

Pavilion Pediatrics May Newsletter

May 2018



Seasonal Allergies

Funny, the Aaa-Choo graphic we used for our influenza-focused newsletter continues to be relevant. As we officially welcome Spring (c'mon warmer weather!), we also welcome the budding trees and growing grasses that make so many of our eyes water, noses run, throats and ears itch, and heads feel congested. These symptoms, when present during season changes are consistent with seasonal allergies. In children, seasonal allergies tend not to present until at least age 2 and more commonly ages 3 or 4. This is because it takes exposure to multiple seasons to sensitize the body to these allergens. Like any allergy, the body interprets these spores and pollen that we breathe as foreign and mounts an inflammatory response upon exposure. Part of this response is made up of histamine production, the very same neurochemical that is produced in the presence of a cold virus. Therefore, the symptoms of seasonal allergies and the common cold are often quite similar. You can distinguish between the two by noting the time of onset (symptoms triggered by the change of seasons vs randomly or after exposure to someone with a cold) and the fact that sometimes people with seasonal allergies will notice that their symptoms are worse when they are outside, whereas this is not typically the case with a cold.

Seasonal allergies, however, can make you feel as lousy as a cold. Therefore, it's helpful to have a plan of attack. The first element of the treatment regimen should be an - you guessed it - anti-histamine. Since one may need to take these for weeks at a time, during the height of pollen production, it is helpful to find a non-sedating anti-histamine. These include over-the-counter (OTC) medications: Claritin, Zyrtec, Allegra. These are safe for children over two years of age, and can be taken daily to help relieve allergy symptoms. If symptoms persist despite taking an over-the-counter anti-histamine, the next line of defense centers on targeting the symptoms. If a runny nose is the most troublesome symptom, saline rinses with a neti pot, or low-dose corticosteroid nasal sprays are helpful. These too are OTC options, with flonase being the most commonly used nasal spray. If itchy eyes are the problem, OTC anti-histamine eye drops can be effective. Zaditor is a commonly used eye-drop. There are strategies for decreasing allergen exposure too, such as having your child bathe or shower at night after playing outside so as to decrease exposure while sleeping, and closing windows in the car and at home during high pollen days.

If symptoms persist despite these strategies, it may be best to speak to your pediatrician about seeing an allergist. In these cases, it may be helpful to identify the particular trees, grasses, or weeds to which your child is sensitive in an effort to further mitigate his or her exposure. There is some good evidence too that allergy immunotherapy can be effective. This is best discussed with a trained pediatric allergist.

Spots, Bumps, Redness Oh My! Rashes....

One of the most frustrating things as a parent is the development of a mysterious rash on your child. This starts from about day two of your child's life when your perfect baby starts to develop a whole host of - mercifully, in most cases - benign rashes. As you noticed then, these rashes came and went without much fanfare or without much response to your attempts to stop them. This is true of many rashes later in childhood as well. Many viruses herald their exit from your child's body with a bright, red, non-itchy rash days after your child may have had a fever and or runny nose. You wake to find your child covered in a rash but they are back at it, full-steam ahead, acting as if there is nothing wrong. They're usually right. If they're not bothered by the

rash, chances are there is nothing to worry about. Common viruses in infancy that present with these types of rashes are roseola, parvovirus (Fifth's or Slapped Cheek disease), and adenovirus. We call these benign rashes in the setting of viral illness "viral exanthems." Fortunately, by the time the rash appears in these cases, usually your child's fever is gone and they are not considered contagious.

Another common rash that we see in children (and adults) is hives, or urticaria. Hives often signal that our immune system is reacting to some culprit. It may be in the setting of an allergy to a medication such as an antibiotic, a virus, cold or hot temperatures, or food allergens. Frustratingly, in the majority of cases of hives, we cannot identify the culprit. We call this idiopathic urticaria. Hives themselves are not dangerous, but if they are present in conjunction with difficulty breathing, swelling of the lips or around the mouth, persistent vomiting, or any other worrisome symptom, your child should be evaluated immediately in the emergency room. In the absence of these worrisome symptoms, hives can be treated at home with the use of an anti-histamine (do you sense a theme here?) Most commonly, we recommend benadryl. Please review dosing with your pediatrician. Benadryl will decrease the itchiness of the hives, but the nature of hives is to wax and wane, sometimes over the course of 2-4 weeks. If your child is not bothered by the hives, it is safe to leave them alone. If you need to use an anti-histamine for days or weeks at a time, you may want to consider one of the non-sedating anti-histamines such as Claritin or Zyrtec.

In the News

You may have heard in the news that frequent antibiotic use in infants less than six months of age has been associated with an increased risk of allergy. As noted in the Washington Post, "For babies who received antibiotics, the chances [of developing] doubled for asthma and were at least 50 percent higher for hay fever and anaphylaxis." The mechanism proposed is that these medications change the microbiotic milieu of the GI tract and affect our sensitivity to foods and allergens. While this is one study, and certainly more studies will be needed to corroborate the findings here, it is a good reminder that, while antibiotics are absolutely necessary in many cases, it is important to be judicious in using them, especially in infants. If you have questions about this, please feel free to discuss with your pediatrician during your next visit.

If you have any questions or comments regarding the information found here, we encourage you to bring them to your child's pediatrician.

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