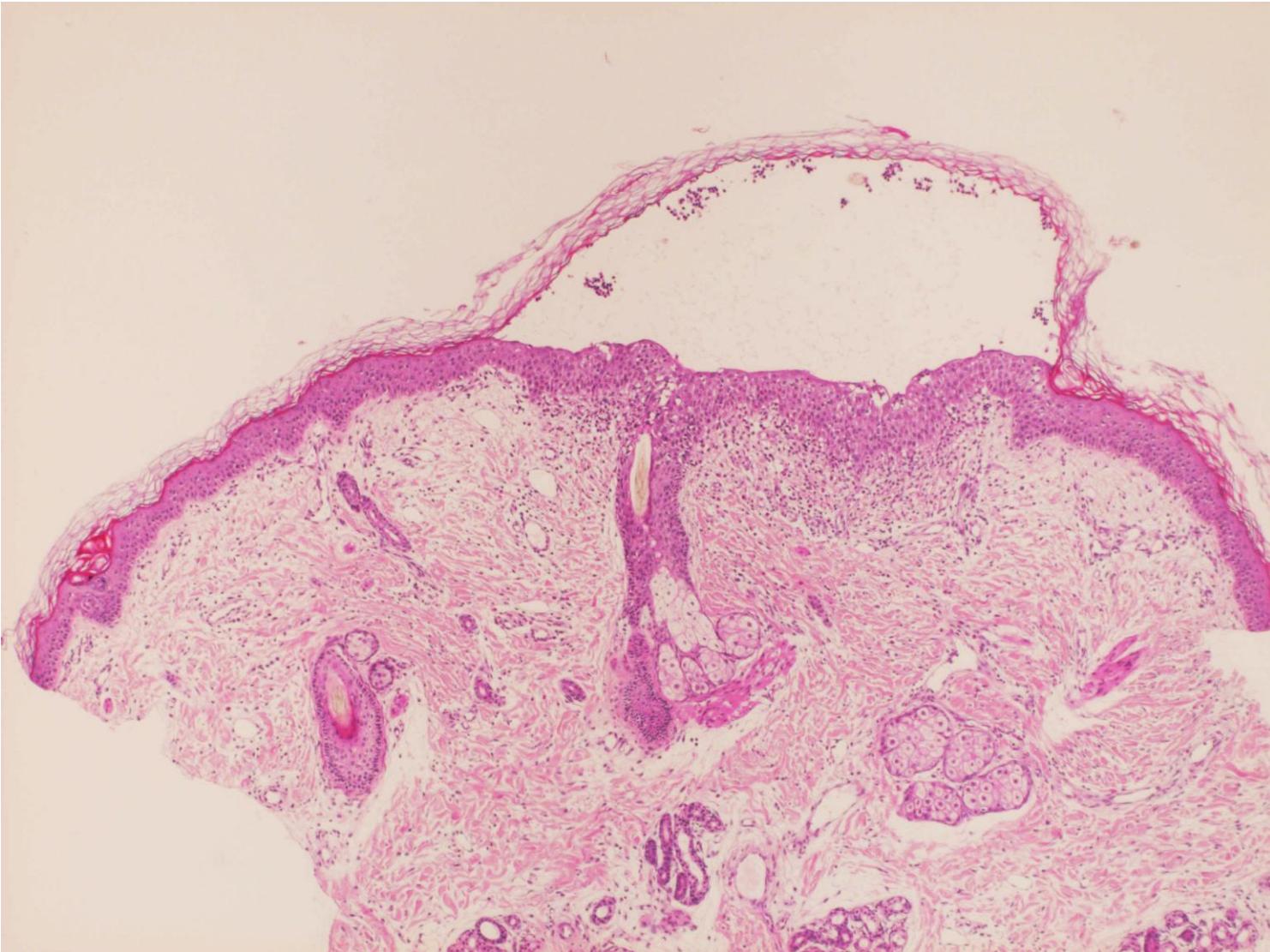


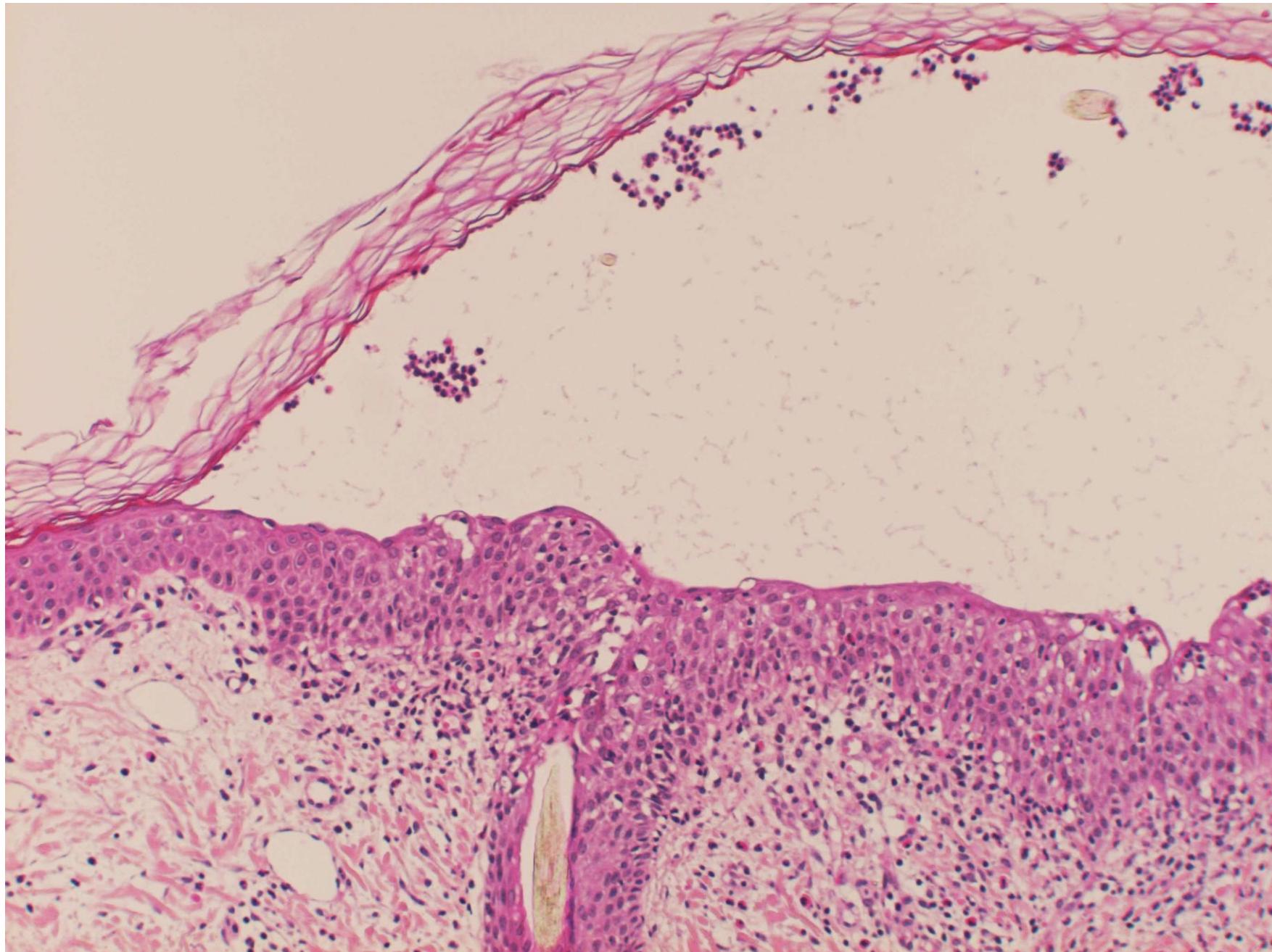
Erythema toxicum neonatorum

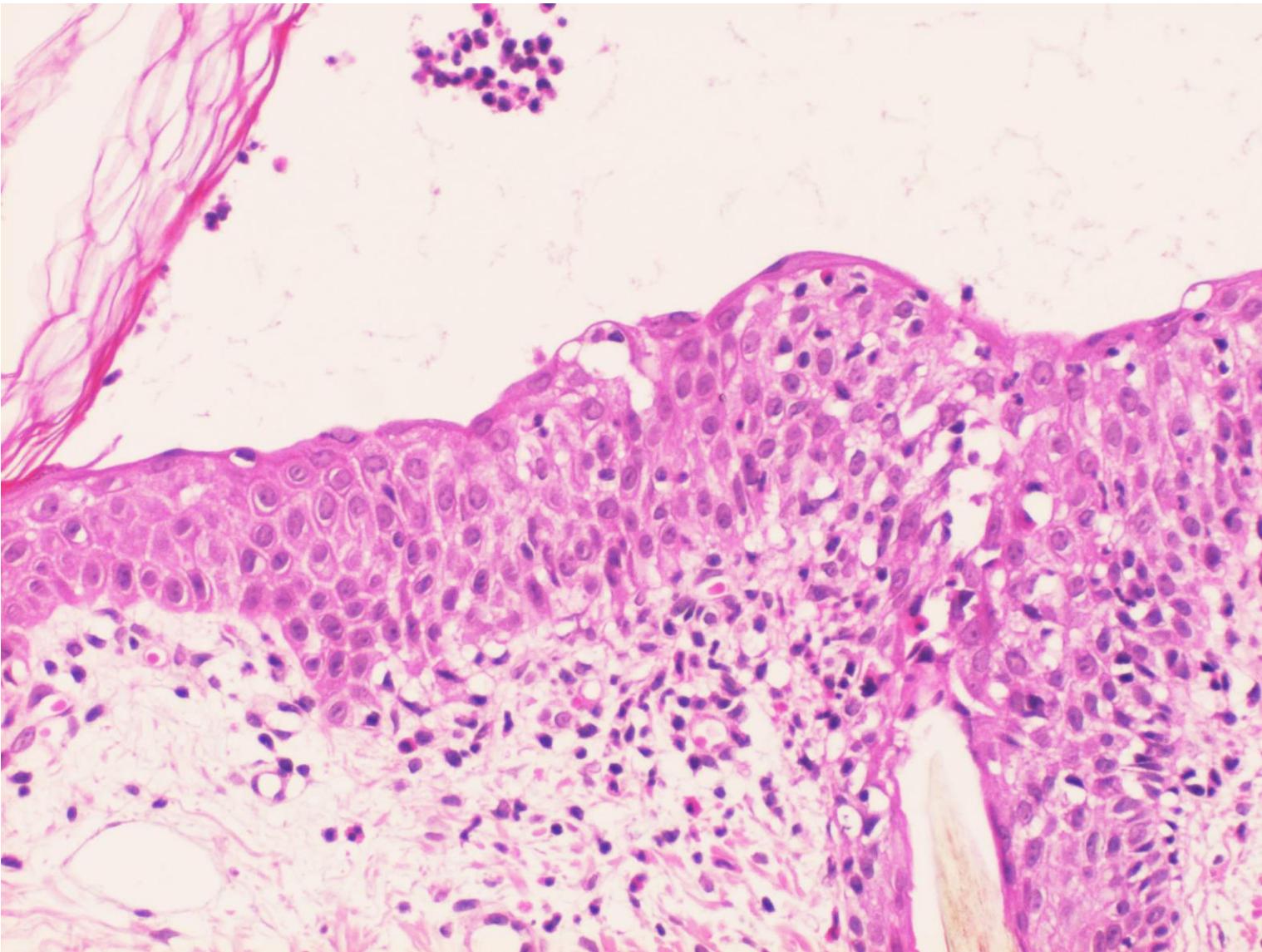
Erythema toxicum neonatorum (so-called baby acne) is a common, non-harmful rash in neonates. It appears in 40-70% of healthy newborns within the first week of life, and it improves within 1–2 weeks. It is rare among premature babies. The rash ranges from blotchy red spots to yellow-white bumps and boils. Commonly, 1–3 mm-sized, firm, yellow-white bumps are surrounded by red haloes. Erythema toxicum neonatorum may be related to activation of the immune system. Immune cells, including eosinophils, tend to cluster around hair follicles. It has been reported that colonization of skin bacterial flora and *Demodex* mites may provoke the rash.

Ref.: Roques E, et al. Erythema toxicum. 2025. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing. PMID: 29261957

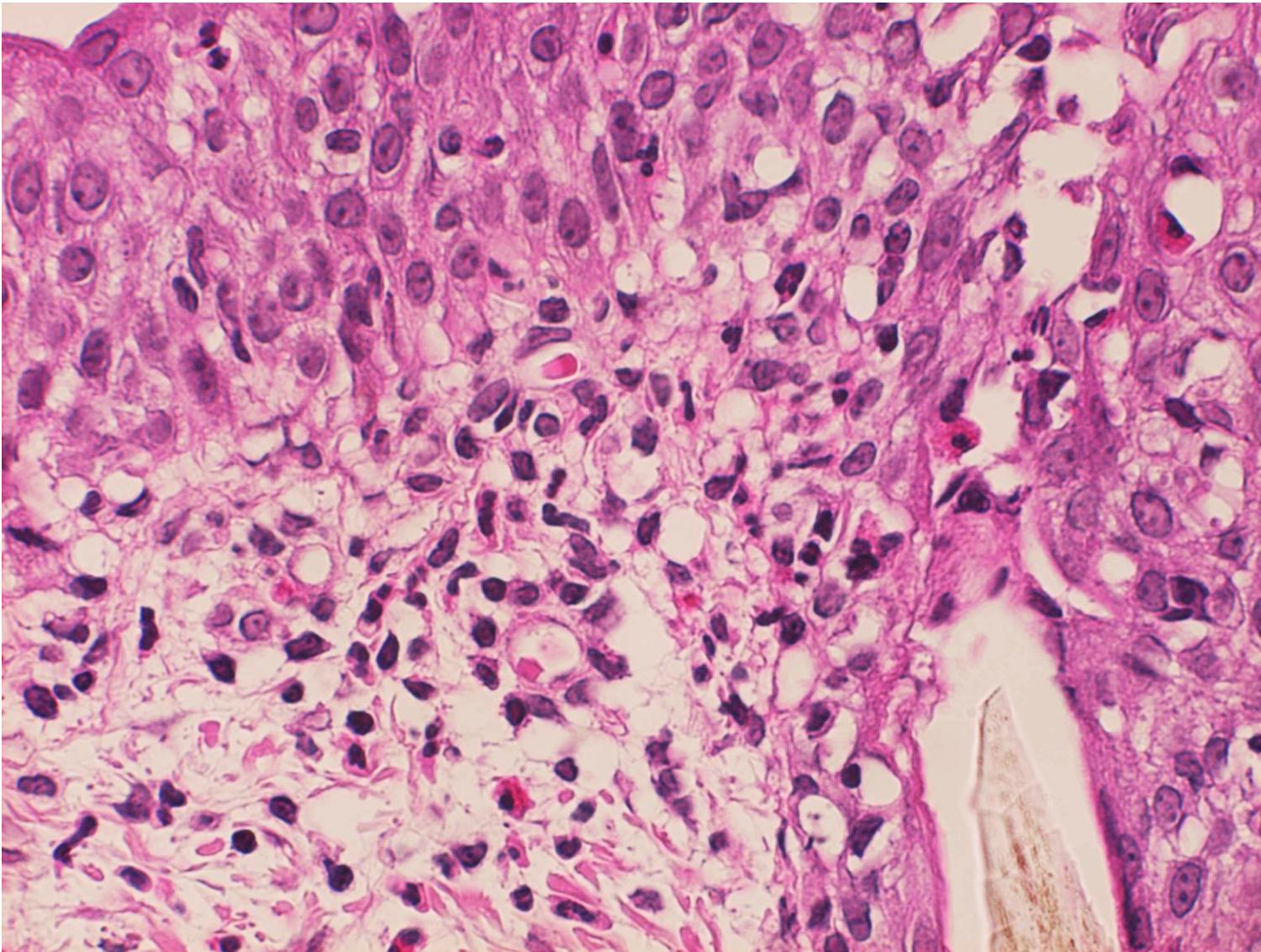


Erythema toxicum neonatorum seen on the facial skin of a 1-day-old female baby. A subcorneal bulla is formed on the hair follicle opening. Mild inflammatory reaction is observed in the edematous upper dermis (H&E-1).

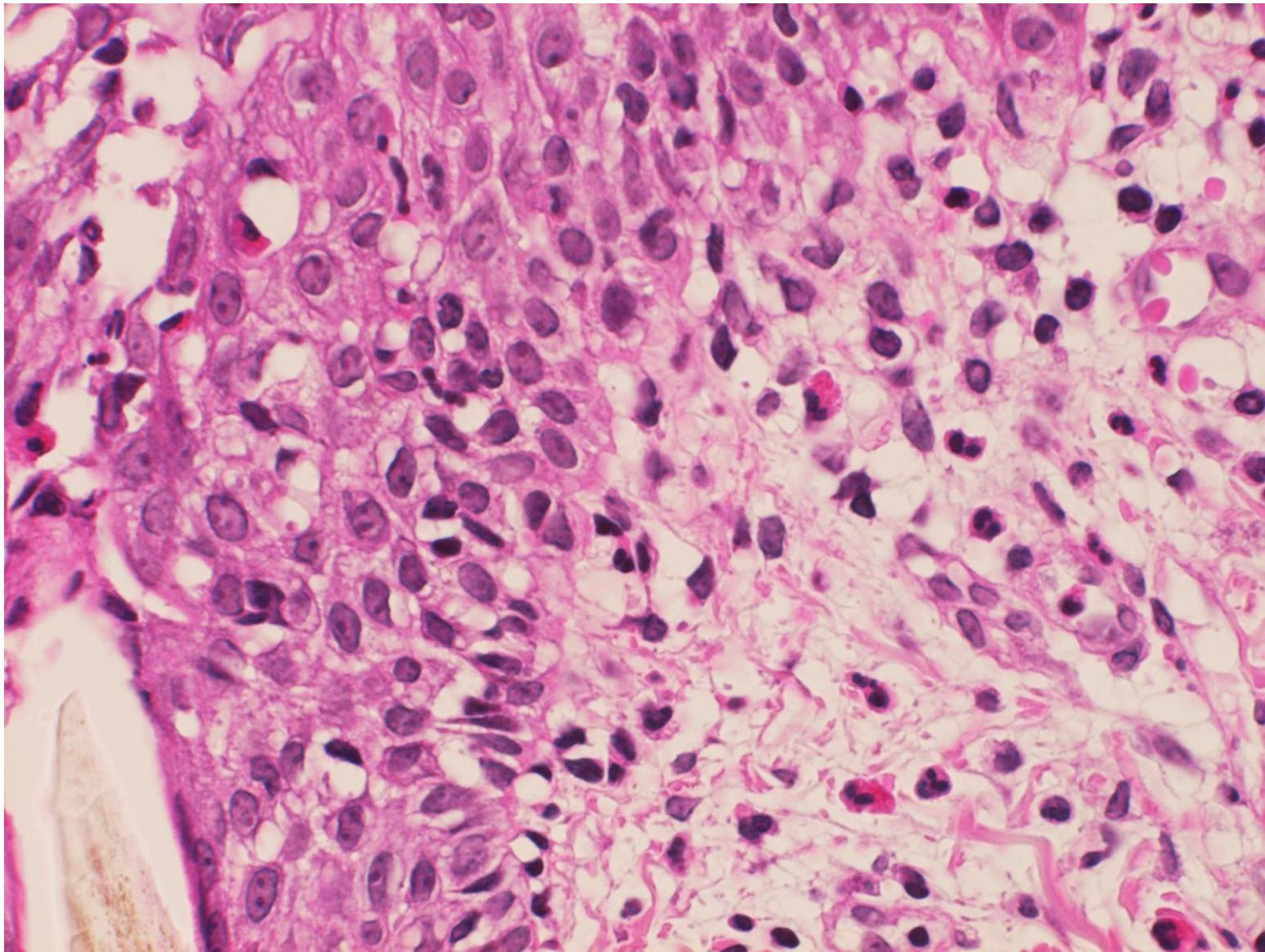




Erythema toxicum neonatorum seen on the facial skin of a 1-day-old female baby. A subcorneal bulla is formed on the fair follicle opening. Mild inflammatory reaction is observed in the edematous upper dermis. The bulla contains mild neutrophilic exudation. The epidermis is focally spongiotic (H&E-3).



Erythema toxicum neonatorum seen on the facial skin of a 1-day-old female baby. Mild inflammatory reaction is observed in the edematous upper dermis. Lymphocytes and eosinophils are clustered. Eosinophilic exocytosis into the spongiotic epidermis is mildly noted (H&E-4).



Erythema toxicum neonatorum seen on the facial skin of a 1-day-old female baby. Mild inflammatory reaction is observed in the edematous upper dermis. Lymphocytes and eosinophils are clustered. Exocytosis into the spongiotic epidermis is mildly noted (H&E-5).