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Aim

The main aim of the study was to assess the quality of life and acceptance of the condition in families and children with congenital pigmented nevi or vascular malformations.

Introduction

The prenatal period and the birth of a child are a special time when parents have certain expectations regarding their child's appearance, disposition, character, and future roles, and make plans for their child's future. When a child is born with a defect or disease, these expectations are confronted with reality. The question arises: 'How can we plan our child's future now?' A child is a special patient who is at the beginning of their developmental journey, and defects such as haemangiomas and pigmented birthmarks can slow down or inhibit this development. Therefore, it is very important to take appropriate measures, tailored to the individual needs of the child. Nowadays, such interventions involve a holistic approach to the child, taking into account their experiences, emotional states, cognitive changes, self-esteem, self-assessment and intellectual abilities. It is important that older children are involved in the therapeutic process, as this increases their motivation to recover and allows them to feel in control of their own bodies. Respect for the child's dignity and privacy is also important. Cooperation with parents and the well-being of caregivers is also an important aspect, as it affects the child's mental state [1].

Material and methods. The study was conducted using a diagnostic survey method. The study used an original socio-demographic questionnaire and a standardised questionnaire for assessing quality of life – PedsQL. The study was conducted using a Google form, with complete anonymity and voluntary participation. The calculations were performed using the Statistica programme, and the results obtained were subjected to statistical, graphical and descriptive analysis. The analysis used the chi-square test to assess the statistical relationship between the two characteristics under study, the Shapiro-Wilk test to verify the assumptions of parametric and non-parametric tests, the Mann-Whitney U test, Spearman's rank correlation test and the non-parametric Kraskal Wallis ANOVA test. The risk of error was set at 5%, and the statistically significant probability value was $p < 0.05$.

Results/Conclusions

The diversity of skin lesions determines various directions of treatment and care for the child. Undoubtedly, quality of life and acceptance of the disease situation are becoming a focus of interest for researchers. Many variables that influence the subjective assessment of quality of life, such as the patient's age, the extent of the lesion, place of residence, and family financial status, determine the results. Quality of life changes during the treatment process, so it is difficult to define it unambiguously. Age is a factor that determines functioning in the emotional, physical and social spheres. Families did not define the disease as having an impact on family functioning, but focused on the negative perception by society and the lack of knowledge and information. Conclusions: 1. The child's disease does not significantly affect family functioning. 2. Public awareness of pigmented nevi and vascular malformations is low. 3. The age of the child affects the acceptance of the disease; older children show poorer functioning in the social sphere. 4. The older the parent, the lower the child's quality of life in the physical, cognitive, emotional and social spheres.

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