

Tutorials in Pediatric Dermatology

Erythema Toxicum Neonatorum

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Although rarely seen in the University Dermatological Clinic a significant proportion of newborns (30–70%) develop a transient, and often overlooked, otherwise asymptomatic, erythematous rash between the first and fourth day of life named erythema toxicum neonatorum.

The aetiology is unknown. A dermal inflammatory infiltrate with eosinophils characterize the reaction.

The clinical presentation is usually that of erythematous plaques 1–3 cm in size and white–yellow papules 1–2 mm in diameter on an erythematous base (Figs. 1 and 2). In approximately one third the eruption is predominantly pustular.

In most cases erythema toxicum neonatorum is easy to recognize and further investigations are not needed in healthy newborns. If papulo-pustular lesions are present a Tzanck

smear may be helpful to rule out viral infection with Herpes simplex virus, Varicella zoster virus and Cytomegalovirus, as eosinophils dominate. Other differential diagnoses include neonatal candidiasis and neonatal impetigo.

Treatment is not indicated or necessary as the eruption subside in 2–3 days. Pustular lesions, however, may persist for weeks.



Fig. 1. Erythema toxicum neonatorum.



Fig. 2. Erythema toxicum neonatorum (same child as in Fig. 1).