

## ***Neonatal skin lesions tips and tricks***

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### ***Abstract***

Neonatal skin is special in many ways, being thinner, less hairy, and less firmly attached than mature skin. Protective flora is absent, and the microbiological load encountered is in continuous flux. Trans epidermal water loss is particularly elevated in babies born prematurely (33–34 weeks gestation), notably during the first 2–3 weeks of life.

Neonatal skin is usually soft and smooth, covered with vernix caseosa, a derivative of sebaceous secretion and decomposing epidermal cells. Desquamation is usually delayed, occurring between 24 hours and 3 weeks, earlier in term than premature babies. Desquamation on day one may represent intrauterine anoxia or a disorder of keratinization (ichthyosis). Color usually rapidly becomes pink apart from the hands, feet, and lips, where an initial dusky acrocyanosis may occur because of increased vascular tone. Different types of neonatal skin lesions might be confusing and need expert opinion so will cover the common benign and other skin lesions to make the diagnosis easier

### ***Biography:***

Dr. Mohamed is a Pediatric Intensivist at Al Jalila Children's with more than 20 years of experience in both Pediatric intensive care unit and neonatal intensive care unit. Dr Mohamed graduated from Alexandria Faculty of Medicine, Egypt one of the largest and reputable University hospital in Egypt. He completed a residency programme at Alexandria University Children's Hospital

and obtained his master's degree in pediatrics and neonatology.

Dr Mohamed also is a membership of royal colleague of pediatric and child health London UK.



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