SKIN CONDITIONS & DOWN SYNDROME





Many different skin conditions can happen during the teenage years, but some are more common in teenagers with Down syndrome. In this handout, we review skin conditions more commonly seen in teenagers with Down syndrome. We also provide links to other Patient Perspectives Handouts where you can learn more.

LIFE STAGES

Dry Skin and Eczema

Dry skin is common in teenagers with Down syndrome. This can start at a young age and especially 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 doctor can give other tips and treatments.

DS & Dry Skin

To learn more, check out the **Patient Perspectives Down** Syndrome & Dry Skin Handout.

Acne

Acne, known as "pimples," usually starts as a teenager. Acne can look like red bumps, white bumps, or blackheads. It can happen on the face, back, or chest. Acne happens as a teenager because of hormone changes from puberty. Your skin starts to make more oil which gets trapped, causing pimples. There are other causes of acne like family history and bacteria or yeast.



To learn more about acne, check out the Patient Perspectives Acne Handout.

Syringomas

Syringomas are skin-colored-to-yellow bumps on the skin. These are common on the face, particularly around the eyes. Syringomas are more common in people with Down syndrome, especially in women. Syringomas are not harmful but can be hard to treat.



To learn more, check out the **Patient Perspectives Down Syndrome & Syringomas** Handout.

Rashes Around the Mouth

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

- » Saliva
- 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 doctor can give other tips and treatments.



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 have conditions caused by the immune system. Tell your doctor if you think you are losing hair. If they suspect alopecia areata, they should make sure your thyroid screening is up-to-date and refer you to a dermatologist.



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 and bottom. If you have this:

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

Hidradenitis suppurativa looks like larger, painful pimple-like bumps in the armpits, butt, and thighs. It is more common in people with Down syndrome, especially teenagers. 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.

Seborrheic Dermatitis

Seborrheic dermatitis or "dandruff" can happen on the face and head in teenagers with Down syndrome. It looks like white, scaly spots, and sometimes the skin underneath is pink. If you notice white flakes on your shirt, you might have dandruff! Dandruff can happen when you are a kid, but is more common as a teenager. Your doctor may give you a special shampoo and/or creams to help.



Check out the Patient Perspectives Seborrheic **Dermatitis 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 teenager. Make sure your doctor looks at your feet to check for these conditions. Your doctor may scrape the skin or cut the toenails to test for these. There are topical and oral treatments.



To learn more, check out the **Patient Perspectives Tinea** Infections Handout.

Sun Protection

It is important to protect yourself from the sun. Too much sun can be harmful for your skin and increase the risk of skin cancers. Here are some tips:

- Wear sun-protective clothing when in the direct sun. This can include hats, shirts, and swimwear.
- Sunscreen should be applied to skin not covered by clothes.
- When choosing a sunscreen, look for broad spectrum sunscreen with an SPF 30 or higher.
- Remember to reapply sunscreen every 2-3 hours.
- For the face, use a sunscreen that says "does not clog pores" or "non-comedogenic." These sunscreens will not trigger acne.



To learn more, check out the **Patient Perspectives Sun Protection Handout.**

Rare, but let's talk about it!

Elastosis Perforans Serpiginosa

Elastosis perforans serpiginosa is a rare skin condition in people with Down syndrome, including in teenagers. Here are some facts:

- » Looks like pink, scaly bumps that form circles.
- Can happen on the arms, legs, chest, or belly.
- It is not harmful.
- It may go away, but can sometimes stay your whole life.
- After the spots go away, they may leave a scar.
- Sometimes creams can help the bumps go away.

Talk with your doctor if you think you might have elastosis perforans serpiginosa.



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