

The Challenge of Rash Diagnosis: Is Travel a Factor or a Red Herring?

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Rashes in children can often be challenging to diagnose due to myriad reasons. There is a wide variety of rashes children can develop; many common skin conditions have several morphologies; rashes can evolve and change appearance over time; and partially treated rashes present differently. Adding a travel history can confuse diagnosis further by adding many more possibilities, and oftentimes, the travel history is seen as a pertinent feature when it may not be. “**Where in the World Did**

You Get that Rash” is an attempt to help the pediatric practitioner approach rashes when there is a history of time spent in another geographic location.

While travel often prompts us to think of exotic, tropical rashes, many times when travel is related to the rash it is a much more common, less exotic contributing factor. For example, overcrowding can lead to scabies exposure, or itchy mosquito bites can develop a secondary infection with staph aureus. Or perhaps travel exposes the patient to environmental changes, which provokes a flare of a pre-existing condition. For example, a patient’s eczema may flare when they move from a humid climate to a cold, dry one. Patients can have travel-related skin conditions that are not infectious, such as sunburn, animal bites, and contact dermatitis to plants, for example.

Unknown conditions—and rashes are no exception—are best tackled with an approach that serves to give some framework for thinking about the Ddx to narrow it down to the likely diagnosis or at least a manageable list of possibilities. Even in the absence of that, sometimes simply being able to rule out serious conditions allows for more time to sort out the diagnosis or continue observing.

While various frameworks might apply here—grouped by infectious agent or grouped by geographic location—patients present with lesions or rashes of many morphologic descriptions. Our approach is that the starting point should be the morphologic lesion(s) with which the patient presents. We then explore what

travel-related conditions might cause such lesions (infectious or non-infectious) and what non-travel related conditions might also be on the DDX for which travel was a “red herring.”

- [Case 1: Fever, Conjunctivitis, Rash, and Genital Lesions in a 17-year-old Boy](#)
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