

## SPOT DIAGNOSIS (IMAGE GALLERY)



### **PUSTULAR SKIN LESIONS IN A NEONATE**

**Sharma Jyoti**

*Department of Pediatrics, Dr R P G Medical College, Kangra, Himachal Pradesh, India.*

**Address for Correspondence:** Dr Jyoti Sharma, Assistant Professor, Department of Pediatrics, Dr Rajender Prasad Medical College, Kangra, Himachal Pradesh-176001, India. E-mail: sharmajyotidr@yahoo.com

A 5 days old full term male neonate weighing 2.5 kg at birth born by normal institutional delivery, exclusively breast fed since 1 hour of birth, presented with pustular eruptions over the abdomen noted since birth and subsequently over head, neck and lower limbs over next two days. There was no fever or refusal of feeds. On examination he had ruptured pustules with collarette of fine scales, some intact pustules and hyper pigmented macules with no surrounding erythema. On investigation blood counts were within normal limits and CRP was negative. On gram and Albert staining of the pustular material no bacteria were seen. Tzank smear from the pustular material revealed predominantly polymorphonuclear infiltrate with occasional eosinophils

#### **What is the diagnosis?**

Transient Neonatal Pustular Melanosis (TNPM). It is a transient, benign self-limited dermatosis of unknown cause. It is characterized by 3 types of skin lesions- evanescent superficial pustules, ruptured pustules with a collarette of fine scales and hyperpigmented macular lesion. (1) Lesions are usually present at birth, but may appear later on also. It is more common in colored population. Pustules represent the earlier phase and macule the late phase of this condition. Pustular lesion after healing leave hyperpigmented macules that may persist for 2-3 months. No treatment is required. (1) These pustular lesions of TNPM are to be differentiated mainly from those of erythema toxicum neonatorum (ETN) and pyoderma. ETN most often appears on 2nd-3rd day of life. Typical lesion of ETN consists of erythematous macules and papules that evolve into pustules. Unlike TNPM each pustule of ETN is surrounded by a blotchy area of erythema, giving rise to classically described flea bitten appearance." Gram staining of the pustular material does not reveal any organism and Tzank smear reveals dense aggregates of eosinophils. Self-limiting condition itself, unlike TNPM does no leave any hyperpigmentation. In pyoderma, neonate may present with clinical features of sepsis. Gram staining of the pustular material may demonstrate organism which may be cultured also. (1,2)

#### **References**

1. Morelli GM. Diseases of the Neonate. In: Kliegman RM, Behrman RE, Jenson HB, Stanton BF, editors. Nelson textbook of pediatrics: the skin. 18th ed. Vol.2. Philadelphia: WB Saunders company ; 2007. p. 2663.
2. Antava RJ, Robinson DM. Blisters and pustules in the newborn. *Pediatr Ann* 2010; 39: 635-645.

**E-published:** Nov 2013. **Art#59 DOI No. :** 10.7199/ped.oncall.2013.59

Quick Response Code

