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PREVALENT DERMATOLOGICAL DISEASES IN A CHILDREN'S HOSPITAL IN THE PUBLIC NETWORK OF SÃO PAULO

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Abstract: The skin is the largest organ of the human body, having many important functions, such as protection against external agents, tactile and thermal sensitivity, in addition to controlling basal temperature, favoring exchanges between the external and internal environment. Dermatological diseases have a high incidence in medical care, especially in pediatric consultations, given the greater fragility of the infant's integument in relation to that of the adult, due to anatomical and physiological differences. It is known that skin diseases cause a great degree of embarrassment, directly and indirectly affecting the psychosocial and economic development of children and their guardians. Thus, the present study used, as an instrument of analysis, the data extracted from a questionnaire with demographic and clinical variables, applied to 226 patients between 0 and 12 years old, with a mean age of 5.98 years, between September/2019 and March/2020, at Hospital Infantil Cândido Fontoura in São Paulo – SP at the Dermatology Ambulatory. Through a descriptive, cross-sectional and quantitative study, the demographic and clinical variables were correlated with the psychosocial impacts generated by the disease on the child and those responsible for them. It was identified that the main complaint referred was 'Skin lesions' - according to the patient's own words, and most of the children questioned had previous comorbidities, such as allergic rhinitis and bronchitis. In addition, the signs and/or symptoms described did not directly impact the behavior of most children, despite the chronicity, demonstrating that the dermatosis psychologically affects those responsible more psychologically.
Keywords: Dermatological diseases. Children. Quality of life.

INTRODUCTION

The skin is considered the largest organ of the human body, being responsible for covering approximately two square meters of the entire organism and with numerous important functions in body homeostasis, among which stands out: barrier against external agents, control of body temperature, sensitivity tactile, among others[1, 2, 3]. Children's skin, when compared to adults, is thinner, has less lipids – given the reduced number of sebaceous glands – and has less cohesion between the epidermis and dermis; thus, it is more vulnerable to external agents and, therefore, to skin pathologies[4].

Clinically, skin-related diseases can involve both diseases restricted to the integumentary system and represent a warning of other extracutaneous disorders[2].Among the group of pathologies of dermatological origins, there is, on a large scale, the incidence of superficial fungal infections, such as Ptyriasis versicolor and Dermatophytoses, bacterial infections caused by Staphylococcus aureus and Streptococcus pyogenes and parasitic infections such as Scabies[5, 6, 7]. In addition, those correlated with the immune system, such as Atopic Dermatitis, Vitiligo and Psoriasis, hormonal ones such as Acne and tumors such as Hemangiomas and Nevus[4] stand out.

With regard to other non-dermatological pathologies with cutaneous manifestations, Endocrinopathies stand out, such as Acromegaly, Hyperthyroidism, Hypothyroidism, Diabetes Mellitus, Cushing's Syndrome, Addison's Syndrome and excess androgen hormones[8]. In addition, it is worth mentioning the increasing notoriety of adverse cutaneous reactions to drugs - Pharmacodermas - mainly to antibiotics, anticonvulsants and non-steroidal anti-inflammatory drugs that affect mainly children due to their greater susceptibility and dosage errors of these drugs[9, 10].

When dealing with the current scenario of skin diseases, it is evident that the incidence of these varies according to age, with some diseases being more common in children than in adults, due to the greater thinning of children's skin and lesser activity of the sebaceous glands, which makes it more vulnerable to external aggressions because it is drier than that of an adult[3].

It is known that dermatological diseases are highly expressive with regard to the impacts they cause on the patient's quality of life[11]. The stigmatization that exists about the skin manifestations is notorious, causing the patient to have a derogatory view of himself, fear of rejection and social disapproval, a fact that directly contributes to the high incidence of psychological disorders - anxiety, depression and suicide - concomitant with the activity. pathology skin.

Pediatric patients and their caregivers are commonly vulnerable to the impacts caused by skin diseases, due to embarrassing and derogatory situations they usually experience when they are in public environments[2]. When evaluated and compared to a control group without the disease, these children and caregivers present a high level of stress, suicidal ideation, depression, anxiety and greater financial and social impact. In addition, as adults, they are three times more likely to experience job instability, early retirement and the need to readjust their work functions[11].

Despite the significant impact of skin diseases on the quality of life of pediatric patients and their caregivers, there are few studies in Brazil that directly address the incidence of skin diseases in children, their psychosocial consequences and the resulting negative experiences. of these. Consequently, there are few programs on the prevention and treatment of these stigmatizing conditions[4].

Thus, the study in question aimed to identify the most common skin diseases in child patients - between 0 and 12 years old - treated at the Cândido Fontoura Children's Hospital of the public network of the city of São Paulo -SP, at the Dermatology Ambulatory, who underwent consultation between September/2019 to March/2020. This study aimed to describe the socioeconomic profile and psychosocial impacts caused by the skin disease on children and their caregivers, in order to propose measures to reduce the incidence of diseases, increase physicians' understanding of the psychosocial impact on children, in addition to improving the quality of life of those involved by the pathology.

OBJECTIVES

GENERAL OBJECTIVES

To identify the most prevalent skin diseases in children aged 0 to 12 years at the São Paulo Public Hospital – SP, Hospital Infantil Cândido Fontoura.

SPECIFIC OBJECTIVES

a. To identify the psychosocial impact of these skin diseases on children and their caregivers.
b. Identify the main cause of the impact of dermatological disease on children.
c. Propose easy-to-apply individual and collective measures to minimize the impacts of skin diseases on children.
d. Contribute to improving the quality of life of children and those responsible for skin diseases and their impacts.

METHODS

KIND OF STUDY

This work is characterized as a descriptive, quantitative and transversal research, to be carried out from data generated at the Hospital Infantil Cândido Fontoura of the public health network in the city of São Paulo – SP.

STUDY LOCATION

Dermatology Outpatient Clinic at Hospital Infantil Cândido Fontoura, located in the city of São Paulo – SP, in Mooca.

SAMPLE SIZE AND CASE SERIES SELECTION

Questionnaires were applied to 226 patients who met the inclusion criteria.

Inclusion criteria

- Patients aged up to 12 years (classification of children according to the ECA – Statute of Children and Adolescents)
- Patients with diseases and/or dermatological complaints treated at Hospital Infantil Cândido da Fontoura from September/2019 to March/2020
- Patients accompanied by guardians aged 18 years or older

Exclusion criteria:

- Non-agreement of the person responsible to sign the Free and Informed Consent Term.

USED TOOLS

A questionnaire was applied with closed questions answered by the person responsible for the minor and aged over 18 years.

SAMPLE CHARACTERIZATION QUESTIONNAIRE

A questionnaire was applied with 17 objective and closed questions about social and demographic characteristics that are described in the Appendix 1.

This questionnaire was applied by the dermatologist Dr Jacqueline CCL Pinto, during the medical consultation.

DERMATOLOGICAL ASSESSMENT

Clinical and dermatological data were collected on a form (Appendix 1) developed for the characteristics of the outpatient/ hospital service of the present study.

Data were collected regarding the patient's complaint, duration of illness, previous treatments, relevant antecedents and psychosocial disorders.

The data from the dermatological clinical examination – type of lesion – were descriptively specified.

Proposed treatments were mentioned in the form, as well as the need to return to the clinic.

DATA COLLECTION PROCEDURES

Data collection was carried out between September/2019 and March/2020 with the help of a questionnaire, which contains variables such as: race/color profile, age, date of birth, sex, education level of the child and guardians, monthly family income, pathology detected, treatment, treatment time, active participation of parents in the treatment and psychosocial impact of the disease on the patient and guardians.

DATA PROCESSING AND ANALYSIS

The collected data were entered into an Excel spreadsheet. The collection was carried out by a single researcher (Dr Jacqueline CC L Pinto) ensuring regularity, quality and consistency in the database. Initially, a simple descriptive analysis was performed with absolute and relative frequencies for qualitative variables, as well as mean and standard deviation for quantitative variables, followed by a two-dimensional analysis, with application of the chi-square statistical test for categorized variables. The pre-established level of significance was 5% and the software for data analysis was Epi Info.

ETHICAL PROCEDURES

Data collection began after authorization from the institution where the data were

collected (Appendix 2) and approval of this research project by the Research Ethics Committeefrom the Faculty of Medicine of Jundiaí (CAAE: 15676219.1.0000.5412).Ohe patients invited to participate in the research were informed about the objectives and signed the Free and Informed Consent Form (ICF) (Appendices 3 and 4).

RESULTS

SOCIODEMOGRAPHIC CHARACTERIZATION OF PATIENTS (CHILDREN)

The children were analyzed according to the following criteria: age (months), sex, city of residence, neighborhood, color, schooling and presence of siblings.

TABLE 1

From the analysis of the results, it can be concluded that the average age group served was 5.98 years, that is, 71, 692 months. When dividing the children assisted into two groups – younger than 72 months and older than or equal to 72 months – it can be seen that the majority are older than or equal to 72 months. It is worth mentioning, as seen in the table above, that the difference is small. Regarding gender, there is a predominance of male attendances.

For the analysis of self-reported color, the children were divided according to the IBGE classifications, that is, white, black, yellow, brown and indigenous; thus, it was observed that most patients declared themselves white and brown. Regarding education, as expected by the age group, most are in Elementary School 1 and, finally, in relation to the number of siblings, it was observed that most children have a sibling.

GRAPHIC 1

GRAPHIC 2

From Graph 1, it is possible to analyze that most patients (95.1%) are residents of the city of São Paulo – SP. From Graph 2, it can be concluded that the most attended São Paulo boroughs during the period were: São Mateus, Itaquera, Guaianases, Mooca and Aricanduva.

SOCIODEMOGRAPHIC CHARACTERIZATION OF THOSE RESPONSIBLE

The person responsible was analyzed based on the following criteria: schooling, family income in minimum wages, number of people who contribute to the income, and number of people who depend on the income.

TABLE 2

From the analysis of the data, it was concluded that most of those responsible have schooling up to high school, have an average family income of 1.86 minimum wages and that the contribution to the income usually comes from 1 person only. In addition, it was also concluded that most families have four dependents for their monthly family income.

CLINICAL CHARACTERIZATION OF THE PATIENT

In relation to the clinical characterization of the patient, the following questions were asked: first time or not at Hospital Infantil Cândido Fontoura, main complaint and duration of illness, how many times they had been consulted in other services and what were these places, previous medications and previous comorbidities.

GRAPHIC 3

TABLE 3

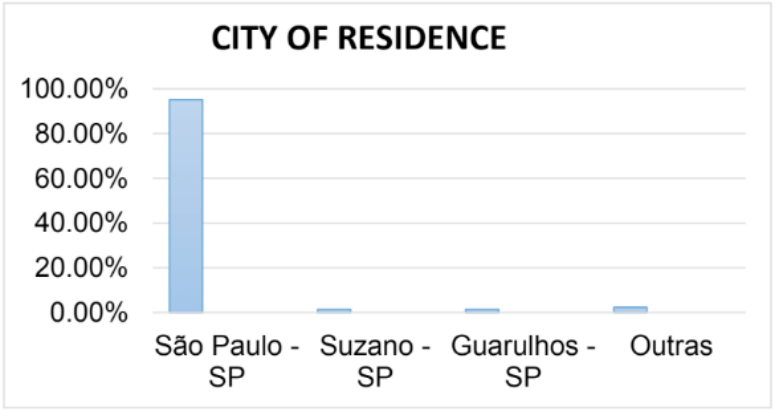
GRAPHIC 4

Based on the data analysis, it was concluded that the vast majority of children have already had consultations at Hospital Infantil Cândido Fontoura.

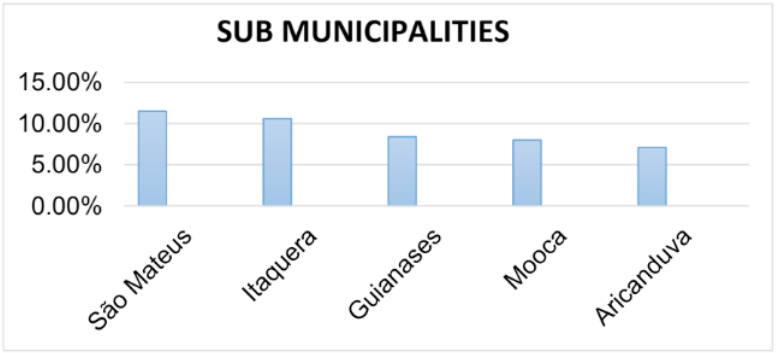
The most common complaint was 'Skin lesions', with the mean duration of illness being 'years'. In addition, most patients report having had medical consultations in other

Variable	no	%
Age (months)		
< 72 months	104	46.2
≥72 months	122	53.8
Sex		
Feminine	108	47.8
Male	118	52.2
self-reported color		
White	102	45.3
black	28	12.4
Yellow	1	0.4
brown	93	41.3
Indigenous	1	0.4
education		
no study	41	18.6
Nursery / kindergarten	51	23.1
Elementary school 1	102	46.2
Elementary school 2	27	12.2
number of siblings		
0	50	22.4
1	83	37.2
2	57	25.6
3	23	10.3
4 or more	10	4.5

TABLE 1 - Percentage distribution of children according to several sociodemographic variables



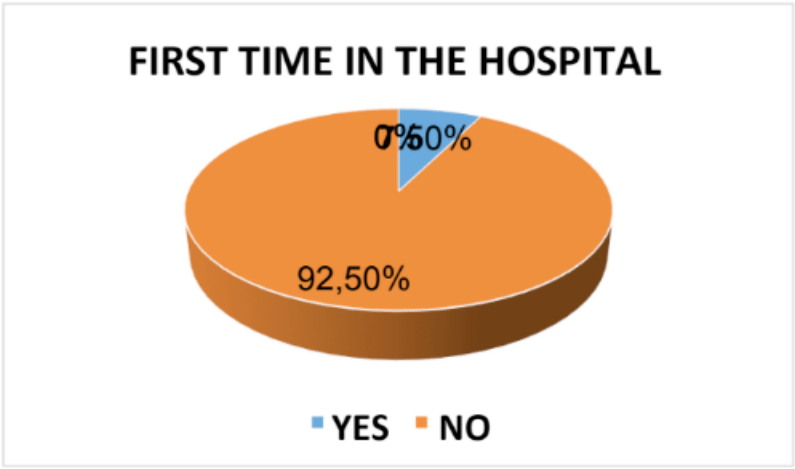
GRAPHIC 1 – City of residence: Distribution of the cities of residence of the children and their guardians.



GRAPHIC 2 – Sub-prefectures: Distribution of the most attended sub-prefectures in the city of São Paulo – SP

Variable:	no	%
education		
no study	5	2.3
Technical education	11	5
Elementary school 1	21	9.5
Elementary school 2	56	25.2
High school	98	44.1
complete higher education	31	14
Family income (SM)		
1 SM	93	41.7
2 SM	85	38.1
3 SM	34	15.2
4 or more SM	11	4.9
How many people contribute to the income		
1 person	103	46.2
2 people	99	44.4
3 or more people	21	9.4
How many people depend on income		
1 person	1	0.4
2 people	23	10.2
3 people	62	27.4
4 people	83	36.7
5 or more people	57	25.1

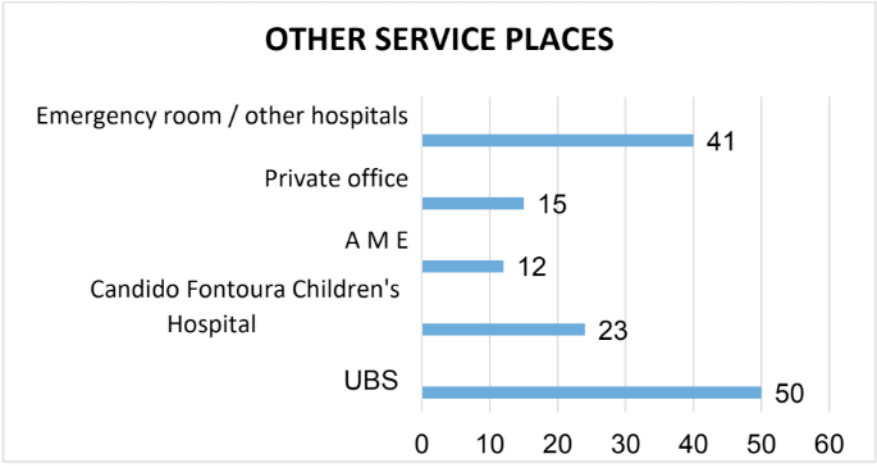
TABLE 2 - Percentage distribution of guardians based on sociodemographic variables



GRAPHIC 3 – First time at Cândido Fontoura Children›s Hospital: Is a child already a patient at Cândido Fontoura Children›s Hospital?

Variable	no	%
Complaint		
skin lesions	62	27.4
Stains	41	18.1
Itch	30	13.3
Allergy	27	11.9
Dermatitis	21	9.3
time of illness		
Days	14	6.3
months	95	42.6
Years	114	51.1
Other service places		
Yes	155	68.6
No	71	31.4
already been medicated		
Yes	139	62.9
No	82	37.1
Medicines		
steroid	50	40.3
Antihistamine	48	38.7
moisturizer	25	20.2
Antibiotic	24	19.4
antifungal	21	16.9
previous comorbidities		
Yes	122	54.4
No	102	45.5

TABLE 3 – Clinical characterization of the patient.



GRAPHIC 4 – Other places for consultation: Other places where the child has already been seen.

places, mainly in UBS and emergency rooms in other hospitals, as seen in Graph 4.

In addition, most of the children had already been medicated before, and the most prescribed drugs fell into the therapeutic classes corticoid, antihistamine, moisturizers, antibiotics and antifungals. Finally, about 54.4% of patients had previous comorbidities, the most cited were: allergic rhinitis and bronchitis.

CHARACTERIZATION OF THE IMPACT OF THE DISEASE ON THE CHILD AND THOSE RESPONSIBLE

GRAPHIC 5

From the data analysis, it can be seen that most children do not show changes in behavior and are not bullied during the course of the disease. In addition, it is also noted that the disease does not significantly impact school dropout or the patient's sleep quality.

With regard to those responsible, the illness tends to impact them more, however, the need to miss work due to the illness is low.

GRAPHIC 6

In relation to Graph 6, it is observed that most patients who reported some difficulty in sleeping and/or behavioral changes had the final diagnosis of atopic dermatitis.

DERMATOLOGICAL CHARACTERIZATION OF THE DISEASE

Regarding the dermatological characterization of the disease, the following were analyzed: lesion site, recurrence, worsening and improvement factor, single or multiple lesions, pruritus, pain, type of lesion, pigmentation or not, scaling, hyperemia, induration, infection, presence of crust , final dermatological diagnosis, proposed treatment, treatment of family members and need for return.

GRAPHIC 7

GRAPHIC 8

From the data analysis, it can be concluded that most diseases are recurrent, pruritic, scaly, hyperemic and have some worsening or improving factor, including cold, heat, certain foods and skin hydration. On the other hand, most diseases were painless, without crusts, signs of infections and/or pigmentation.

GRAPHIC 9

GRAPHIC 10

Regarding elementary lesions, the most common were plaques, followed by papules.

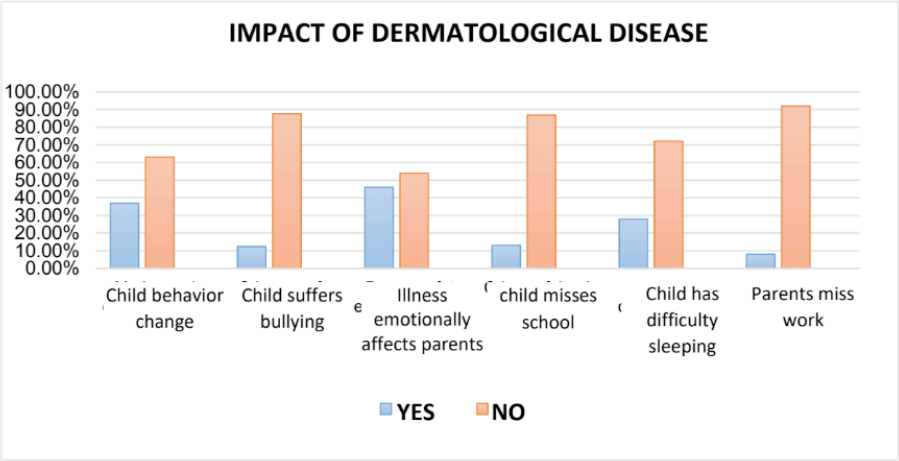
TABLE 4

From the data analysis, it can be concluded that the most frequent dermatoses were: Atopic dermatitis, Molluscum contagiosum, uncertain diagnoses that require investigation and Viral warts. As treatments, the most used were the therapeutic classes of topical moisturizers, corticosteroidstopicals, antihistamines and antibiotics. Finally, the vast majority of diseases did not require treatment from family members, however, the child's medical return was requested.

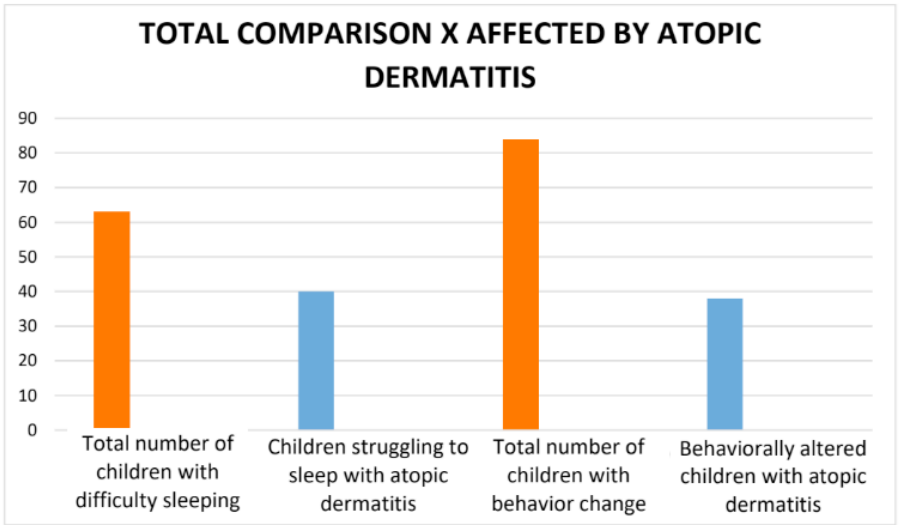
DISCUSSION

During the bibliographic survey of this report, it was observed that dermatological diseases commonly affect children, due to skin thinning, lower amount of lipids and less cohesion between the epidermis and dermis, when compared to adult skin[4]. Based on the application of questionnaires to 226 patients at the Dermatology outpatient clinic of Hospital Infantil Cândido Fontoura, we were able to infer that the average age of the children treated was approximately 6 years old, with a balance between the sexes, predominance of whites and browns and students, mostly, of Elementary School 1.

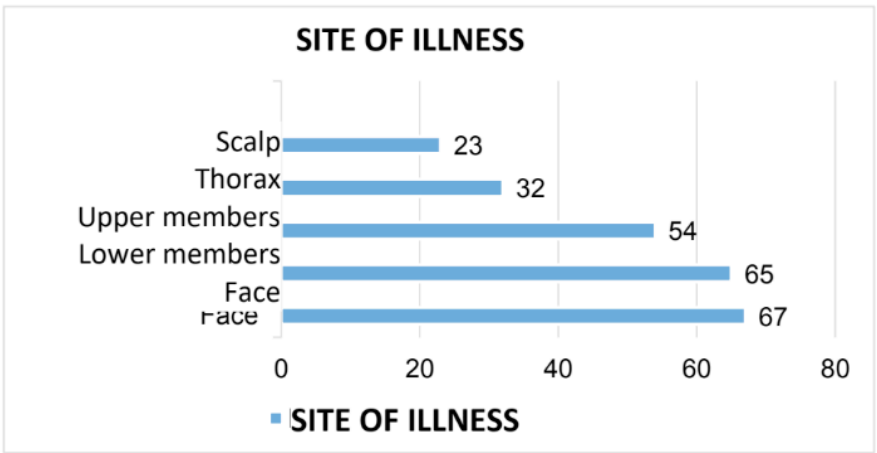
It was observed that most patients are residents of the city of São Paulo – SP, coming mainly from the subprefectures of São Mateus and Itaquera, both in the east side of São Paulo



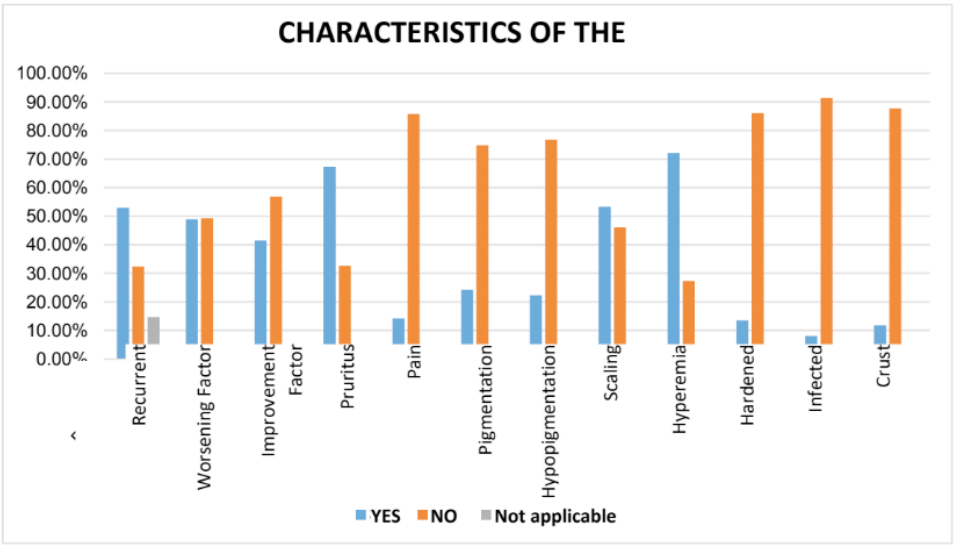
GRAPHIC 5 - Psychosocial impact: Impact of skin diseases on children and caregivers



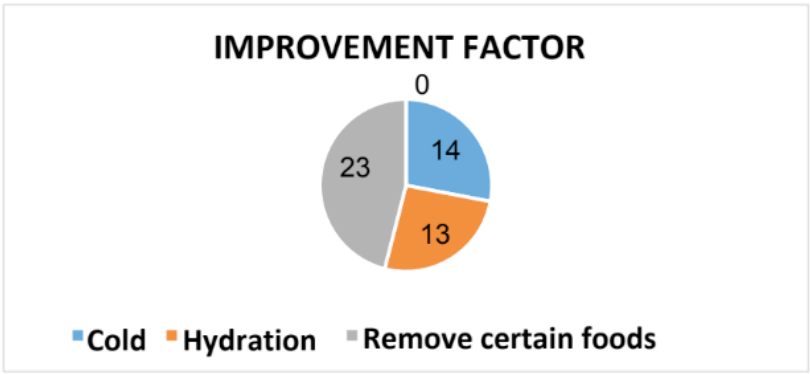
GRAPH 6 – Comparison: Comparison between all patients and those with atopic dermatitis in terms of difficulty sleeping and behavioral changes.



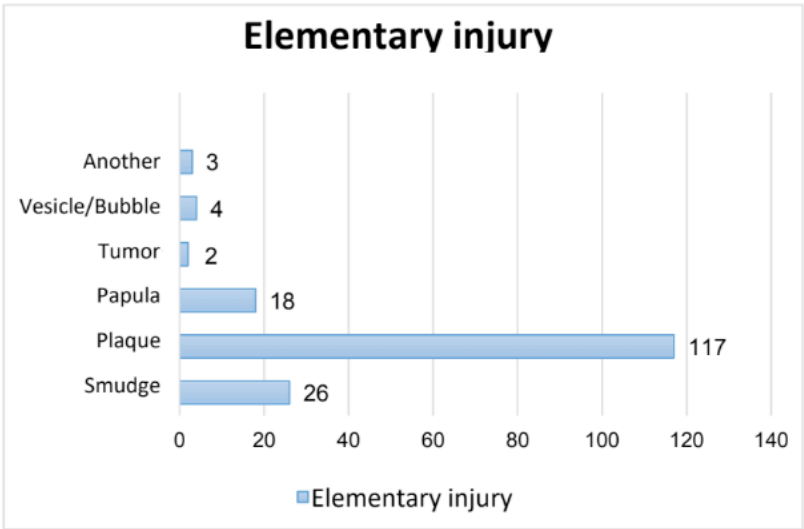
GRAPHIC 7 – Site of the disease: Sites affected by the disease (analyzed during the physical examination).



GRAPH 8 – Illness: Characteristic of the disease (analyzed during the physical examination).



GRAPHIC 9 – Improvement factors: Factors that improved the complaints presented by the patient.



GRAPHIC 10 – Elementary injuries: Types of elementary injuries found in the physical examination.

Variable	no	%
Final diagnosis		
Atopic dermatitis	74	32.7
Molluscum contagiosum	20	8.8
To clarify	17	7.5
Viral wart	16	7.1
Contact dermatitis	9	4
Pityriasis alba	9	4
Acne	8	3.5
Seborrheic dermatitis	6	2.7
Nevus lesion	6	2.7
Strofulous	5	2.2
Impetigo	5	2.2
Tinea	5	2.2
Keratosis pilaris	5	2.2
Proposed treatment		
Moisturizer	114	50.4
Topical corticosteroid	90	39.8
Antihistamine	73	32.3
Antibiotic	38	16.8
Family treatment		
Yea	15	6.6
No	211	93.4
Return		
Yea	184	81.4
No	42	18.6

TABLE 4 – Dermatological diagnosis, proposed treatment, treatment of family members and return.

– SP. When analyzing the Municipal Human Development Index (HDI-M) 2000-2010 – a measure composed of indicators of longevity, education and income – we could observe that these boroughs fit the classification 'High human development'[12], however, contrary to the data of the city hall, it was observed that most of those responsible for the children have schooling up to high school and have an income of 1 to 2 minimum wages, confirming a low socioeconomic level of these families.

Regarding the clinical characterization of the patient, we could observe a large number of non-specific complaints, such as 'Skin lesions' and 'Stains', a fact possibly correlated with the low education level of those responsible. In addition, we noticed long periods of illness – years – which emphasizes the chronicity of most dermatological diseases, in addition to the fact that most patients report having already had medical consultations in other places, such as UBS and other emergency rooms. , which demonstrates the great difficulty of access to treatment by the specialist in the public network, taking years to start specialized treatment. The Southeast region has the highest ratio of physicians per thousand inhabitants (2.81), however, the data demonstrate the extreme social inequality in the distribution of these professionals,

It was also noted that 54.5% of the patients had previous comorbidities, and this high percentage is linked to the fact that themost children are patients of other outpatient specialties at Hospital Infantil Cândido Fontoura. Among the comorbidities, approximately 14% had Rhinitis and/or Bronchitis, both related to a predisposition to produce IgE responses to environmental allergens (atopy) [14]. This fact corroborates the most common diagnosis, Atopic dermatitis, an inflammatory skin disease also associated with atopy. Thus, it is observed that the sample is very representative of the general population and is consistent with the data found in the reference, in which the incidence of pathologies related to immunity disorders in childhood is highlighted[4].

In relation to the psychosocial impacts of skin diseases, it was noted, contrary to what was previously thought, that most children did not show behavioral changes or reported being bullied during the illness. In addition, most did not show truancy or difficulty sleeping during the course of the disease. Likewise, 54% of those responsible reported having no emotional changes with the child's illness; in addition, a larger portion still mentioned that it was not necessary to be absent from work. Such analyzes contradict the data found in the literature, in which the incidence of skin pathologies is associated with high rates of psychological disorders, job instability and social disapproval[11].

From the bibliographic survey carried out, it can be concluded that the state of illness is determined much more by personal, community, cultural and socioeconomic aspects than by the clinical and physical manifestations of the disease, especially in lower social classes. Thus, the psychosocial impact of the pathology is directly related to the level of information and cultural access that the patient has[18]. Thus, we believe that skin diseases did not have a high emotional impact on patients, due to the social vulnerability in which they are inserted, in which the vast majority have limited access to information and culture, evidenced by the low level of education of those responsible.

We could notice that most of the children who revealed having difficulty sleeping and/or behavioral changes are affected by atopic dermatitis, that is, 63.5% of patients with difficulty sleeping and 45.2% of patients with behavioral changes have a diagnosis end of atopic dermatitis. This situation indicates that chronic diseases have a greater psychosocial

impact and on patients' quality of life than acute and subacute illnesses.

Regarding the dermatological characterization, we could observe that the most common sites of involvement – scalp, chest, upper and lower limbs and face – are the most common sites of manifestation of atopic dermatitis[14], the most prevalent disease in the analyzed Hospital. In addition, it was also noted that topical hydration was reported as an important factor in improving lesions, which also corroborates the fact of the high incidence of atopic dermatitis, since the use of this product promotes greater skin cohesion and helps to minimize pruritus, quite common in the disease, as we could see in the research (67.3%).

With regard to Dermatological diagnosis, the most prevalent diseases at Hospital Infantil Cândido Fontoura were: Atopic dermatitis, Molluscum contagiosum, diagnoses to be clarified and Viral wart. Thus, we were able to confirm, as presupposed by the most common disease, that the most proposed treatment was the use of a moisturizer and topical Corticosteroids.

It was observed that the second most prevalent disease in the Hospital in question was Molluscum Contagiosum, followed by diagnoses to be clarified and Viral wart. Both Molluscum Contagiosum and Viral Wart are viral infectious diseases that affect the skin, and in boththe transmission route is direct contact with the lesions[15'16], thus, it is concluded that the high incidence of these results from the low socioeconomic index of the population, in addition to an agglomeration within the residences, due to the average of four people dependent on the monthly salary income, assuming that they share the same house. Thus, as they are contagious and their cycles can spread within the family environment, it is important to guide those responsible for the prevention and treatment of these diseases[17].

With studies such as this one, it is possible to begin the understanding of skin pathologies and their relationship with social, demographic, psychological and economic variables. The low coverage of the public health system inin relation to specialties such as Dermatology, for example, it has contributed to the chronicity of diseases, due to the delay in specialized care. In addition, low social and economic indices contribute to the redefinition of the disease process due to the low access to information and culture, thus impacting the patient's perception of the disease. This fact demonstrates the importance of guiding patients and guardians, in addition to the establishment of easily applicable measures to prevent exacerbations, such as topical hydration. Therefore, the high incidence of infectious diseases demonstrates the importance of including the family context in the treatment and prevention of the disease, that is, the environment is not only configured as a physical space, but also as a disseminator of these diseases.

CONCLUSION

Given the above, it can be seen that the most prevalent disease at the Hospital Infantil Cândido Fontoura among children aged 0 to 12 years was Dermatitis.atopic. In addition, it was concluded that the patients in the study did not have a major psychosocial impact secondary to the skin condition presented, as well as their guardians; this fact was correlated with the low socioeconomic index of patients who contribute to little access to information and culture.

There was also a long period of illness until it was seen by the specialist, which demonstrated a low access of this population to the specialized service, since the vast majority had gone through other non-specialized services, such as UBS and the emergency room. This fact directly contributes

to the chronicity of diseases, being related to a higher incidence of behavioral changes in children, since a high association between atopic dermatitis and changes in the patient's behavior was observed.

Thus, socio-educational measures, such as the introduction of the use of therapeutic moisturizer in the routine of these children, would already be of great benefit in the case of the diagnosis most found in this work, which was atopic dermatitis, in addition to access to other guidelines regarding food, baths, appropriate clothing and environments.

Taking into account Dermatoviruses as two of the most common dermatoses in our study, guidance on personal, fomite and home hygiene, in addition to lectures and control of the school environment, could contribute to a decrease in the incidence of these diseases. Thus, the effective control of cutaneous pathologies in public health must be based on pharmacological treatment associated with health education, aiming at a better quality of life for patients.

Another initiative would be basic training for general practitioners to perform the first approach to these patients with dermatoses, who often take years to start treatment with the Dermatologist, which would contribute to less chronic disease and, therefore, to a better quality of life. of the patient and their guardians.

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APPENDICES

APPENDIX 1 - CHARACTERIZATION OF THE RESEARCH PARTICIPANT

Participant No: _____

Child's age:_____years old
Birth date:__/____/____
Sex: □Feminine □Male
Place of birth (born in city/state): _____

City/State currently residing:_____

Neighborhood where you live: _____

Child's self-reported color:
□White □black □Yellow □brown □Indigenous □no declaration

Religion:
□ Catholic □ Evangelical □ spiritist
□ Other. Which: _____

Child's education:
□ no study
□ Nursery
□ Elementary school 1
□ Elementary school 2

Education of the responsible person:
□ no study
□ Technical education
□ Elementary school 1
□ Elementary school 2
□ High school
□ complete higher education

Family income in minimum wages:□1□two□3□4□5□6□7□8□9□_____
Number of people contributing to the family income:_____
Number of people who depend on this family income:_____
Number of people living in the house:
How many brothers/sisters does the child have?
Do you have animals at home?
What animals do you have at home?

APPENDIX 2 - LETTER OF AUTHORIZATION FROM THE INSTITUTION SIGNED AND SCANNED

CARTA DE AUTORIZAÇÃO DE INSTITUIÇÃO COPARTICIPANTE PARA REALIZAÇÃO DE PESQUISA

O Hospital Infantil Candido Fontoura na condição de instituição coparticipante do estudo autoriza a coleta de dados referente ao projeto de pesquisa intitulado "DOENÇAS DERMATOLÓGICAS PREVALENTES EM UM HOSPITAL INFANTIL DA REDE PÚBLICA DE SÃO PAULO" de responsabilidade da pesquisadora Dra. Jacqueline Campoi Calvo Lopes Pinto que está vinculado a Faculdade de Medicina de Jundiaí (Instituição Proponente), mediante a aprovação do Comitê de Ética em Pesquisa.

Esta instituição está ciente de suas corresponsabilidades como instituição coparticipante do presente projeto de pesquisa, e no seu compromisso no resguardo da segurança e bem-estar dos participantes de pesquisa nela recrutados, dispondo de infraestrutura necessária para a garantia de tal segurança e bem-estar.

EDSON UMEDA

Nome do responsável Institucional

DIRETOR TECNICO SAS III

Cargo do responsável Institucional

Assinatura do responsável Institucional

São Paulo, 14 de junho de 2019.

APPENDIX 3 - FREE AND INFORMED CONSENT FORM

JUNDIAÍ FACULTY OF MEDICINE

Free and Informed Consent Form

Dear Responsible,

I am developing a research, linked to the Institutional Program of Scientific Initiation of the Faculty of Medicine of Jundiaí, entitled'**PREVALENT DERMATOLOGICAL DISEASES IN A CHILDREN'S HOSPITAL IN THE PUBLIC NETWORK OF SÃO PAULO'**,under the guidance ofProf. Dr. Clovis Antonio Lopes Pinto, Co-supervision of Dr Jacqueline Campoi Calvo Lopes Pinto and, as supervised, the academics of the 3rd. medical yearGiovanna de Castro Picelli andMariana Castanho Risso.

The objectives of the study are to identify the most prevalent skin diseases in children aged 0 to 12 years at Hospital Infantil Cândido Fontoura, located in the city of São Paulo – SP; identify the psychosocial impact generated by these diseases both on the child and on those responsible, establishing the main causes of these; to propose individual and collective measures to minimize the impacts of skin diseases, in addition to seeking to improve the quality of life of children and caregivers regarding the consequences of skin diseases.

I need your input by answering the characterization data and answering a questionnaire with closed questions, about demographic data, this will take an average of 5 minutes. This questionnaire will be added to the clinical data collected during the medical consultation.

You are free to participate or not in the research. I inform you that you will have no expenses, losses and compensations; and that your name will not be mentioned in the work guaranteeing your professional and personal privacy within the teaching organization.

Its risk in the research can be considered as a minimum risk characterized by extravasation of data from the medical record. A measure taken tominimize the risks in the face of the vulnerability of the participantsit is to prevent other people, in addition to those responsible for the research, from having access to any data and information of the interviewed patients, in addition to guaranteeing the anonymity of the child and their guardians. Identification will be carried out by means of numbers and the information obtained will be analyzed together, no individual analysis being disclosed.

If any embarrassment occurs, know that you can abandon the questionnaire at any time and will not be identified in any report, and the data will be excluded from the study. To address the issue of confidentiality, you will be identified by a number and the information obtained will be analyzed together, no individual analysis will be disclosed.

The results of this research will directly benefit you, as the study is intended to identify the direct and indirect impacts of skin diseases on various aspects of the development of the affected

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child and those responsible, proposing, in the end, measures that minimize these impacts. In addition, the findings may contribute in the future to the direction of competences in the exercise of medical practice in the educational institution where the research was carried out.

In this research, data privacy will be respected and the results of the study will be used exclusively for scientific purposes. If you wish, you may withdraw from the research, as there will be no repression of any kind.

If you have new questions on this subject, you can contact the students from the Faculdade de Medicina de Jundiaí, Giovanna de Castro Picelli, by e-mail giovannapicelli@hotmail.com, cell phone (19) 99822-0521; Mariana Castanho Risso, by e-mail marianacrisso97@gmail.com and cell phone (11) 986884350; or with the professor responsible for the study, Prof. Dr. Clovis Antonio Lopes Pinto (11) 99242-9737 e-mail: coipinto@uol.com.br. If you feel harmed, you can contact the Research Ethics Committee of the Faculdade de Medicina de Jundiaí, located at Rua Francisco Telles, 250, Vila Arens, Jundiaí, CEP: 13202-550, telephone (11) 3395-2100 or by email: cep@fmj.br

I, ...,
bearer of ID ....., responsible for the minor .....
I declare that I have been sufficiently informed about the information that I have read or that has been read to me about this study. I authorize publication of the data. It was clear to me what the purposes of the study are, the procedures to be carried out, their discomforts and risks, the guarantees of confidentiality and permanent clarification. It was also clear that my participation is free of charge and reimbursement. I voluntarily agree to participate in this study and I understand that I can withdraw my consent at any time, without penalty, harm or loss of any benefit that I may have acquired. Dr Jacqueline Campoi Calvo Lopes Pinto assured me that all data from this research will be used only for scientific purposes.

I declare that I have signed two copies of this Consent Form and have received one of the copies.

Jundiaí, _____ of _____ of ____.

_____
Signature of the participant/guardian

APPENDIX 4 - MINOR'S CONSENT TERM:

JUNDIAÍ FACULTY OF MEDICINE

Term of Assent of the minor:

You are being invited to participate in the research project "PREVALENT DERMATOLOGICAL DISEASES IN A PUBLIC HOSPITAL FOR CHILDREN IN SÃO PAULO". Your parents or guardians have allowed you to participate and have also signed a consent form. The objectives and justifications are: to identify the most prevalent dermatological diseases in children aged 0 to 12 years in Hospital Infantil Cândido Fontoura and the psychosocial impact caused by the disease on both children and guardians. We also want to propose individual and collective measures to minimize the impact of dermatological diseases, in addition to seeking a better quality of life for the carrier. The data collection procedure (s) will be done with the application of questionnaires, in order to obtain relevant information. If you agree to participate, you will be given a questionnaire with direct questions about your personal data and your pathology. This will be done after your dermatological consultation.

I have been informed that the research presents minimal risk in case of leakage of information, and that all material will be confidential to the researchers. I have been informed that no medication will be provided when participating in this research, but I can expect benefits to both myself and the community, such as: that professionals can better understand the incidence of dermatitis and thus contribute to the development of individual and collective measures to minimize the impact of these diseases in the lives of children and their caregivers, and seek to improve the quality of life of patients with these diseases. In this way, in the future, health professionals will be able to develop means to add to the treatment of the disease.

I received the necessary explanations about the possible discomforts and risks resulting from the study, taking into account that it is a research, and the positive or negative results will only be obtained after it is carried out.

I am aware that my privacy will be respected, that is, my name or any other data or element that can, in any way, identify me, will remain confidential. I have been informed that the collection does not put my life or that of other children at risk and that I will receive clarification of any doubts, before and during the course of the research, about everything that will be done (risks, benefits, or other issues related to the research).

Our cultural, religious, and moral values will be respected. I understand that if any harm, however unlikely, must occur as a direct or indirect result of my participation, if such harm is declared, I will be immediately available to communicate with any of the researchers at the Faculdade de Medicina de Jundiaí.

I understand that all my participation will generate costs only to the researchers and to the

Faculdade de Medicina de Jundiaí, and that no fees of any kind will be charged, since the research is entirely free.

No one will need to know that you are participating in the research, nor will we give the information you have answered to strangers. The results of the survey will be published, but without identifying the patients. When we are finished, the results will be analyzed and the conclusions will be published in scientific journals, and the press may be informed, but no participants will be identified.

If anything unusual happens, you can contact the researcher in charge of the project, Prof. Dr. Clóvis Antonio Lopes Pinto, Professor of the Department of Pathology of the Medical School of Jundiai. C

In case of doubt, I can be clarified by the responsible researcher Prof. Dr. Clóvis Antonio Lopes Pinto or by the researchers Giovanna de Castro Picelli, by phone +55 (19) 99822-0521, or by Mariana Castanho Risso, by phone +55 (11) 98688-4350. You can also contact the Research Ethics Committee of Faculdade de Medicina de Jundiaí, Rua Francisco Telles, 250, Vila Arens, Jundiaí-SP, phone: (11) 3395-2100 or by e-mail cep@fmj.br.

I, _____ wrote the telephone numbers at the top of this text

I, _____ agree to participate in the research ''DERMATOLOGICAL DISEASES PREVALENT IN A CHILDREN'S HOSPITAL IN THE PUBLIC NETWORK OF SÃO PAULO"

I understood the ins and outs of research. I understood that I can say 'yes' and participate, but that, at any time, I can say 'no' and give up without anyone getting angry, starting to treat me badly or failing to attend to me. The researchers answered my doubts and will talk to my guardians, if necessary.

I received a copy of this consent form and I read and agree to participate in the research.

Jundiaí, ___ of _____in _____

_____ _____

Signature of the minor Signature of the researcher

ANNEXES

ANNEX 1 - CLINICAL HISTORY AND DERMATOLOGICAL EVALUATION

Clinical history:

1.Is this your first time coming to this hospital?
2.What is your complaint?
3.How long was your illness?
4.Have you been to other medical appointments for this complaint? Where?
5.How many times?
6. Have you ever been medicated for this complaint?
7.How many times?
8.What are the medications?
9. Did you do home treatments?
10. Have you been hospitalized for this disease?
11. Was there improvement with the previous treatments?
12.Do you have any other illnesses?
13. Does anyone at home have or have the same problem?
14.Who? already treated?
15.Is this disease affecting the child's behavior at home, school, leisure and sports?
16. The child is: quiet, angry, sad, normal
17.Is this illness interfering with relationships with other children? Are you bullied?
18. Is the child's illness making the parents or family anxious?
19.Is the child not going to school? How many times a week?
20.Is the child having trouble sleeping?
21.Are the parents absent from work?

Dermatological assessment:

1.Location of the injury:
2.Recurring: yes ( ) no ( ) not applicable ( )
3. It gets worse with something: yes ( ) no ( ) not applicable ( )

With what? _____

4.Improve with something: yes ( ) no ( ) not applicable ( )

With what? _____

5. Injuries: single ( ) multiple ( )
6. Does the lesion itch? Yes No ( )
7. Does the injury hurt? Yes No ( )
8.Type of injury: a. stain b. plate c. papule d. tumor e. ulcer f. vesicle/bubble
9.Pigmented: yes ( ) no ( ) not applicable ( )
10.Hypopigmented: yes ( ) no ( ) not applicable ( )
11. Desquamation: yes ( ) no ( ) not applicable ( )
12.Hyperemia: yes ( ) no ( ) not applicable ( )

13. Hardened: yes ( ) no ( ) not applicable ( )
14.Infected: yes ( ) no ( ) not applicable ( )
15.Crust: yes ( ) no ( ) not applicable ( )

Others:

1.Dermoscopy for pigmented lesions: benign ( ) suspected malignant ( )
2.Necessary anatomopathological examination: yes ( ) no ( )
3. Anatomopathological examination result:
4. Dermatological diagnosis:
5.Proposed treatment:
6.Treatment of other family members: yes ( ) no ( ) not applicable ( )
7.Return: yes ( ) How long: _____ no ( )