

Benign Newborn Rashes

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Erythema Toxicum (E Tox)

- About 24-48hr babies develop red blotches, with tiny papule/pustule, looks like a bug bite
- 1-4 mm wide
- Benign
- No symptoms, will resolve on its own
- Can be vesicular in nature, so to distinguish from HSV we make sure lesions fade away in a few days. HSV would be vesicular, crusty.
 - If concerned about HSV ask about mom's infection hx
 - C-section, would eliminate HSV possibility
- If scrape and look under microscope you see eosinophils



Milia

- 1-2 mm white-yellow cysts in forehead, nose, cheeks, or palate (called **Epstein pearls** there)
- Appear in first days of life
- Self-resolves



Acne

- Red base with white cyst= papulopustular
- Appears on face, chest, back, groin area
- Usually in first weeks of life, around 2-4wks of life
 - RARE for it to be present at birth
- *If have a baby that looks virilized, ambiguous genitalia, and acne since birth, then consider endocrine disorder...this is a rare situation*
- Tx: nothing needed! Won't get scarring. BUT if parents want tx, then apply a thin film of hydrocortisone 1% ointment to affected area for a short time to clear lesions.
- Some babies w/ acne will go onto having severe acne vulgaris as teens, esp if have family hx of teenage acne

*Note, acne has a red base, milia does NOT



Miliaria

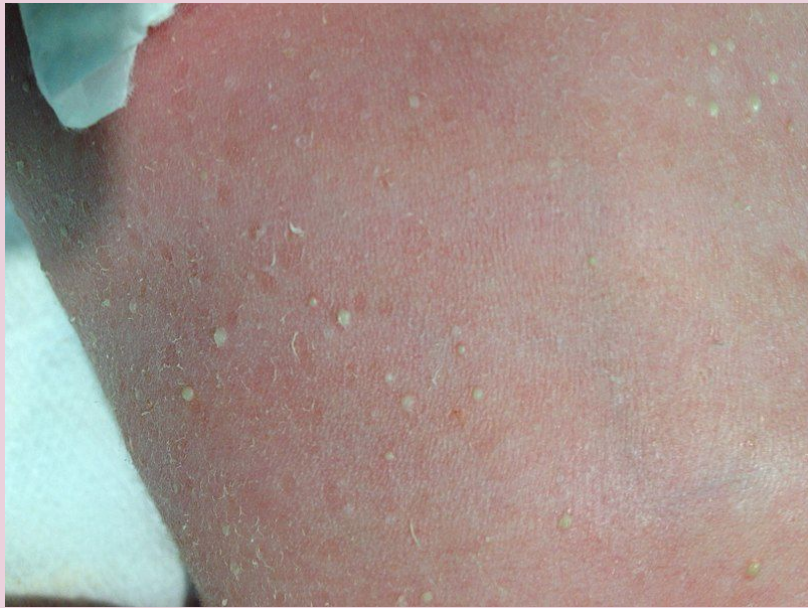
- Sweat retention due to incomplete differentiation of epidermis and its appendages
- 2 forms:
 1. Miliaria crystallina
 - clear vesicles on a skin-color base
 - forehead, upper trunk, arms and neck
 - resolve when not expose baby to heat as much
 2. Miliaria rubra
 - reddish spots on skin in neck, upper body, torso, shoulders
 - resolve on their own, with cooling measures

What about using Powder? For all rashes?!

Absorbs moisture, so prevents rashes

BUT you want to just place a bit of powder on your hand and apply it to affected area, then it will be OK

Don't apply a LOT of powder to the baby



Pustular melanosis

- Obstruction of pilosebaceous orifice
- Blotchy, red rash with superficial pustules → erupt and leave a **dark pigment** (resolves in months)
- Present at birth, in trunk, face, extremities
- Rare in palms and soles
- Common in African Americans



Seborrheic Dermatitis

- Yellow-red greasy scaling macule or papule, from 5-20mm in diameter, coalesces into a plaque
- Found commonly in scalp, forehead, eyebrows, diaper area
- Mildly itchy
- Tx: self-resolves, but can try oils (coconut oil, olive oil) on area and softly lift up scale with toothbrush. For esthetic reasons
 - Selenium-based shampoo, not FDA recommended
 - More severe cases, respond to ketoconazole



Cutis Marmorata

- Skin will be reticulated, looked mottled, like a net
- Essentially it's dilation of capillaries and venules in response to cold= immature autonomic nervous system
- Disappears w/ warming, and w/ time
- When it continues >1 month of age, can be a marker for T18, 21, Cornelia de Lange syndrome, hypothyroidism, cutis marmorata telangiectatica congenita



Harlequin Baby phenomenon

- Half of the face becomes dark red/blue and the other side of face is pale skin
- It's a response to changes in blood flow, when baby is anxious or stressed, due to autonomic nervous system immaturity
- Can last for minutes, or longer
- Benign
- Fades away over time

Baby Skin Care 101

- While have umbilical stump attached, only do sponge baths
- Once stump falls off, can wash baby with warm water alone or soap free of perfumes and dyes
- Bath baby every other day, for first few months of life
- Lotion is NOT necessary in the first weeks of life

Questions?