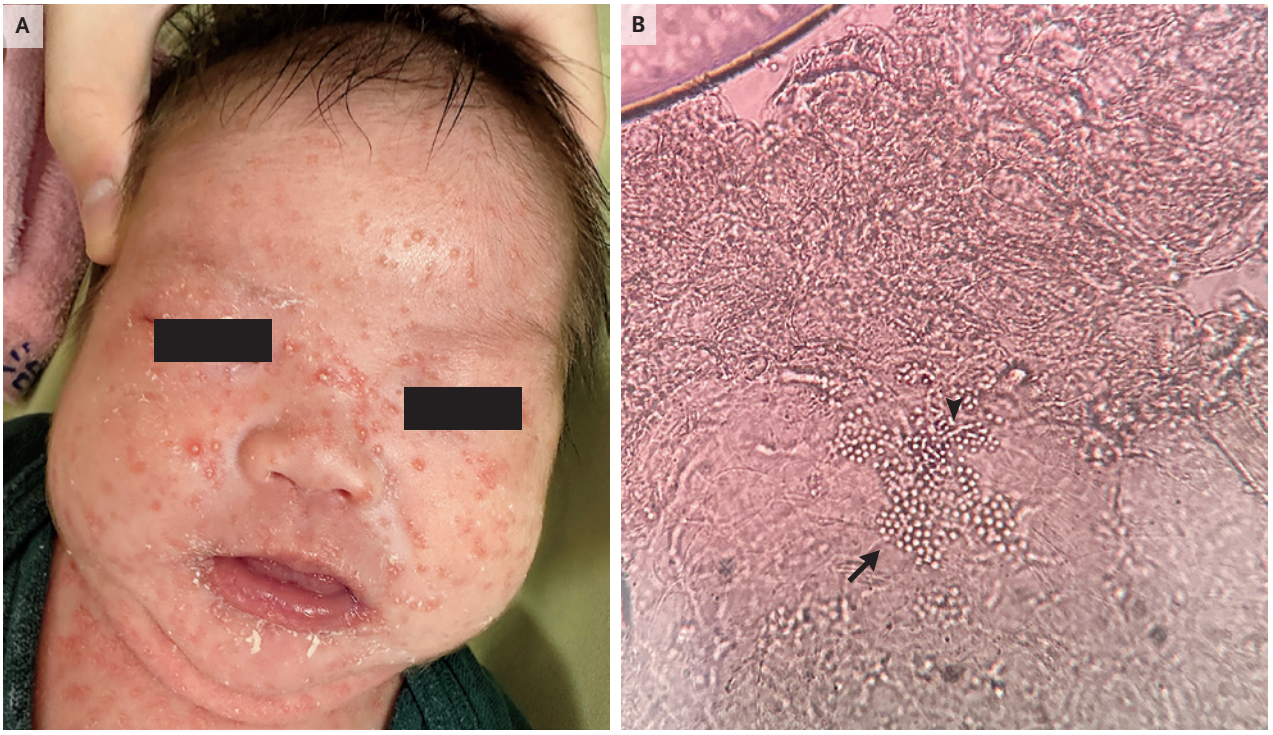
IMAGES IN CLINICAL MEDICINE

Stephanie V. Sherman, M.D., *Editor*

Neonatal Cephalic Pustulosis



Wei-Cheng Fang, M.D.
Li-Wen Chiu, M.D.

Kaohsiung Medical University Hospital
Kaohsiung, Taiwan
kthrn.chiu@gmail.com

This article was published on August 5, 2023, at NEJM.org.

An 8-day-old boy was evaluated for a sudden-onset pustular rash that had developed while he was being monitored for neonatal abstinence syndrome in the neonatal intensive care unit. He had been born at term by spontaneous vaginal delivery. There was no maternal history of genital herpes. Physical examination revealed multiple, scattered, erythematous papules and pustules measuring up to 5 mm in diameter on the scalp, face, neck, and upper chest (Panel A). There were no comedones or involvement of the palms or soles. A complete blood count and C-reactive protein level were normal. A bacterial culture and Tzanck smear of the contents of a pustule were negative. A potassium hydroxide preparation of a pustule scraping (Panel B) showed fungal spores (arrow) and hyphae (arrowhead). A diagnosis of neonatal cephalic pustulosis was made. Neonatal cephalic pustulosis is a common neonatal pustular eruption that appears in infants during the first few weeks of life. The pathophysiology is not well known but may relate to an overgrowth of malassezia species. Most cases resolve spontaneously, and topical antifungal treatment may hasten the resolution. Three days after the patient began a course of topical antifungal cream, the rash had resolved.

DOI: 10.1056/NEJMicm2301685