

Neonatal Rashes

■ What is seborrhoeic dermatitis?

- Seborrhoeic dermatitis is a common skin condition which affects infants before three 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 whitish, 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 six 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.

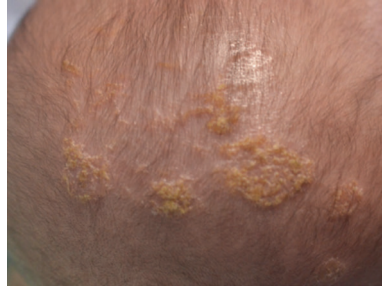


Fig. 1.
Seborrhoeic
dermatitis

■ What causes seborrhoeic dermatitis?

- Seborrhoeic dermatitis is caused by hyperactive oil glands due to circulating maternal hormones after birth.
- A natural yeast called *Malassezia* (*Pityrosporum*) grows in the increased oily secretion, resulting in inflammation (redness) and overproduction of skin cells (scaling).

■ How is seborrhoeic dermatitis of the scalp/cradle cap treated?

- Wash your baby's hair daily with a mild, tear-free baby shampoo.
- In babies with thick scales on the scalp, application of olive oil 30 minutes to one hour before rinsing off with shampoo can be helpful in softening the scales.
- If the scales do not loosen easily, you can use a soft brush or towel to gently remove the scales after it is softened.
- Do not pick the scales as this may increase the risk of infection.
- For cases that are more severe, your doctor may recommend an anti-fungal shampoo, mild steroid lotion and a moisturiser.

■ How is seborrhoeic dermatitis on other parts of the skin treated?

- Cleanse with a gentle soap or moisturising bath oil daily.
- Anti-inflammatory creams such as a mild topical steroid lotions, anti-fungal creams and moisturisers may be prescribed.
- Increase frequency of diaper change if nappy area is affected.
- If the rashes do not improve after a few weeks, please schedule an appointment with the Paediatric Dermatology clinic to reassess your child's condition.

What is neonatal acne?

- Neonatal acne is quite common and affects babies.
- It appears when the baby is a few weeks to a few months old.
- It occurs as a result of maternal hormonal stimulation of hyperactive sebaceous (oil-secreting) glands.

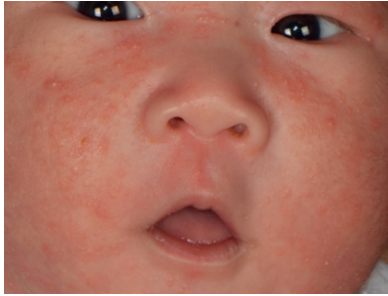


Fig. 2.
Neonatal
acnesborrheic
dermatitis

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

What is diaper dermatitis (diaper rash)?

- Diaper dermatitis, or diaper rash is a skin condition where the skin covered by diapers develops a rash.
- It is one of the most common skin problems in infants and young children.
- Most infants develop diaper dermatitis at some stage, most commonly between nine and 12 months.
- Most cases of diaper dermatitis are transient and resolve with regular diaper change and use of barrier creams.

What causes diaper dermatitis?

- Diaper dermatitis occurs due to several different factors.
- The most common cause is irritation by urine and stools, especially if there the baby has loose stools or diarrhoea, or the diapers are not changed frequently.
- Tight-fitting diapers can cause friction over the folds of the groin area.
- Secondary infection with bacteria and candida yeast is also common in the groin area.
- Some skin conditions e.g. seborrheic dermatitis or atopic dermatitis can affect the diaper area. These can be worsened by the factors mentioned above.

How is diaper dermatitis treated?

- Frequent diaper change or leaving the child out of diapers for short periods of time would be helpful.
- Gently cleanse with tepid or warm water, and a soft cloth. If soap is desired, a mild, fragrance-free soap substitute or bath oil is recommended.
- Apply a moisturiser or a barrier cream to the skin before each diaper change.
- Ensure the diaper area is air-dried completely before putting on the diaper.

- If the skin is very inflamed or red, a mild topical steroid will be prescribed.
- If candida yeast is suspected, a topical anti-fungal cream may be prescribed.
- If secondary bacterial infection is suspected, topical antibiotics or a course of oral antibiotics for five to seven days is prescribed.

How is diaper dermatitis prevented?

- Frequent diaper change can reduce contact between the skin and urine or stools.
- Clean the skin in the diaper area gently and carefully. Dry by patting with a soft towel instead of rubbing the delicate skin.
- Gentle cleansing with warm water and a soft cloth is usually sufficient. If soap is desired, a mild, fragrance-free soap substitute or bath oil is recommended.
- If baby wipes are used, choose a brand that is alcohol-free and fragrance-free. Baby wipes are not recommended if the skin becomes irritated or develops open sores.
- Dried stools can be loosened with mineral oil applied to a cotton ball.

Useful telephone number

Central Appointments

6294-4050



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