

poisoning based on serum magnesium level.

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Neonatal Skin Lesions

A prospective study was conducted on 1046 consecutive babies delivered in a referral teaching hospital to determine the pattern of neonatal skin lesions. The babies were categorized according to the gestational age, birth weight and weight for gestational age. All newborns were examined at birth for skin lesions and were followed up every day till discharge and later on in our follow-up clinics every 15 days up to 2 months. Appropriate investigations like scraping for cytology, vesicular fluid smear, swabs for bacterial and fungal culture and skin biopsy were performed. A standard clinical format was designed to record the observations. A high incidence of transient neonatal skin lesions was observed. Erythema toxicum neonatorum (ETN) was seen in 50% of full term and 46.2% of preterm babies (*Table 1*). The incidence quoted in other studies ranges from

4.5% to 48.5%(1). These lesions developed by 24 hours of age in 13% and by 48 hours in 60% of cases. The main types of lesions seen in ETN were erythema, papules and pustules. The lesions disappeared within 72 hours in 90% of cases. Smears prepared from the vesicular fluid revealed eosino-phils in all cases. Majority (89%) of babies had Mongolian spots. This incidence is higher than that reported in other studies(2). Only 3.4% of babies had diaper dermatitis. This incidence is low in contrast to the western studies(3). This is possibly due to less use of occlusive diapers by Indian mothers. Seborrhoeic dermatitis was documented in 6.8% babies. Forehead, eyebrows and scalp were involved in 90% of cases. The mean age of onset was 4 weeks. This is comparable to other studies(4). Skin lesions like erythema, induration, hemorrhage, necrosis and ulceration were detected in 6.1% of full term and 28.3% of preterm babies with the diagnosis of sepsis. Blood cultures of all the babies with such

TABLE I—Summary of Various Skin Lesions.

No.	Name of lesion	Total (n=1046) No. (%)	Full term (n=834) No. (%)	Preterm (n=212) No. (%)
<i>Benign</i>				
1.	ETN	515 (49.2)	417 (50.0)	98 (46.2)
2.	Mongolian spots	931 (89.0)	751 (90.0)	180 (84.9)
<i>Dermatitis</i>				
1.	Seborrhic dermatitis	71 (6.8)	58 (7.0)	13 (6.1)
2.	Diaper dermatitis	36 (3.4)	25 (3.0)	11 (5.2)
3.	Candidiasis	1 (0.1)	1 (0.1)	0 (0)
<i>Sepsis related</i>				
1.	Sclerema	32 (3.0)	17 (2.0)	15 (7.0)*
2.	Erythema, necrosis	111 (10.6)	51 (6.1)	60 (28.3)*

* Significant difference between full term and preterm babies ($p < 0.05$).

skin lesions were positive (*Pseudotnonas*-50%, *Klebsiella*-25% and *E. colt*- 10%). Mortality of these babies was over 50% and these skin lesions indicated bad prognosis in neonatal septicemia.

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A Cheap Alternative to a Stadiometer

As a pediatrician, accurately measuring my patients' height has been a recurring problem. A stadiometer is relatively costly and painting the height scale on the wall

is laborious, often inaccurate and has to be redone after every repainting of the room. I have devised a simple method which I find very useful. An ordinary tape measure with markings in millimeters can be stuck to the back of a door or wall making sure the zero end touches the floor and the tape is stuck vertically. The advantages are: (i) it is simple and easy to implement; (ii) it