

Erythema toxicum neonatorum

- A. Common (50 % of full-term neonates)
- B. Begins 24 to 48 hours after delivery, resolves spontaneously within 1 to 5 days (evanescent—changes rapidly)
- C. Asymptomatic tiny erythematous papules, pustules, and vesicles surrounded by blotchy erythematous flare
- D. Begins on the face then spreads to proximal extremities, trunk, buttocks (spares palms and soles)
- E. Scraping of the lesions reveals sheets of eosinophils.
- F. Differential diagnosis
 - 1. Scabies: burrows on palms and soles (spared in erythema toxicum)
 - 2. Infantile acropustulosis: occurs later in neonatal period (1–2 years of age); tense pruritic vesicles and pustules on hands and feet
 - 3. Transient neonatal pustular melanosis: present at birth, pustules on the head and neck that leave a macular hyperpigmentation, uncommon in Caucasians (more common in blacks)



Erythema toxicum neonatorum
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- A. Lesions may resemble an urticarial flea bite with 1–3 cm red patches with central 1–2 mm papules or pustules



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