INTRODUCTION

Dermatitis, occurring in diaper area is called diaper dermatitis. It is the most common dermatologic disease in infants. 9 to 12 months are common ages and diaper dermatitis has a prevalence of 7 to 35 %. 1 Neonates, especially premature neonates, are at increased risk. 2 There is no ethnicity or gender difference. 3 It is thought to be occurring with irritation of the skin, contact with occlusion, maceration, urine, stool and chemicals. 4 Increased mobility of the child accounts for the frequency of diaper dermatitis. 5

The most common form of primary irritant napkin dermatitis comprises confluent erythema of the convex surfaces in closest contact with the napkin, that is the buttocks, the genitalia, the lower abdomen and pubic area, and the upper thighs. The deeper parts of the groin flexures are generally spared.

Skin dryness may be the first sign of diaper dermatitis. In early stages eriteme, mild maceration and edema could be seen. Then lesion begins to spread; maceration and edema increases. Ulcers and erosions occur in severe dermatitis. In advancing stages, Candida Albicans and secondary bacterial infections may occur. 6 Infection occurs generally 48-72 hours after irritation. If eruptions affect the inguinal area or satellite pustules occur and continue longer than 72 hours, candidiasis should be suspected. When bacterial infection is superimposed, superficial erosions, yellow crusts and impetiginization is seen. 7 Allergic contact dermatitis should be considered when dermatitis persists despite treatment efforts. It generally appears in areas exposed to the napkin and spares the inguinal folds. 2

Result: 25 babies participate in survey (47.2%) were male, 28 (52.8%) babies were female and the average age of babies was 7.7 months old. Families’ mean number of child in the family was 1.5. Diaper changing mean was 5.08 times a day. 28 parents (52.8%) were waiting for drying of diaper area before closing diaper area with napkin, 38 parents (71.7%) were airing diaper area after cleaning it. 11 parents (20.8%) were using powder after cleaning, 18 parents (34%) changed diaper label after diaper dermatitis. 9 parents (17%) were using ointments for prevention from diaper dermatitis. 14 parents (33%) were using Hamamelis Virginiana Distillate (Hametan©), 11 parents (26%) were using Isoniazide Nitrate Diflucortolone Valerate Cream (Travazol©), 6 parent were using Dexamethanol (Bepanthene©) and 6 parents (14%) were using Tioconazole (Dermo-Trosyd©) for treatment.

Conclusion: Powder usage and using cleaning towels with alcohol is a great obstacle avoiding diaper dermatitis. Powder usage habit has to be prevented.
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9 parents (17 %) were using ointments for prevention from diaper dermatitis.

14 parents (33%) were using Hamamelis Virginiana Distillate (Hametan ®), 11 parents (26%) were using Isoconazole Nitrate Diflucortolone Valerate Cream (Travazol ®), 6 parent were using Dexpantenhol (Bepanthene ®) and 6 parents (14%) were using Tioconazole (Dermo-Trosyd®) for treatment (Table1).

27 parents were using wet fabric without alcohol, wet cotton or wet towel, 25 parents (47%) were using cleaning towel with alcohol, 1 parent(2%) was using dry fabric for cleaning diaper area (Table 2).

**DISCUSSION:**

Basis of treatment of diaper dermatitis depends on accelerating healing of damaged skin and preventing from recurrence. Thus, it is essential changing soiled diapers as quickly as possible and using disposable diapers, which have been engineered to absorb moisture into the diaper and reduce moisture against the skin. Newer disposable diapers engineered with absorbent gelling materials and microbreathable materials appear to be associated with a decrease in diaper dermatitis. Our parents (n=53, 100%) were all using new kind of disposable diapers.

Diapers have to be changed frequently, and diaper area has to be aired enough. Therefore, every diaper for protection has 10-12 hours sleeping time). Our parents' changing diaper frequency was quite enough.

Factors increasing diaper dermatitis frequency are feeding with formula, feeding with cow milk , diarrhea , cleaning diaper area with napkin, 38 parents (71.7 %) were airing diaper area before closing diaper area with liquid detergents , powder usage , changing diaper area infrequently, antibiotic usage, chronic urinary incontinence, and developing technology ,and due to new superabsorbent diaper usage is common in parents, and developing technology ,and due to open trade market competition , they became more available and cheaper. We suggest further surveys with control groups investigating risk factors.

**Table1: Ointment Used For Diaper Dermatitis Treatment**

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>%</th>
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<tbody>
<tr>
<td>Hamamelis Virginiana Distillate (Hametan)</td>
<td>14</td>
<td>33%</td>
</tr>
<tr>
<td>Isoconazole Nitrate Diflucortolone Valerate Cream (Travazol)</td>
<td>11</td>
<td>26%</td>
</tr>
<tr>
<td>Dexpantenhol (Bepanthene)</td>
<td>6</td>
<td>14%</td>
</tr>
<tr>
<td>Tioconazole (Dermo-Trosyd)</td>
<td>6</td>
<td>14%</td>
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**Table 2: Tools used for cleaning diaper area**

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Wet fabric without alcohol</td>
<td>27</td>
<td>51,0</td>
</tr>
<tr>
<td>Wet cotton</td>
<td>25</td>
<td>47,0</td>
</tr>
<tr>
<td>Wet towel</td>
<td>1</td>
<td>0,2</td>
</tr>
<tr>
<td>Cleaning towel with alcohol (available in markets)</td>
<td>25</td>
<td>47,0</td>
</tr>
<tr>
<td>Dry fabric</td>
<td>1</td>
<td>2,0</td>
</tr>
</tbody>
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**REFERENCES**