



Transient Neonatal Pustular Melanosis (TNPM) is a benign, self-limiting rash seen at birth

Etiology is unknown, possibly related to immature sweat glands. Not allergic or infectious

Prevalence: African descent, or newborn with darker skin complexion (4-5%); Caucasian newborns (<1%)

PRESENTATION

- Lesions **present at birth**
- Natural history: pustules lasting a few days, with hyperpigmented macules lasting weeks to months
- No itch or discomfort** - baby seems unaffected
- Otherwise **healthy** newborn

SYSTEMIC SYMPTOMS

Fever, lethargy or poor feeding, irritability, jaundice, respiratory distress

PHYSICAL EXAM

Normal vitals, well appearing newborn

Lesions - Fig 1 & 2

- Pustules (<1cm), rupture easily
- Collarette of scale after pustules rupture
- Hyperpigmented macules
- Non-erythematous base

Location - wide distribution

- Forehead, chin, neck, back, chest, buttocks, limbs (palms and soles may also be involved)



Figure 1



Figure 2

DIFFERENTIAL DIAGNOSIS

- Erythema toxicum neonatorum** - erythematous macules with central pustules or papules; not present at birth
- Neonatal acne** - appears 2-4 weeks after birth; papules + pustules on cheeks, forehead, and chin; often with mild erythema
- Milia** - white papules, no pustules
- Staphylococcal pustulosis** - erythematous base with pustule, honey-colored crusts if impetigo
- Candida pustulosis** - pustules often in the diaper area or moist skin folds, may have satellite lesions
- Congenital infections** - TORCH: Toxoplasmosis, Other [syphilis, varicella, etc.], Rubella, CMV, HSV

DIAGNOSIS

Clinical diagnosis — classic pattern/presentation

Other tests (*not generally required; consider if atypical presentation*):

- Pustule swab** to rule out infectious causes
- Gram stain:** should have no bacteria
- Wright/Giemsa stain:** should find neutrophils but no organisms

MANAGEMENT

- Reassure parents** — it's harmless!
- No treatment needed**
- Gentle skin care** (avoid harsh soaps/ointments)
- Follow-up rarely needed**, unless new symptoms arise

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