Iatrogenic NICU Injuries Often Overlooked, Scarring Is Likely

ARTICLES BY SHERRY BOSCHERT
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SAN FRANCISCO — Iatrogenic injuries to a baby’s skin from a stay in the neonatal intensive care unit (NICU) often get overlooked until parents notice them at home and think they are seeing new injuries, Dr. Ilona J. Frieden said.

“These are very ‘busy’ babies, covered with monitors, and they’re very tiny,” she said at a meeting sponsored by Skin Disease Education Foundation. Many things that are used on preterm babies can cause skin injury or scarring, such as tape, electrodes, transcutaneous monitoring devices, adhesives, and coolers. Photothermy can sunburn the skin, and infusions and blood draws cause punctures and possible scars.

“A majority of infants who come out of the premature NICU will have some degree of minor skin scarring. You can almost expect it. The more preterm they are, the more likely this is,” said Dr. Frieden, professor of dermatology and pediatrics at the University of California, San Francisco.

Later in infancy, after discharge from the hospital, parents may notice what they think is a new lesion. “People get worried this may be a new rash, when they think is a new lesion. “People get Werewolf,” she said. “They are afraid to use clippers on the young mothers who are afraid to use nail clippers,” said Dr. Fish-er, chief of pediatric surgery at Monmouth Medical Center, Long Branch, N.J. Advise parents who are afraid to use clippers on the nails of tiny fingers and toes to use an emery board, not to bite, she suggested at the annual meeting of the American Academy of Pediatrics.

Herpesvirus infection is ubiquitous among adults and almost always asymptomatic. Most people infected with herpes don’t even know they’ve had the virus when herpes sores develop but also intermittently at times when no sores are present.

When a herpetic whitlow develops—a painful herpes infection typically on the fingers or around fingernails—it may be misdiagnosed as a bacterial infection because of the lesion’s disturbingly dark coloring. “It really does look like it’s gangrenous. These lesions look horrible” yet distinctive, once you’re familiar with them, Dr. Fisher said. “There’s nothing else that turns your finger black like that.”

She described a 9-month-old patient who was treated for a week with cephalaxin for presumed bacterial infection in a fingernail bed. The lesion was a herpetic whitlow caused by infection from her mother biting the child’s nails. “Treating it with acyclovir probably doesn’t make sense unless you catch the lesion early,” she said. “This will get better if you do nothing. Wait it out.”

Warn parents that some herpetic whitlows recur. Treating such a lesion with acyclovir in the early phases might shorten its duration if parents bring it to your attention within the first couple of days.

“That one thing you don’t want to do is to send them to a surgeon,” Dr. Fisher said. “Let it heal on its own. Acyclovir seems to be more efficacious than surgery.”

Dysplastic nevi tend to be large (6-15 mm) with irregular borders, indistinct margins, or mixed colors (tan, brown, dark brown, and pink) instead of uniform tan or brown pigmentation. Adolescents often develop symmetric, two-toned moles that are no cause for alarm but simply a sign of evolution.

“If you’re a pediatrician, get them to a dermatologist. If you’re a dermatologist, you should probably have serial photogra-phy” for monitoring, or refer them to someone who can do this, Dr. Eichenfield said.

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Look for ‘Ugly Duckling’ Among Acquired Nevi

SAN FRANCISCO — While scanning the acquired moles on the skin of a child or adoles-cent, consider whether individual moles look like they are part of a pack or if there is one that stands out—the ugly duckling,” Dr. Lawrence F. Eichenfield said at a conference on women’s and pediatric der-matology sponsored by Skin Disease Edu-ca-tion Foundation.

In children, the asymmetry (A) and border irregularity (B) tend to be the most useful of the ABCDEs in identifying precancerous changes in nevi. “That makes sense because what you’re looking for is uncontrolled growth,” Dr. Eichenfield said. “Remember the other ABCDEs of worrisome changes in nevi as well—color irregularity (C), diameter larger than 5 mm (D), and elevation (E).”

Dysplastic nevi are often found in the occipital area, from pressure on the face, in areas with staphylococcus or other bacteria in addition to the herpetic infection.”

Treating it with acyclovir, may be the best choice to require fewer daily doses than acyclovir, Dr. Fisher said. “A summer welding injury is required. Premature infants can stop breathing when touched, which can be scary for dermatologists. Rash es can be hard to see on such tiny bodies, especially when viewed through plexiglass coverings. You may have no idea what’s wrong and feel inadequate. And nurses may be annoyed at your mere pres-ence, she said.

Listen to the nurses, Dr. Frieden ad-vised. “It’s their territory. You’re only a visitor.”

Cautious permission before you do anything. Don’t panic. You probably know more than you think you do, and you can get help if needed. Think in terms of disease categories if you suspect something is more than a benign iatrogenic injury.

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Warn Mothers That Biting Babies’ Nails Can Spread Herpes

SAN FRANCISCO — Mothers who bite their babies’ nails instead of clipping or filing them can spread herpesvirus infection unwittingly, Dr. Meg C. Fisher warned.

Biting off infant nails “is a very horrible’ yet distinctive, once you’re familiar with them. ‘There’s nothing else that turns your finger black like that.’

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