



Many different skin conditions can happen during childhood, but some are more common in children with Down syndrome. In this handout, we review skin conditions more commonly seen in school-age children with Down syndrome. We also provide links to other Patient Perspectives handouts where you can learn more.

LIFE STAGES

School-Age Children

Dry Skin and Eczema

Dry skin is common in children with Down syndrome. This can start at a young age and often happens on the face and hands. Sometimes dry skin can lead to pink, itchy patches called eczema. You may also notice thickened skin called “hyperkeratosis” on the elbows, knees, hands, and feet. Using moisturizing creams or ointments can help, and your child’s doctor can give other tips and treatments.

DS & Dry Skin



To learn more, check out the [Patient Perspectives Down Syndrome & Dry Skin Handout](#).

Rashes Around the Mouth

In children with Down syndrome, there are many reasons for rashes around the mouth:

- » Saliva and/or food
- » Weaker mouth muscles
- » A larger tongue

These can cause dry, cracked lips and sores at the corners of the mouth called “angular cheilitis.” Perioral or periorificial dermatitis is another common rash that looks like small pink bumps around the mouth, nose, and eyes. Using moisturizing ointments can help rashes around the mouth. Your child’s doctor can give other tips and treatments.

DS & Rashes Around the Mouth



To learn more, check out the [Patient Perspectives Down Syndrome & Rashes Around the Mouth Handout](#).

Alopecia Areata

Alopecia means hair loss. Alopecia areata is hair loss from immune cells attacking the hair, causing:

- » Round spots of missing hair on the head.
- » Eyebrows and eyelashes to sometimes fall out.

This happens more often in children and adults with Down syndrome because they are more likely to develop conditions caused by the immune system. For many, the first signs of alopecia areata start as a child. Tell their doctor if you think your child is losing hair. If they suspect alopecia areata, they should make sure thyroid screening is up-to-date.

Alopecia Areata



Check out the [Patient Perspectives Alopecia Areata Handout](#) for more information.

Folliculitis and Hidradenitis Suppurativa

Folliculitis means inflamed hair roots. It looks like pimples and often happens on the legs or butt. If your child has this:

- » Do not pop the pimples as this can cause scars and infections.
- » Medicated washes, lotions, or antibiotics can help.

As children get older, they may develop hidradenitis suppurativa. This looks like larger, painful bumps in the armpits, butt, and legs. Hidradenitis suppurativa is more common in people with Down syndrome. We recommend a doctor looks for signs of hidradenitis suppurativa on the skin every year starting at age 10. Finding this skin condition early is important!



Check out the [Patient Perspectives Down Syndrome & Folliculitis Handout](#) and the [Patient Perspectives Down Syndrome & Hidradenitis Suppurativa Handout](#) to learn more.

Tinea Pedis and Onychomycosis

Tinea pedis and onychomycosis are fungal infections on the feet and nails.

- » Other names for these are “athlete’s foot” or “toenail fungus.”
- » Athlete’s foot looks like dry, flaky areas between the toes or the bottom/sides of the feet.
- » Toenail fungus looks like thick, yellow nails.

This is more common in people with Down syndrome and can start as a child. Make sure your doctor looks at your child’s feet to check for these conditions. Your doctor may scrape the skin or cut the toenails to test for these infections. There are topical and oral treatments.



To learn more, check out the [Patient Perspectives Tinea Infections Handout](#).

Sun Protection

It is important to protect your child from too much sun. Here are some tips:

- » Use sun-protective clothing.
- » When in the sun, sunscreen should be applied to exposed skin.
- » Use broad spectrum sunscreen with an SPF 30 or higher.

Sunscreens are safe for children older than 6 months old.



To learn more, check out the [Patient Perspectives Sun Protection Handout](#).

Rare, but let’s talk about it!

Milia-like Calcinosis Cutis

Here are some facts about this rare skin condition:

- » It can happen in children with Down syndrome.
- » It looks like small, hard, white bumps on the hands and sometimes feet.
- » It can last for several years.
- » Make sure your child’s doctor asks if it is painful or bothersome.
- » It is almost never a harmful skin problem and often goes away on its own.

Talk with your child’s doctor if you think your child might have this on their skin.



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