Clinical Image

Sclerema neonatorum in a premature newborn

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Sclerema of the newborn is classified among the lobular panniculitis, it is an extremely rare affection, most often lethal which occurs on a weak ground or sepsis [1]. The sclerema was announced for the first time at the beginning of the XVIIth century and the most authors have confused it with the scleroedema and cytosteatonecrosis of the newborn so the most diverse names have been given to these three conditions combined. Several theories have been proposed to explain his pathogenesis, which remains poorly understood [2]. The diagnosis of sclerema is clinical, it is manifested in newborns during their first week of life by a generalized cutaneous induration which gradually achieves, within a few days, a diffuse sclerous skin condition very paradoxically respecting the hands and feet, but may extend to compromising life-threatening dietary and respiratory functions. Sclerema treatment is based on newborn conditioning, antibiotic therapy, systemic corticosteroids, exsanguino-transfusion and currently the advent of intravenous immunoglobulins. Despite these treatments, the prognosis of sclerema remains reserved with a high rate of mortality [3].

We report the case of a premature infant on D10 of life, hospitalized in neonatology for acute respiratory distress, which had since birth an induration of the diffuse skin. Dermatological examination showed the presence of a generalized sclerosis taking the whole body respecting the genitals as well as the palmo-plantar region [Figs. 1-3], the diagnosis of newborn sclerema was retained after eliminating other diagnoses including neonatal cytosteotonecrosis and scleroderma, and then was put on cortico antibiotic combination.

Consent

The examination of the patient was conducted according to the Declaration of Helsinki principles.

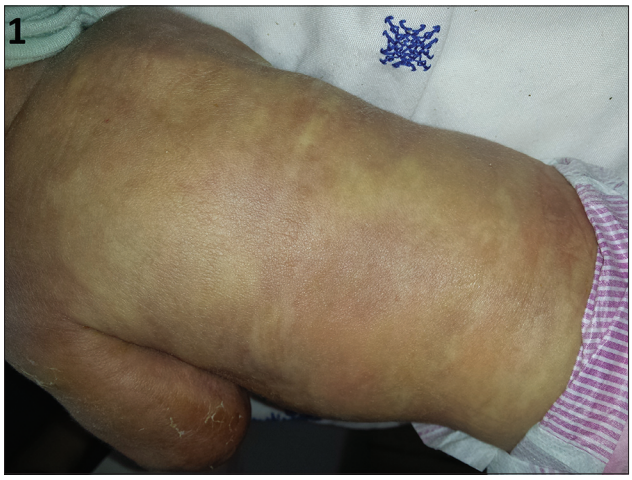

Figure 1: Diffuse back sclerosis.

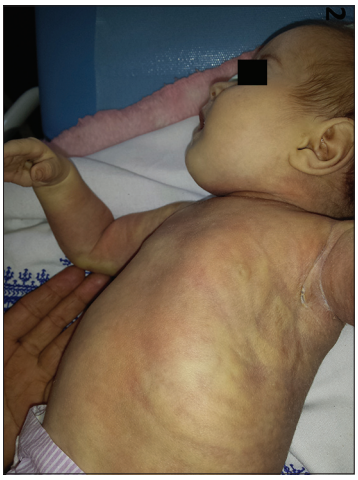

Figure 2: Generalized sclerosis.

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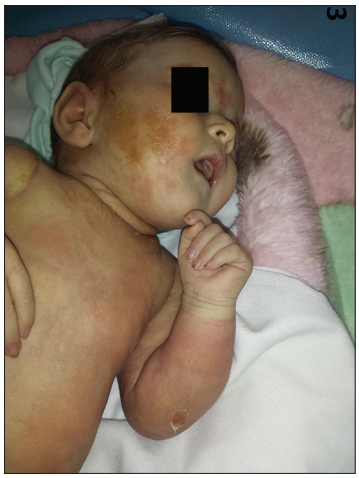

Figure 3: Sclerosis respecting palmar region.

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