Nappy rash in the newborn

What needs to be known

The micro-climate inside nappies explains the majority of dermatoses of the buttocks

The buttocks of incontinent newborns are exposed to repeated and important aggressions: indeed, the role of nappies is to retain urine and feces, and these are in prolonged contact with the skin which leads to irritation dermatitis and sometimes infections. Due to the evolution in the quality of nappies that are now absorbent and well tolerated, nappy rashes have become rare.

Clinical aspects that predict the etiology

"W" shaped Nappy rash
Is the most frequent type, due to the irritation by urine and feces.
The redness appears on the convex part of the buttocks that are in contact with the nappies and do not affect the folds which forms a W shape.
On the inside of the thighs, scrotum and labia majora, the pubis, the skin is red, wrinkled and abraded.

Intertrigos.
More rare, they have a mirror image topography. Peri-anal dermatoses are usually due to Candida albicans form the feces. Streptococcal anitis can also be observed. Inguino-crural intertrigos are of candidosal or bacterial or mixed origin.

Infantile seborrheic dermatitis
They resemble intertrigos and infectious dermo-epidermitis that heal quickly using antiseptics. ISD starts with erythematous-squamous intertrigos at the level of cervical, axillary, inguinal folds. The ISD then takes a bipolar topography with:
- Scalp and forehead involvement that is erythematous and covered with oily squames;
- Buttock involvement that becomes red, smooth, squamous and weepy.

The term « Leiner-Moussous disease », that is sometimes used is not correct because this concerns neonatal erythrodermia associated with immune deficiencies or other severe diseases.

Complications
The main complication is an overinfection that manifests itself by impetigo blisters, follicular pustules, inflammatory plaques, and an alteration of the general state.
What needs to be done

Make sure that the child is healthy

Isolated nappy rash does not have an impact on the general state of health, mood or eating habits.

Adapt the care to what the mother can do

It is useless to reprimand or to advise parents to « leave the buttocks nappy free ». We must ask about everyday life conditions, and to correct the cause of the nappy rash which in practice is caused by a temporary delay in the changing of the nappy.

Explain the treatment

The presence of nappy rash implies that a preventive treatment, that we will discuss in detail below, has been temporarily neglected.

In the presence of nappy rash we advise parents to temporarily replace the barrier-cream by a topical anti-fungal agent with the aim of preventing candidosis.

See the child quickly to be sure that the situation has improved

If the treatment is applied correctly, the symptoms should improve in a few days. It is important to check that this is the case.

What needs to be said

Nappy rash is not a disease of the skin but an irritation caused by urine or feces, it will heal completely. There is no need to talk about psoriasis even if the plaques are psoriasiform, and there is no link with atopic dermatitis.

Nappy rashes can be easily avoided

The principle is simple: urine and feces must not be left in contact with the skin. This is not always possible in practice. Ideally, the frequency with which the nappies are changed should correspond to the frequency with which the baby urinated or defecates, a dozen times a day for a newborn.

At each nappy change, the bottom must be cleaned with a gentle cleansing milk, rinsing must be done with warm water and by hand (not with a flannel), the bottom must them be wiped by gentle tapping with a clean towel. A “protective” cream can then be applied on the clean skin (forming a barrier film).

Dermocosmetic products for babies are generally well adapted. We must not forget to rinse (even products that are theoretically “no rinse”). Wipes are frequently used but to be on the safe side it is advised to still rinse the bottom with water.