



A patient information flyer developed by the Asian Society of Pediatric Dermatology on

# Common Neonatal Skin Rashes

## What is Erythema Toxicum Neonatorum?

- Erythema toxicum is a skin eruption affecting full-term newborns that is of unknown cause.
- It consists of red, splotchy rashes and bumps, sometimes with pus.
- May occur anywhere, particularly forehead, face, trunk, and limbs.
- It usually starts in the first 3–4 days of life, but may be seen at birth or as late as 10 days of age.
- It can last for 1-2 weeks and resolves on its own.



## NEONATAL ACNE

### What is Neonatal Acne?

- Neonatal acne is quite common and affects about 20% of babies.
- It appears from a few weeks to few months of age.
- It occurs as a result of maternal hormonal stimulation of hyperactive sebaceous (oil-secreting) glands.

### How does Neonatal Acne Present?

- Neonatal acne occurs on the face, especially the cheeks and forehead but can also be seen on the scalp, upper chest and back.
- Small red bumps, sometimes with pus are usually seen.
- Sometimes there are black heads and white heads.

### How is Neonatal Acne Treated?

- Neonatal acne is usually self-limiting, and will resolve after 3-6 months of age.
- Neonatal acne does not scar.
- Treatment is not usually necessary except in patients with extensive lesions.
- In rare cases where the condition persists beyond 6 months of age, further investigations may be necessary to exclude other medical causes. This will be reviewed and decided by your physician.



# SEBORRHOEIC DERMATITIS

## What is Seborrhoeic Dermatitis?

- It is a common, benign, non-contagious skin condition which commonly affects infants before 3 months of age.
- It causes the skin to be red, greasy, flaky and itchy.
- It commonly affects areas of the skin rich in oil glands, such as the scalp, eyebrows, ears, back of the neck and diaper area.
- On the scalp, it appears as white, oily skin flakes, often referred to as “cradle cap”.
- In more severe cases, the scalp can have dense, thick, adherent yellow scales and crust.
- Infants usually outgrow this condition by 6 to 12 months of age.
- Some babies with seborrhoeic dermatitis will develop atopic dermatitis (eczema), especially if there is a family history of eczema, allergic rhinitis (sensitive nose) or asthma.

## What causes seborrhoeic dermatitis?

- Seborrhoeic dermatitis is caused by hyperactive oil glands due to circulating maternal hormones after birth.
- Natural yeast *Malassezia* (*Pityrosporum*) increases in these oil glands, resulting in inflammation (redness) and overproduction of skin cells (scaling).

## How is cradle cap treated?

- Wash your baby’s hair daily with a mild, tear-free baby shampoo.
- In children with thick scales on the scalp, application of olive oil 30 minutes before rinsing off with a mild no-tears shampoo can be helpful in softening the scales.
- If the scales do not loosen easily, you may need a soft brush or towel to gently remove the scales after softening.
- Do not pick the scales as this may increase the risk of infection.
- For more severe involvement, your doctor may recommend an anti-fungal shampoo or a mild steroid lotion.



## How is Seborrhoeic dermatitis on other parts of the body treated?

- Cleanse with a gentle soap or moisturising oil bath daily.
- Anti-inflammatory creams such as a mild topical steroid lotion, anti-fungal creams and moisturisers may be prescribed.
- Keep the nappy area clean and dry. Frequent diaper changes if nappy area is affected.

### Other points to note:

- Seborrhoeic dermatitis may only affect the diaper area and needs to be distinguished from other types of diaper rashes.
- Seborrhoeic dermatitis may mimic other scaly red skin conditions such as eczema, psoriasis or fungal infections.
- Your doctor may order other tests if the rash is extensive and does not respond to treatment.

