FROM RASHES TO BIRTHMARKS— WHEN TO WORRY, WHEN TO WAIT BY CLAUDIA M. CARUANA



Erythema toxicum

What it looks like Tiny, yellow-white bumps with red rims that are found in nearly 70 percent of newborns, says Dr. Kress. What causes it One theory is that it results from exposure to maternal hormones while in the womb.

How to treat Do nothing. "It usually disappears quickly, without medication, in a couple of weeks," says Dr. Kress.

Prickly heat (miliaria)

What it looks like It emerges as tiny, raised red pimples and blisters that appear close together. The skin looks flushed and is dry to the touch. What causes it Many pediatricians suspect the culprit is sweat that gets trapped on the skin when you overdress baby.

How to treat Dress baby in cotton clothing that allows her skin to breathe. And don't overbundle babies, advises Dr. Kress: a child younger than 6 months should wear only one About 20% of kids get contact dermatitis, a rash caused by an irritating substance.

FACT OF LIFE:

BABIES ARE

PRONE TO RASHES.

layer more of clothing than his parents are wearing; older babies should wear the same amount of clothing as adults.

Contact dermatitis

What it looks like Red, inflamed skin. There could be pimples that ooze clear fluid; if there's an infection, they'll ooze pus. What causes it Approximately 20 percent of kids get it at some point, says Joshua Fox, MD, a dermatologist in Roslyn, New

York. There can be several causes, including sensitivity to laundry detergents, certain fabrics (e.g., wool or some synthetics), soaps, grasses, or metal objects such as earrings or snaps on clothes. "And the longer the substance remains on the skin, the more likely it will result in severe reactions," explains Dr. Fox.

How to treat Because reactions may not show up until several days after the initial exposure, the direct cause isn't always clear-cut, Dr. Fox says. It can be tricky to figure out what is causing the rash, but if you can, "make sure your child avoids contact with it," he says. "Thoroughly wash clothing and other items the baby uses," he adds. Avoid using scented detergents, fabric softeners, and dryer sheets. If the rash doesn't go away, you might have to change detergents or try dressing baby in garments made of different fabrics.

You might also find that a rash on baby's face is simply from drool constantly running down her chin. Keep a burp cloth handy to keep her cheeks and chin dry. If you do this and the rash persists, check to see whether her pacifier is made of latex, which some kids are sensitive to, says Dr. Fox.

Toddlers' growing curiosity, he points out, and their need to explore everything within reach can put them in contact with other potentially irritating substances, such as poison ivy, poison oak, and poison sumac.

Ideally, you'll pinpoint the cause of the contact dermatitis, but even if you can't, soothe the affected area by applying a cold, moist compress for 30 minutes three times a day. "If the inflammation doesn't improve in a few days or if itching becomes unbearable, call your pediatrician," says Dr. Fox.

Diaper rash

What it looks like Red and inflamed skin. What causes it Wet diapers typically are the irritant, but the ingredients in many creams, lotions, and powders (e.g., fragrances or lanolin) can also contribute to this problem, notes Dr. Kress. "Recent studies have even shown that some

diaper rashes may be caused by color dyes in diapers," adds Dr. Fox.

How to treat Change diapers frequently. Use a warm, wet washcloth to wipe baby's bottom, and apply a barrier cream with zinc oxide (e.g., Balmex or Desitin) to the affected area, says Andrea Cambio, MD, a dermatologist in Cape Coral, Florida. Also let baby go without a diaper for as long as possible before placing another one on her, advises Dr. Cambio.

Some diaper rashes can be very stubborn. If they don't go away, yeast may be to blame, says Dr. Kress. If so, ask your pediatrician about antifungal creams.

Eczema (atopic dermatitis)

What it looks like An itchy, oozing, crusting rash that occurs mainly on a baby's face and scalp—but patches can appear anywhere, including the crooks of elbows and knees. It's very dry and might have small, clear blisters.

What causes it Eczema occurs in newborns as well as older children. It tends to run in families; often, one or both parents had it as kids. Eczema might also be a sign of food allergies.

How to treat If you think a food allergy is causing eczema, speak to your pediatrician. Once that's ruled out, talk to your child's doctor about antihistamines and ointments. Your pediatrician may even need to prescribe a cortisone cream for a particularly stubborn case.

When washing your child's clothes, it's best to avoid using harsh detergents, especially those containing the chemical sodium lauryl sulfate, says Dr. Fox. And

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when washing your child's body, you should use a syndet bar, a soap-free cleanser, says Sara DuMond, MD, a pediatrician and an *American Baby* advisor. Look for "soap-free" or "nonsoap" labels on packaging.

Impetigo

What it looks like Honey-gold crusted bumps that appear in little clusters.

What causes it Staph or strep germs that get under a baby's skin, perhaps through cuts and scrapes, says Richard Antaya, MD, chief of pediatric dermatology at Yale—New Haven Hospital.

How to treat Warm compresses will help relieve discomfort, but a prescribed topical or oral antibiotic will cure impetigo.

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Cradle cap

What it looks like Greasy scales that usually show up on the scalp. They can also appear on the face or neck and sometimes behind the ears.

What causes it Clogged pores.

How to treat Many cases clear up on their own, but you could gently rub baby oil on your kid's scalp to loosen the scales and then brush them away after shampooing. (Don't leave the oil on the scalp.) For stubborn cases, your pediatrician may recommend a special shampoo or a topical cream.

TYPICAL BIRTHMARKS Port-wine stains

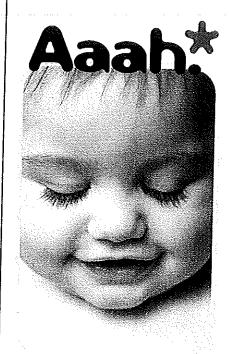
These marks are visible at birth and can be dark red or purplish in color. Treatment with new pulsed-dye lasers can significantly improve their appearance, says Dr. Fox. "Given the dramatic impact they can have on a child's appearance and on his developing self-esteem, many experts think that earlier treatment is better," explains Dr. DuMond.

Stork bites (aka salmon patches)

At least one-third of fair-skinned babies develop these red spots—usually on their face, eyelids, or nape of the neck. Most fade away without treatment by the time the child enters kindergarten, says Kelly McLean, MD, a dermatology professor at the University of Michigan.

Mongolian spots

These light blue marks often appear on the lower back or rear of darker-skinned babies, including Hispanic, Asian, and African-American babies. They, too, usually fade on their own by the time



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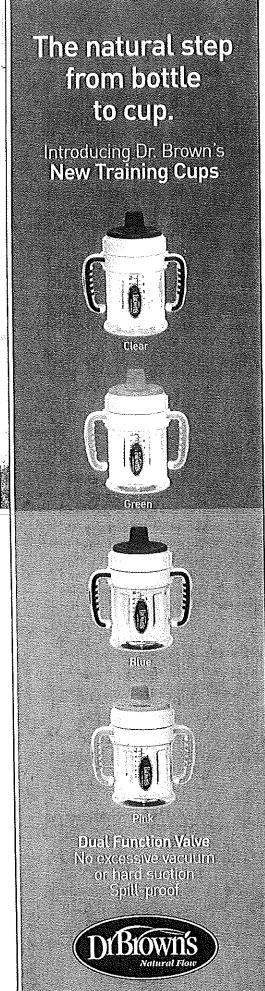


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your kid starts kindergarten, but some might be permanent, says Dr. McLean.

Café au lait marks

"Between 10 and 20 percent of kids have these flat brown marks consisting of increased areas of melanin," says Dr. McLean. Like other skin conditions, most disappear eventually, she says.

Hemangiomas

Medical experts aren't sure why these red masses-clusters of blood vessels that protrude from the skin (also known as strawberry marks)—pop up a few weeks after birth. But physicians do suggest several possibilities for why babies develop hemangiomas. For instance, they're more likely if a parent or sibling had them. They're also more common in Caucasians with fair skin and in kids born to moms who had high-risk pregnancies (e.g., those involving high blood pressure), says Jody Levine, MD, chief of pediatric dermatology at Montefiore Children's Hospital, in the Bronx, New York.

So should you worry if your child has a hemangioma? "Most will stop growing and often disappear by the time your tot is in kindergarten," says Dr. Levine. But others emerge around the eyes, nose, or mouth and can grow vigorously, causing medical emergencies. They're called cavernous hemangiomas and might need close monitoring or quick treatment with laser therapy. Hemangiomas that are in less troublesome areas may be left alone or treated with oral cortisones when necessary. Laser therapy may be appropriate after the hemangioma has stopped growing, says Dr. Levine.

Parents considering laser treatment for their child should consult with more than one dermatologist, says Dr. Antaya. Several treatments might be necessary, and these can leave a scar, so you should find a dermatologist who is a pediatric specialist.

Claudia M. Caruana is a New York-based health and medical writer.

buying guide

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