



- A transient, self-limiting rash of the neonatal period.
- An exact cause is not confirmed but it is believed to be an innate immune reaction to the rapid colonization of microflora through the hair follicles on the newborn's skin shortly after delivery.<sup>1</sup>

## EPIDEMIOLOGY

- Presents by day of life (DOL) 1-6 and resolves within 1-2 weeks.
- Incidence of ~40-70%.<sup>2</sup>
- Common in infants born at term with higher birth weights (>2.5 kg).<sup>2,3</sup>

## ETN



## DIAGNOSIS

- ❑ It is a clinical diagnosis based on skin examination of an otherwise healthy baby.<sup>4,5</sup>
- ❑ Skin examination shows an irregular erythematous base with papules and small yellow pustules that spares the soles and palms. May have a "flea bitten appearance."<sup>2</sup>
- ❑ Can appear to have a migratory pattern, but in fact, the rash presents in different locations at different times.
- ❑ There are many benign, and infectious causes that should be ruled out (some are contrasted below).<sup>6</sup>
- ❑ Please review real-life images for optimal pattern recognition in different skin colours.

## DIFFERENTIAL DIAGNOSIS BASED ON PRESENTATION

### Neonatal Cephalic Pustulosis (Neonatal Acne)



- Papules and pustules.
- Location: Face (mainly on forehead, cheeks and chin).
- Presents around 3wk of life.<sup>7</sup>
- Key differences: no erythematous base and presents later in life.

### Diaper Dermatitis



- Erythematous base with papules. Satellite lesions as well if fungal in nature.
- Location: Inguinal area including upper thigh.
- Key differences: nature of lesion, and location.

### Herpes Simplex Virus Infection



- Evolving grouped or singular vesicles on erythematous base.
- Many different presentations- skin, eyes and mouth disease +/- neurologic features and/or disseminated disease.<sup>8</sup>
- Presents at first few DOL to 6 weeks of life.
- Key differences: evolution of vesicles with systemic features.

### Neonatal Varicella (Chicken Pox) Infection



- Macules → Papules → Vesicles → Crusting.
- Location: Head → Generalized.
- First 5-10 DOL with systemic features.<sup>9</sup>
- Perinatally acquired from infected mother (maternal rash developed 5d pre- and 2d post-delivery).
- Key differences: nature of lesion and systemic features.

## MANAGEMENT

- This rash resolves spontaneously with no permanent scarring.

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