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Congenital miliaria crystallina

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A male infant born at term at an outside institution was referred to us for evaluation of an extensive rash. Pregnancy had been uncomplicated. The infant was born vaginally and adapted well. Immediately after birth, extensive vesiculous eruptions were noted (Fig. 1). They were most pronounced on the upper thorax and both arms (Fig. 2). The individual vesicles appeared to be superficial and contained clear fluid (Fig. 3). The underlying skin was unchanged without signs of inflammation (erythema, infiltration). The infants appeared otherwise healthy, was vigorous and breastfeeding well. There was no laboratory evidence of an infectious process. A diagnosis of miliaria crystallina was made and the infant was transferred back to the referring hospital after a 24-hour-period of observation.



Fig. 1

Extensive vesiculous eruptions covering most of the infants body.



Fig. 2

Vesiculous eruptions on the left arm.



Fig. 3

Close-up view of the vesicular eruptions.

Miliaria, or prickly heat, results from retention of sweat in ducts and pores of the eccrine sweat glands when they are occluded by keratinous plugs. In miliaria crystallina, the lesions are very superficial and non-inflammatory. The tiny clear vesicles rupture readily with gentle pressure. They can erupt suddenly and occur in profusion over large areas of the body surface. The clarity of the fluid, the extreme superficiality of the vesicles, and the absence of inflammation permit differentiation from other blistering disorders. This type of miliaria occurs most frequently in newborn infants and in older patients with hyperpyrexia. Congenital manifestation – as in our case – appears to be much rarer. Miliaria crystallina should be considered in the differential diagnosis of vesiculobullous eruptions in newborns.

DISCUSSION

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REFERENCES

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