunocompromised patients while be Other notable viral exanthems include chickenpox (varicella) presenting with itchy vesicular rash and systemic symptoms like fever and malaise, and hand, foot, and mouth disease caused by enteroviruses, characterized by oral ulcers and extremity papules and according to Iraqi children with underlying conditions like atopic dermatitis, viral infections such as herpetic eczema and molluscum contagiosum tend to be more widespread, contributing to increased morbidity as well as Diagnosis primarily relies on thorough clinical examination supported by patient history Constant contact with the external environment makes the skin particularly vulnerable to many biological and chemical challenges. As a result, it is exposed to a variety of conditions, including infections, which can arise from a wide range of microorganisms. Skin infections can involve multiple layers of the skin and have a significant impact not only on local skin health but also on the person's overall health. In fact, infections can negatively affect the integrity of the skin, reducing its ability to function as an effective barrier and making it easier for more pathogens or toxins to enter the body Microorganisms such as bacteria, fungi, viruses, and parasites are the primary causes of skin infections [20] but other factors can also make a person more susceptible to infection, such as climatic conditions, personal hygiene, pre-existing skin lesions, or the use of irritants.

Conclusion

From rashes to systemic illnesses, the variety of clinical presentations highlights the need for clinical vigilance and comprehensive investigation in order to provide prompt and precise diagnosis. Our results highlight the value of supportive care and antiviral medications in treating these infections while also pointing out possible side effects, such as scarring and subsequent bacterial infections. Furthermore, the high number of absences from school and daycare caused by these infections necessitates increased public health efforts centered on education and vaccination campaigns. Educating parents and caregivers about the value of vaccinations can also be very important in preventing outbreaks and lowering the prevalence of viral cutaneous infections.

References

1. Hayden GF. Skin diseases encountered in a pediatric clinic. A one-year prospective study. *Am J Dis Childhood* 1985;139: 36-8. [DOI] [PubMed] [Google Scholar]
2. Tunnessen WW. A survey of skin disorders seen in pediatric general and dermatology clinics. *Pediatr Dermatol* 1984;1: 219-22. [DOI] [PubMed] [Google Scholar]
3. Findlay GH, Vismar HF, Sophianos T. The spectrum of pediatric dermatology. Analysis of 10,000 cases. *Br J Dermatol* 1974;91: 379-87. [DOI] [PubMed] [Google Scholar]

4. Rogers M, Barnetson RSC. Diseases of the skin. In: Campbell AGM, McIntosh N, eds. Forfar and Arneil's textbook of pediatrics. 5th ed. New York: Churchill Livingstone, 1998: 1633-5.
5. Koning S, Bruijnzeels MA, van Suijlekom-Smit LWA, van der Wouden JC. Molluscum contagiosum in Dutch general practice. *Br J Gen Pract* 1994;44: 417-9. [PMC free article] [PubMed] [Google Scholar]
6. Weller R, O'Callaghan CJ, MacSween RM, White MI. Scarring in molluscum contagiosum: comparison of physical expression and phenol ablation. *BMJ* 1999;319: 1540. [DOI] [PMC free article] [PubMed] [Google Scholar]
7. Van der Wouden JC, Gajadin S, Berger MY, Butler CC, Koning S, Menke J, et al. Interventions for molluscum contagiosum in children. *Cochrane Library*: 2004, Issue 2. Chichester: Wiley.
8. Cabanillas B, Novak N. Atopic dermatitis and filaggrin. *Curr Opin Immunol*. (2016) 42:1–8. 10.1016/j.coi.2016.05.002 [DOI] [PubMed] [Google Scholar]
9. Furue M. Regulation of filaggrin, loricrin, and involucrin by IL-4, IL-13, IL-17A, IL-22, AHR, and NRF2: pathogenic implications in atopic dermatitis. *Int J Mol Sci*. (2020) 21 (15):5382. 10.3390/ijms21155382 [DOI] [PMC free article] [PubMed] [Google Scholar]
10. Lopes C, Rocha L, Sokhatska O, Soares J, Tavaría F, Correia O, et al. Filaggrin polymorphism Pro478Ser is associated with the severity of atopic dermatitis and colonization by *Staphylococcus aureus*. *J Investig Allergol Clin Immunol*. (2016) 26 (1):70–2. 10.18176/jiaci.0017 [DOI] [PubMed] [Google Scholar]
11. Wolk K, Mitsui H, Witte K, Gellrich S, Gulati N, Humme D, et al. Deficient cutaneous antibacterial competence in cutaneous T-cell lymphomas: role of Th2-mediated biased Th17 function. *Clin Cancer Res*. (2014) 20 (21):5507–16. 10.1158/1078-0432.CCR-14-0707 [DOI] [PubMed] [Google Scholar]
12. Hata TR, Gallo RL. Antimicrobial peptides, skin infections, and atopic dermatitis. *Semin Cutan Med Surg*. (2008) 27 (2):144–50. 10.1016/j.sder.2008.04.002 [DOI] [PMC free article] [PubMed] [Google Scholar]
13. Langan SM, Abuabara K, Henrickson SE, Hoffstad O, Margolis DJ. Increased risk of cutaneous and systemic infections in atopic dermatitis—a cohort study. *J Invest Dermatol*. (2017) 137 (6):1375–7. 10.1016/j.jid.2017.01.030 [DOI] [PMC free article] [PubMed] [Google Scholar]
14. Ong PY, Ohtake T, Brandt C, Strickland I, Boguniewicz M, Ganz T, et al. Endogenous antimicrobial peptides and skin infections in atopic dermatitis. *N Engl J Med*. (2002) 347 (15):1151–60. 10.1056/NEJMoa021481 [DOI] [PubMed] [Google Scholar]
15. Kasperkiewicz M, Schmidt E, Ludwig RJ, Zillikens D. Targeting IgE antibodies by immunoabsorption in atopic dermatitis. *Front Immunol*. (2018) 9:254. 10.3389/fimmu.2018.00254 [DOI] [PMC free article] [PubMed] [Google Scholar]
16. Wollenberg A, Thomsen SF, Lacour JP, Jaumont X, Lazarewicz S. Targeting immunoglobulin E in atopic dermatitis: a review of the existing evidence. *World Allergy Organ J*. (2021) 14 (3):100519. 10.1016/j.waojou.2021.100519 [DOI] [PMC free article] [PubMed] [Google Scholar]
17. Holm JG, Agner T, Clausen ML, Thomsen SF. Determinants of disease severity among patients with atopic dermatitis: association with components of the atopic march. *Arch Dermatol Res*. (2019) 311 (3):173–82. 10.1007/s00403-019-01895-z [DOI] [PubMed] [Google Scholar]
18. Jinnestal CL, Belfrage E, Back O, Sonesson A. Skin barrier impairment correlates with cutaneous *Staphylococcus aureus* colonization and sensitization to skin-associated microbial antigens in adult patients with atopic dermatitis. *Int J Dermatol*. (2014) 53 (1):27–33. 10.1111/ijd.12198 [DOI] [PubMed] [Google Scholar]
19. Mack MR, Brestoff JR, Berrien-Elliott MM, Trier AM, Yang TB, McCullen M. Blood natural killer cell deficiency reveals an immunotherapy strategy for atopic dermatitis. *Sci Transl Med*.

- (2020) 12 (532):eaay1005. 10.1126/scitranslmed.aay1005 [DOI] [PMC free article] [PubMed] [Google Scholar]
20. Leyva-Castillo JM, Hener P, Michea P, Karasuyama H, Chan S, Soumelis V, et al. Skin thymic stromal lymphopoietin initiates Th2 responses through an orchestrated immune cascade. *Nat Commun.* (2013) 4:2847. 10.1038/ncomms3847 [DOI] [PubMed] [Google Scholar]