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he practicing pediatrician is often faced with the daunting task of identifying and managing myriad pediatric skin diseases, often having had little or no formal pediatric dermatology training during residency. Given that there are only 196 board certified pediatric dermatologists in the United States, referrals may not be possible in a timely fashion. Therefore, pediatric dermatology education through CME articles is a critical part of education for pediatricians caring for children and adolescents with skin disease.

The importance of pediatric dermatology has become increasingly recognized in pediatric residency training programs, and a shortage of pediatric dermatologists is clear as indicated by the high number of universities searching for full-time pediatric dermatologists. Of note, a survey of dermatology department chairpersons and residency program directors indicated that only half of the programs employed a full-time pediatric dermatologist; many had been unsuccessfully recruiting for numerous years.1

In another recent analysis of the academic pediatric dermatology workforce, the current pool of faculty was deemed inadequate to meet both the academic and clinical demands in the majority of centers.2 It has been estimated that 86% of “specialty dermatologists” (ie, pediatric dermatology) practice in cities with a population greater than 100,000, highlighting the need in less populated regions.3

Despite the astoundingly high percentage of primary care pediatric visits for skin disease (estimated to be as high as 20%),4 dermatology education requirements in US medical schools average only approximately 21 hours. As such, it has been suggested that educational programs designed to teach primary care physicians about dermatologic diseases may improve dermatologic care.

Eight cases are presented in this pediatric dermatology edition of Pediatric Annals in an attempt to close this educational gap for pediatricians seeing skin disease in their practices. Cases that are included are similar to ones referred to pediatric dermatologists, and either misdiagnosed as other common problems or under-recognized. It is my hope these cases illustrate some important findings and educate pediatricians at the frontline of patient care. ■

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REFERENCES