

### Common Dermatology and Trisomy 21 : Part 1

- **Folliculitis is one of the most prevalent skin conditions in both children and adults with T21:**
  - The etiology is still a matter of debate. It may be infectious or an expression of generalized xerosis.
  - Lesions are typically found on the thighs and buttocks.
  - The chronic, disseminate, and recurrent form is common and may be considered a transitional stage between folliculitis and hidradenitis suppurativa.
  - Scarring often occurs as secondary anetoderma.
  - Treatment should be active, tailored to the etiological diagnosis, and referred to a dermatologist if there is any uncertainty in diagnosis or recurrence.
- **Acne vulgaris in individuals with T21:**
  - Is common during adolescence but may have a lower prevalence and a delayed onset compared to the general population.
  - May be more frequent in males, in contrast to the general population.
  - Has a prevalence in adults comparable to the general population.
  - Presents similarly to the general population with a predominance of comedonal forms and similar lesion topography.
  - For treatment, recommendations for the general population should be followed.
- **Keratosis Pilaris (KP) is a common diagnosis in Trisomy 21:**
  - It is a common condition in young children with T21, peaking during adolescence.
  - It mainly presents in its common form, but some subtypes of the atrophic variant of KP have also been described.
  - Treatment is the same as for the general population.

- **The most frequently encountered types of dermatitis in individuals with T21 are eczematous dermatitis regardless of etiology (atopic, contact) and seborrheic dermatitis:**
  - Atopic dermatitis in individuals with T21 has a comparable or even lower prevalence than in the general population, with similar clinical presentation and treatment as seen in neurotypical individuals.
  - Irritant or allergic contact dermatitis should be considered a differential diagnosis in eczematous dermatitis in individuals with T21, necessitating a systematic search for irritants or contact allergens during history taking.
  - Seborrheic dermatitis has a high prevalence in individuals with T21; its clinical presentation does not significantly differ from the general population. Some studies suggest earlier onset, affecting the scalp, face, and intertriginous areas potentially on the spectrum of sebopsoriasis, with potentially more severe and chronic progression than in the general population.
- **Xerosis is very common and part of the skin phenotype in Trisomy 21.**
  - Very common between 5 and 10 years old, its prevalence increases rapidly with age, reaching about one in two or three adolescents and young adults and over three out of four older adults.
  - It causes discomfort and itching, often requiring the use of mild soap and the daily application of emollients to the entire integument. This treatment could be systematically recommended for individuals with T21.
- **Hyperkeratosis is often concomitant with xerosis in individuals with T21.**
  - Palmoplantar Keratosis, which can affect up to 10% of adults with T21, may become disabling, causing walking difficulties due to pain and fissures, and impacting the use of hands for grip and fine motor skills, requiring the use of keratolytic preparations.