Benign neonatal pustulosis (BNP) comprehend a group of clinical diseases characterized by transient pustules or vesiculo-pustular lesions on newborn skin. These are asymptomatic and self-limiting conditions including benign cephalic pustulosis (BCP).

A 40 days old girl was conducted to our Pediatric Unit for the appearance of multiple vesiculo-pustular lesions with serious sterile content on her forehead. She was born at term, had a regular perinatal period and never reported cutaneous problems. No lotions or creams for and after her baths were used and no direct contact to sunlight was described. At the time of consultation, she was in excellent health conditions. Upon suspicion of BCP, we did not prescribe exams or local and/or systemic treatments but indicated a strict follow-up with clinical revaluation after 3 days. At follow-up, the infant did not have clinical problems and her pustular lesions had begun to disappear. After 7 days, all pustules had completely disappeared without leaving any scar.

Dermatosis that occur during the neonatal period can be infectious or sterile, such as BNP. Frequently, BNP are secondary to a physiological skin response or to environmental factors. They are benign, self-limited, asymptomatic cutaneous conditions that present during the first days of life. Their diagnosis is clinical but, sometimes, can require some investigations, principally non-invasive, to exclude more severe diseases. BNP include erythema toxicum neonatorum, transient neonatal pustular melanosis and BCP. BCP was first described by Aractingi in 1991. There is no consensus about its prevalence, which is estimated between 10% and 60%. Its presentation is asymptomatic and self-limiting and is characterized by numerous papules and pustules located on the face and scalp with onset between 5 days and approximately 3 weeks of age of the newborn. Numerous studies evaluated the possible role of Malassezia in the etiopathogenesis of BCP. Nevertheless, this correlation has not been demonstrated so far.

In conclusion, the presence of pustules in newborns is always a reason of concern for parents and doctors, since neonatal skin is more vulnerable to bacterial, viral and fungal infections. These lesions can be a real challenge for clinicians who have to recognize serious diseases requiring hospitalisation from benign transient conditions, avoiding superfluous exams, treatments and worries.

An Audit of Emergency Neonatal and Paediatric Transfers from Sligo University (SUH) to Tertiary Centres over a Two-Year Period

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An Audit of Emergency Neonatal and Paediatric Transfers from Sligo University (SUH) to tertiary centres over a two-year period.

Aims To audit the pathway of emergency transfers from Sligo University Hospital to tertiary centres in terms of indication for transfer, mode of transfer and efficiency of practices, and to describe the demographics of patients requiring transfer.

Methods We retrospectively audited cases transferred during the last two years (2017 and 2018). A simple data collection tool was constructed for the purposes of this audit and it facilitated the analysis and presentation of results.

Results A total of 57 patients required emergency transfer to a tertiary centre in 2017 and 2018 (27 and 30 respectively). 54% of which were neonatal and 46% were paediatric. 80% of neonatal patients were transferred by NNTP while 92% of paediatric patients were transferred by SUH staff. The majority of patients were accepted by Crumlin (OLCHC) (27% of neonatal & 61% of paediatric transfers). Secondly, Children’s University Hospital Temple St (CUH) (21% of neonatal & 19% of paediatric transfers). The most common cause for