Diagnostic Pitfalls in Newborns and Babies with Blisters and Erosions

Elke Nischler, Alfred Klausegger, Clemens Hüttner, Gabriele Pohla-Gubo, Anja Diem, Johann W. Bauer, and Helmut Hintner

Department of Dermatology, eb-house Austria, Paracelsus Private Medical University Salzburg, Muellner Hauptstraße 48, 5020 Salzburg, Austria

Received 6 July 2009; Accepted 27 October 2009

Abstract

Establishing the correct diagnosis in newborns presenting with blisters and erosions is not always a straightforward process. Many different disease entities including acquired (i.e., infectious, immunobullous, traumatic) and inherited disorders have to be taken into consideration. Similarities in clinical appearance, colonization and/or superinfections of preexisting skin lesions, as well as the absence of late changes in the neonate often pose significant diagnostic challenges. In this paper we discuss by giving examples the process of making an accurate diagnosis of blistering skin diseases in the neonatal period on the basis of a diagnostic algorithm. In addition, we provide an overview of the rational use and the limitations of laboratory procedures such as microbial testing, routine light microscopy, immunofluorescence antigen mapping, transmission electron microscopy, and molecular genetic analysis.
Also resolve spontaneously. Milia. Sucking and suckling blisters. Sucking blisters are caused by vigorous sucking by the infant whilst still in the womb. Intact blisters or erosions may be found on the forearm, wrist, hands or fingers. They resolve within a few days. Suckling ‘blisters’ are firm swellings on the upper lip and are a hyperplastic response to suckling. Suckling blister. Self-skin examination New smartphone apps to check your skin Learn more (Sponsored con