

Neonatal dermatitis neglecta---Neglect by health system: A case report

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ABSTRACT

A 29 days old female child presented to the general outpatient department of Community Health Center with greenish black crusting over left ear for 7-8days duration without any other signs and symptoms. We report the diagnosis and management of the condition through ad-hoc store and forward tele-dermatology. This is the first reported case of dermatitis neglecta in neo-natal period.

Keywords: Dermatitis neglecta, primary health care, tele-dermatology

Background

A 29-day-old female child presented to the general outpatient department of Community Health Center with greenish black crusting over left ear for 7--8 days [Figure 1]. The child had no other systemic complaints. The primary care physician couldn't arrive at any diagnosis. The physician used store and forward tele-dermatology for the management of the case.

The dermatologist (CSK) used the image and probed about other corroborative findings over telephone and ruled out the diagnosis of ichthyma, bacterial infection, and erosion covered with crust. Based on the history and morphology of lesions, diagnosis of Dermatitis Neglecta was arrived. The parents were advised to apply tape water soaked cotton on the area for 15--20 min.



Figure 1: Image of Skin Lesion at presentation

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and gently rub to remove the crust. The crust fell off leaving apparently normal looking skin beneath the crust [Figure 2].^[1,2] These finding confirmed the diagnosis of dermatitis neglecta and parents were counselled about the care and nature of the condition.

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Figure 2: Image of Skin Lesion after 3 days

Discussion

Dermatitis neglecta is a rare dermatosis that results from inadequate frictional cleansing leading to accumulation of corneocytes, sebum, and sweat ultimately resulting in hyper-pigmented patch or verrucous plaque.^[1] All the published literature on dermatitis neglecta are case reports in adults.^[3-8] The condition often present as diagnostic challenge for dermatologists and often underdiagnosed. With improved sanitation and personal hygiene, the chance of dermatitis neglecta is even rare.

To best of our knowledge, this is the first case of neonatal dermatitis neglecta. In the current case, the neglect was from the parents and from the health system. As the birth was at a secondary level health care facility, care of newborn could have been emphasized at the time of discharge. Following the birth frontline health workers (Accredited Social Health Activists) are expected to provide home based postnatal care. Till 28th day, no home visit was done by the local ASHA and any other health care staff. The parents of the child were from marginalized community and staying in an impoverished settlement. Both parents are educated up to primary level. The means of subsistence for the family was from farm labor. Care of the newborn was performed by the family members as per the local cultural practices.

Telemedicine is more popular in dermatology, aimed at bridging geographical access to specialist care.^[9,10] Its use is not universal in India. In the present case, android mobile phone with 8-megapixel camera and text message and telephonic conversation were used to reach at the diagnosis and treat the condition.

Majority of dermatological conditions are seen by primary care physicians in rural set-ups. Management of common dermatological condition including dermatitis neglecta shall help the primary care physicians in addressing dermatological needs of the community.^[10]

Conclusion

To best of our knowledge, this is the first case of Dermatitis Neglecta in neonatal age group reported from India. As the management of this clinical condition is relatively simple which can be done frontline healthcare workers, identification of dermatitis neglecta is utmost important in primary health care setting. Management of common new-born problems are addressed through home-based newborn care (HBNC) through the frontline health workers in India. Pictorial depiction of common dermatological conditions in HBNC training package shall generate awareness among the front line workers and shall result in timely referrals.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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