FIG 8-4 Oral candidiasis (thrush). (From Paller AS, Mancini AJ: *Hurwitz clinical pediatric dermatology,* ed 5, St Louis, 2016, Elsevier.)

This condition tends to be acute in newborns and chronic in infants and young children. Thrush appears when the oral flora is altered as a result of antibiotic therapy or poor hand washing by the infant's caregiver. Although the disorder is usually self-limiting, spontaneous resolution may take as long as 2 months, during which time lesions may spread to the larynx, trachea, bronchi, and lungs and along the gastrointestinal tract. The disease is treated with good hygiene, application of a fungicide, and correction of any underlying disturbance. The source of infection should be treated to prevent reinfection.

Topical application of 1 ml nystatin (Mycostatin) over the surfaces of the oral cavity four times a day, or every 6 hours, is usually sufficient to prevent spread of the disease or prolongation of its course. Several other drugs may be used, including amphotericin B (Fungizone), clotrimazole (Lotrimin, Mycelex), fluconazole (Diflucan), or miconazole (Monistat, Micatin) given intravenously, orally, or topically. To prevent relapse, therapy should be continued for at least 2 days after the lesions disappear (Lawrence and Lawrence, 2011). Gentian violet solution may be used in addition to one of the antifungal drugs in chronic cases of oral thrush; however, the former does not treat gastrointestinal *Candida* infection. Some practitioners avoid its use because it is messy, easily stains clothing, and may be irritating to the oral