CONDITION

Erythema toxicum

Erythema toxicum is a harmless, temporary newborn rash made up of red patches and small bumps or pustules.

WHAT IT IS
Harmless, temporary newborn skin rash

BODY SYSTEM
Skin

MAIN SYMPTOMS
Red blotches, small bumps, tiny pustules, otherwise well

WHAT CAUSES IT
Unknown, likely normal newborn immune activity

HOW IT IS DIAGNOSED
Typical appearance on skin examination

MAIN TREATMENT
Reassurance and gentle skin care

CAN IT BE CURED?
Yes - clears by itself within days

IS IT AN EMERGENCY?
No - illness signs suggest another problem

LONG-TERM OUTLOOK
Complete recovery without scars or lasting effects

Overview

Erythema toxicum is a common, harmless rash that affects newborn babies. Its full medical name is erythema toxicum neonatorum. Despite the word "toxic," it is not caused by a toxin and does not mean that a baby is poisoned or seriously ill.

The rash consists of small, firm bumps or tiny fluid-filled spots surrounded by irregular red patches. The spots may look like flea bites. On brown or black skin, the surrounding redness can be less obvious, while the raised bumps may be easier to see or feel.

Erythema toxicum usually appears during the first few days after birth. It most often affects the face, chest, back, upper arms, or thighs. The palms of the hands and soles of the feet are usually clear.

The rash is not painful or itchy. Babies with erythema toxicum are otherwise well, feed normally, and behave as expected for their age. It is not contagious and cannot spread to other people.

The condition matters mainly because some newborn infections and other skin conditions can also cause spots, blisters, or pustules. A healthcare professional may need to examine an unfamiliar newborn rash, particularly if the baby seems unwell.

Symptoms

The rash can change noticeably over several hours. Some spots fade while new ones appear elsewhere. This changing pattern is typical and does not mean the condition is spreading through the body.

Features may include:

There may be only a few spots or enough to cover much of the trunk. Individual spots are often a few millimetres wide, although the surrounding patches can be larger.

Erythema toxicum usually begins between the first and third day after birth, but timing is not exact. It can occasionally be present at birth or appear several days later. In babies born prematurely, it may appear later than it does in full-term babies.

The baby should not have fever, breathing difficulty, unusual sleepiness, poor feeding, or obvious discomfort from erythema toxicum. These symptoms point away from a simple benign rash and need medical assessment.

- Irregular red or darker patches on the skin
- Small, firm, pale bumps within the patches
- Tiny yellow-white pustules, which are small spots containing fluid
- Spots on the face, trunk, upper arms, or thighs
- Normal skin on the palms and soles

Causes and risk factors

The exact cause is unknown. Current evidence suggests that the rash may be part of the newborn skin and immune system adjusting to life outside the womb. Immune cells gather around hair follicles, producing the bumps and small pustules.

The fluid in the pustules commonly contains eosinophils. These are white blood cells involved

in some immune reactions. Their presence does not mean that the baby has an allergy.

Erythema toxicum is not caused by:

The rash is seen more often in babies born at or near full term than in very premature babies. However, any newborn can develop it. There is usually no useful way to predict which baby will be affected.

- Poor hygiene or inadequate washing
- Something eaten during pregnancy or breastfeeding
- An infection passed between family members
- A reaction to breast milk or infant formula
- A parent doing something wrong

Diagnosis

A doctor, midwife, nurse practitioner, or other qualified healthcare professional can usually recognise erythema toxicum by examining the skin. The timing, location, changing pattern, and the fact that the baby is otherwise well all support the diagnosis.

There is no routine blood test or scan for erythema toxicum. Testing is usually unnecessary when the rash has its typical appearance.

If the diagnosis is uncertain, a clinician may take a small sample from a pustule. Examination under a microscope may show eosinophils. A swab or culture may be used to check for bacteria, fungi, or viruses when an infection is possible. A skin biopsy, which removes a tiny piece of skin for examination, is rarely needed.

Other newborn conditions can resemble erythema toxicum. These include transient neonatal pustular melanosis, milia, heat rash, bacterial or fungal infection, and herpes simplex infection. The baby's general health, the areas involved, and the appearance of the spots help distinguish them.

Do not squeeze a pustule to try to identify what it contains. Opening the skin may cause irritation or introduce bacteria.

Treatment and management

Erythema toxicum does not normally need medical treatment. The rash settles as the newborn's skin adjusts, usually within several days. Antibiotics like amoxicillin or doxycycline ,

antiviral medicines, and antifungal treatments do not help unless testing shows a separate infection.

No special cream is needed. Steroid like prednisone or hydrocortisone creams, antiseptics, acne products, essential oils, and home remedies should not be applied unless a qualified healthcare professional has recommended them for another confirmed condition.

Gentle newborn skin care is enough:

Regular feeding, bathing, holding, and skin-to-skin contact can continue. The rash is not infectious, so the baby does not need to be separated from parents, siblings, or other healthy people.

If the appearance changes or the baby develops other symptoms, take photographs in good light if practical. This can help show how the rash has developed, but it should not delay medical care.

- Wash with lukewarm water and avoid scrubbing
- Use a mild, fragrance-free cleanser only when needed
- Pat the skin dry rather than rubbing it
- Avoid squeezing, scratching, or opening the spots
- Keep the baby comfortably dressed without overheating

Complications

Erythema toxicum itself does not usually cause complications. It does not damage internal organs, affect development, or increase the risk of allergies.

The spots normally heal without scars. Unlike some other newborn pustular conditions, they do not usually leave dark marks after they disappear.

The main concern is mistaking another condition for erythema toxicum. Certain infections can begin with blisters, pustules, or widespread redness. A baby who is feverish, feeding poorly, unusually sleepy, or otherwise unwell should not be assumed to have only erythema toxicum.

Skin irritation can also occur if the spots are squeezed or treated with harsh products. Avoid opening the pustules or repeatedly cleaning them with alcohol or antiseptic solutions.

Prevention

Erythema toxicum cannot be prevented. Its cause is not fully understood, and it appears to be

a temporary part of how some newborns' skin and immune systems adjust after birth.

Extra bathing, changes to feeding, or avoiding normal skin-to-skin contact will not prevent it. Because it is not contagious, there is no need to disinfect the home or keep the baby away from other people.

Gentle skin care can reduce unrelated irritation, but it does not guarantee that erythema toxicum will not appear.

Living with it and what to expect

The rash often looks most noticeable during the first few days of life. Spots may disappear from one area and appear in another, which can make the rash seem persistent even though individual lesions are fading.

Most cases clear within about a week. Some last closer to two weeks, and a few spots may briefly return before disappearing completely. This short-term recurrence does not usually mean that treatment is needed.

Erythema toxicum does not become a chronic skin condition. It is not the same as eczema, acne, or an allergic rash. Once it has cleared, no special follow-up is usually required if the baby remains well.

Normal daily care can continue. The baby can feed, sleep, be cuddled, have photographs taken, and attend routine newborn appointments. The rash should not affect vaccinations, growth, or development.

At routine newborn follow-up, mention the rash if it has not cleared, no longer looks typical, or has left sores or marks. A clinician can check whether another skin condition is present.

When to get medical help

Arrange prompt medical advice if you are unsure whether a newborn rash is erythema toxicum. Newborn skin conditions can be difficult to tell apart from photographs or descriptions alone.

Contact a healthcare professional promptly if:

Seek urgent medical assessment for a rectal temperature of 38°C or higher in a baby younger than 3 months. Fever in a young baby needs assessment even when the rash looks harmless.

Call emergency services or go to an emergency department if the baby:

These are not expected features of erythema toxicum. They may indicate an infection or another condition that needs urgent care.

- The rash is still present after two weeks
- Spots involve the palms, soles, eyes, or inside the mouth
- The skin becomes crusted, swollen, painful, or warm
- Large blisters, open sores, or peeling skin develop
- Fluid drains from the spots or has an unpleasant smell
- The baby is feeding less well but has no emergency symptoms
- Has trouble breathing, pauses in breathing, or develops blue or grey lips
- Is difficult to wake, floppy, or much less responsive than usual
- Has a seizure
- Will not feed or has signs of significant dehydration
- Develops a purple or red rash that does not fade when pressed
- Has rapidly spreading blisters, widespread skin peeling, or severe swelling

Common questions

Is erythema toxicum dangerous?

No. Erythema toxicum is a benign, meaning harmless, newborn condition. It does not make a baby toxic or sick. However, a rash accompanied by fever, poor feeding, breathing difficulty, or unusual sleepiness needs urgent assessment because those symptoms are not caused by erythema toxicum.

Is erythema toxicum contagious?

No. It cannot spread through touching, feeding, shared bedding, or close contact. Normal cuddling and skin-to-skin contact are safe.

How long does erythema toxicum last?

It usually clears within several days and often within a week. Some cases last up to about two weeks. New spots may appear as older ones fade.

Can I put breast milk or cream on the rash?

No treatment is needed. There is not good evidence that applying breast milk makes it clear sooner. Creams and oils may irritate newborn skin or make the rash harder to assess. Use only simple skin care or products recommended for a confirmed reason.

Does erythema toxicum mean my baby has an allergy?

No. Although immune cells called eosinophils can be found in the spots, erythema toxicum is not considered a food, milk, or environmental allergy. Changing breastfeeding, formula, or the breastfeeding parent's diet is not normally needed.

Will erythema toxicum come back later in childhood?

It may briefly produce new spots during the newborn period, but it does not usually return later in infancy or childhood. It does not turn into eczema or acne and does not normally leave scars.

Sources

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