

The Pediatricians' Knowledge, Attitudes, and Therapeutic Approaches Regarding Diaper Dermatitis: A Common Condition with Many Different Practices [Letter]

Tjitrowati Djaafar ¹, Nurseha S Djaafar ²

¹Department of Sanitation, Poltekkes Kemenkes Palu, Palu, Indonesia; ²Department of Nursing, Poltekkes Kemenkes Manado, Manado, Indonesia

Correspondence: Tjitrowati Djaafar, Department of Sanitation, Poltekkes Kemenkes Palu, Thalua Konchi Street Number 09, North Palu, Palu City, Center of Sulawesi, Indonesia, Email tjitrowatidjaafar@gmail.com

Dear editor

We have read a paper by Yildiz et al on Pediatricians' Knowledge, Attitudes, and Therapeutic Approaches Regarding Diaper Dermatitis.¹ Congratulations to the author for reviewing the pediatrician's therapeutic approach to the incidence of diaper dermatitis which worries many mothers. Diaper dermatitis is a chronic inflammatory skin condition in infants which is characterized by a red rash in the diaper area that is not flat, this is affected by moisture retention, urine, sweat and feces in the baby.² Diaper dermatitis is a common problem faced by babies who use diapers which are affected by the absorption of liquid in the diapers used, transfer of emollient from diapers, with acidic pH buffers and whether these diapers can reduce the negative impact of urine and feces on baby's skin.³

The study conducted by Yildiz et al aims to evaluate pediatrician management strategies for cases of diaper dermatitis, including follow-up and prevention strategies. Yildiz et al found that the most preferred therapy of choice for pediatric patients with diaper dermatitis was zinc oxide, panthenol and hamamelis virginiana extract.¹ However, we would like to introduce a new therapy as an option for diaper dermatitis, namely a new combination of topical treatments containing zinc gluconate, zinc oxide, dexpanthenol, and taurine that are clinically proven to reduce skin erythema and irritation in the diaper area; however, patients still have to pay attention to choosing the right diapers, namely diapers that have high absorption power and are safe for baby's skin.⁴ We also recommend using a barrier cream that contains mild to moderate antifungals or corticosteroids as monotherapy because it has been proven safe and well tolerated for the prevention of diaper dermatitis.⁵

Yildiz et al, in their study, used a questionnaire-based cross-sectional study method where the first questionnaire contained questions related to demographic characteristics of pediatricians, treatment attitudes and opinions about medical advice from their pediatricians. The second questionnaire contains strategies for preventing diaper dermatitis by pediatricians.¹ However, we would like to recommend adding questions related to diaper products used by pediatric patients because the ingredients of the diaper products used can have a significant impact on physiological pH, irritation and damage to baby's skin.³

In conclusion, we agree that zinc oxide, panthenol/dexpanthenol, and hamamelis virginiana extract are the most frequently prescribed topical treatment options and most pediatricians apply topical antimicrobial and anti-inflammatory treatment to their patients when there is no response to first-line treatment,¹ however we recommend to conduct a more prospective and controlled study that synergizes with objective diagnostic tools that can evaluate the signs and symptoms of diaper dermatitis and add insight in the management of diaper dermatitis.⁴

Disclosure

All the authors report no other conflict of interest in this communication.

References

1. Yildiz I, Kizilca O, Haksayar A, Demirkale ZH. Pediatricians' knowledge, attitudes, and therapeutic approaches regarding diaper dermatitis: a common condition with many different practices. *Clin Cosmet Investig Dermatol*. 2023;16:901–910. doi:10.2147/CCID.S405414
2. Jazdarehee A, Lee J, Lewis R, Mukovozov I. Potential mechanisms of the sparing of atopic dermatitis in the diaper region: a scoping review. *J Cutan Med Surg*. 2022;26(4):398–403. doi:10.1177/12034754221088533
3. Gustin J, Bohman L, Ogle J, et al. Improving newborn skin health: effects of diaper care regimens on skin pH and erythema. *Pediatr Dermatol*. 2021;38(4):768–774. doi:10.1111/pde.14602
4. Hebert AA. A new therapeutic horizon in diaper dermatitis: novel agents with novel action. *Int J Womens Dermatol*. 2021;7(4):466–470. doi:10.1016/j.ijwd.2021.02.003
5. Dall'Oglio F, Musumeci ML, Puglisi DF, Micali G. A novel treatment of diaper dermatitis in children and adults. *J Cosmet Dermatol*. 2021;20:1–4. doi:10.1111/jocd.14091

Dove Medical Press encourages responsible, free and frank academic debate. The content of the Clinical, Cosmetic and Investigational Dermatology 'letters to the editor' section does not necessarily represent the views of Dove Medical Press, its officers, agents, employees, related entities or the Clinical, Cosmetic and Investigational Dermatology editors. While all reasonable steps have been taken to confirm the content of each letter, Dove Medical Press accepts no liability in respect of the content of any letter, nor is it responsible for the content and accuracy of any letter to the editor.

Clinical, Cosmetic and Investigational Dermatology

Dovepress

Publish your work in this journal

Clinical, Cosmetic and Investigational Dermatology is an international, peer-reviewed, open access, online journal that focuses on the latest clinical and experimental research in all aspects of skin disease and cosmetic interventions. This journal is indexed on CAS. The manuscript management system is completely online and includes a very quick and fair peer-review system, which is all easy to use. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <https://www.dovepress.com/clinical-cosmetic-and-investigational-dermatology-journal>

<https://doi.org/10.2147/CCID.S416223>