



Commentary: Pediatric Dermatology, Part II

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Part II of *Pediatric Dermatology* represents a continuation of the series in *Clinics in Dermatology*. This issue contains discussions of the skin manifestations of HIV infections and internal diseases, the mucocutaneous manifestations of viral diseases, the epidemiology of common parasitic infections, the diagnosis and management of childhood nevi and malignant melanoma, disorders of hair, pigmentary disorders, vascular reactions in children, pediatric drug allergy, and acute hemorrhagic edema.

Background

The concept of global community health has become increasingly important in pediatric dermatology. Children may not be thought of as "little adults"; yet, they are subjected to many of the same infectious diseases that ravage adults. Approximately 35 million people have HIV/AIDS, with 16,000 new infections occurring daily. Fourteen percent of those afflicted are children under the age of 15. With current trends continuing, > 50 million humans will have been diagnosed with AIDS by the end of 2001, and AIDS is anticipated to create > 35 million orphans.

Cutaneous leishmaniasis continues to be an increasingly important global public health problem, especially in developing countries. It continues to be a diagnostic and therapeutic challenge for physicians. One to 1.5 million people contract this parasitic disease annually, in addition to 500,000 new cases of visceral leishmaniasis yearly. There are 350 million people at risk of cutaneous leishmaniasis, and of these, 35% are children.

In spite of all that gloomy picture, we now look

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forward to greater progress in children's health care, which includes social and economic welfare, too. We should also intensify our efforts to address other child well-being issues, such as childhood education and nutrition.

Direction

Dermatology, a specialty like other medical disciplines, has been confronted with new subdivisions, ranging from immunodermatology to pediatric dermatology. Dermatologists are now at the cutting edge of science and technology. This progress has been in accordance with the dramatic changes making the world unrecognizable from even a few years ago: ie, tremendous advances in research, unimaginable technology, and now the draft of the human genome.

The goal has been to create an issue of *Clinics in Dermatology* that will continue to meet the needs and interests of dermatologists, pediatricians, and family practitioners. The investigative physician hopefully also will be stimulated by some of the ideas presented.

My overwhelming appreciation goes to the contributors of this issue, who agreed that the subject would be worthy of their time and effort in preparing their contributions. These experts concurred with my aim of bringing the latest discoveries in the science related to the skin to the clinician to help patients and to address just a few of the global health problems. I hope that we will remember that children today are our promise of tomorrow and continue working together to provide the love and care they need.

Lastly, this symposium in *Clinics in Dermatology* is dedicated chiefly to the health care of children all over the world and to the people who conduct research in the science of dermatology.