

DOWN SYNDROME AND **Folliculitis**

Folliculitis is a skin issue that happens when a hair follicle gets inflamed. Folliculitis is one of the most common skin conditions in people with Down syndrome.

WHAT DOES FOLLICULITIS LOOK LIKE?

You may see raised, pinkish or reddish bumps around the hair follicle. These can be itchy or painful. Sometimes there is pus or peeling skin around the bumps. These bumps can appear anywhere on the body, but the buttocks and thighs are the most common.

When the bumps go away, they may leave behind dark spots or pink spots. These usually fade over time.

Sometimes a single bump can become infected. When this happens, it gets swollen, red, and painful. This is called a "boil" or "abscess".

It can be hard to tell the difference between folliculitis and another skin condition called hidradenitis suppurativa (HS). HS is larger, painful bumps in the armpits, buttocks, and legs. HS is also common in people with Down syndrome. Talk with your child's doctor about monitoring for HS.

WHAT CAUSES FOLLICULITIS?

Folliculitis is caused by inflammation or infection of the hair follicle.

- » Hair follicles are small openings on the skin where the hair comes out. They may become blocked or damaged from rubbing against clothing or shaving.
- » People with Down syndrome may be more likely to have folliculitis because of the extra copy of chromosome 21. This may cause follicles to become blocked more easily because of differences in skin proteins and the immune system.
- » Clogged follicles may trap bacteria that normally live on the skin. Bacteria grow inside the follicle, causing them to become red, swollen, and bumpy.

HOW CAN I PREVENT FOLLICULITIS?

If your child is prone to folliculitis, wash your child's skin regularly with antibacterial soap. You can either use your hand, a clean towel, or washcloth. Avoid sharing washcloths with others. If your child prefers baths and/or application of soap is difficult, talk with your child's doctor about bleach baths.

>> Shaving Care

- Avoid shaving when possible.
- An electric razor is less irritating than a blade razor.
- Shave in the same direction that the hair grows.
- Use shaving cream to lessen friction.
- Do not share razors with others.

>> Clothing

- Regularly wash clothing with soap and water.
- Avoid tight clothes that rub against the skin.

FOLLICULITIS TREATMENT

Antibacterial Washes

- » These help lessen bacteria on the skin. Examples include benzoyl peroxide, chlorhexidine, sodium hypochlorite, or bleach baths. Your doctor can help recommend the best wash.
- » If using benzoyl peroxide, remember that this can bleach fabrics (but does not bleach skin).
- » If using a wash, apply it gently to the skin. Let it sit on the skin for at least five minutes, then rinse it off. Your doctor may recommend using this wash every day or a few times a week.
- » Dryness is a common side effect.

Topical Antibiotics

- » These help fight specific kinds of bacteria.
- » Examples include clindamycin, mupirocin, or erythromycin.

If your child has boils or an abscess, more treatment may be necessary.

Oral Antibiotics

- » These are given by mouth to help fight bacterial infections.
- » Your doctor can discuss the risks and benefits of an oral medicine for folliculitis. Let them know if your child has any stomach problems like bowel disease, celiac disease, or reflux. This might affect which antibiotic they choose.

Drainage

- » Drainage of a boil or abscess allows the pus and fluid to escape so the spot can heal.
- » This treatment can be painful, but is sometimes necessary for large, deep, or persistent lesions.

If your child develops a fever, they should see a doctor as soon as possible.



The Society for Pediatric Dermatology
8365 Keystone Crossing, Suite 107
Indianapolis, IN 46240
(317) 202-0224
www.pedsderm.net

Authors:
Colleen Cotton, MD
Allison Kranyak, MD
Catherine Reilly, BS

Reviewers:
Jayden Galamgam, MD
Jillian Rork, MD
Kishore Vellody, MD

The Society for Pediatric Dermatology cannot be held responsible for any errors or for any consequences arising from the use of the information contained in this handout.

© 2024 The Society for Pediatric Dermatology