Diagnosing and treating skin conditions in young infants is a challenge faced every day by most practicing pediatric providers. Many providers do this with little or no formal pediatric dermatology training by learning dermatology skills in practice or through participation in CME activities. With experience, many routine skin conditions such as seborrheic dermatitis, atopic dermatitis, congenital nevi, and uncomplicated infantile hemangiomas are easily managed and referral to a specialist is not required. Of note, practitioners need to stay alerted to the less-common skin conditions in young children that may have other health implications and require further evaluation or specialty care.

The eight cases in this issue of Pediatric Annals include less-common skin eruptions and lesions in young infants. Recognition of worrisome skin findings is critical even when an office clinical diagnosis is not possible. Urgent referral to a pediatric dermatologist is indicated for many of the cases presented. These include diagnoses that may be cutaneous markers for underlying systemic disease, such as Langerhans cell histiocytosis, leukemia cutis, urticaria pigmentosa, and neonatal lupus erythematosus.

It is also important to expectantly manage the expectations and worries of parents of children with congenital skin lesions or eruptions. For example, acute hemorrhagic edema of infancy with its diffuse and impressive eruption may worry a parent and the provider, but this is a self-limited condition that rarely requires intervention. Conversely, a few annular lesions in a neonate may not be so worrisome to a parent, but this may be a marker for lupus erythematosus or other autoimmune condition in the mother. Lastly, parents often want a “quick-fix” excision for skin lesions like congenital hemangiomas or juvenile xanthogranulomas, but this is often not indicated or feasible due to anatomical location and lesion size. We often suggest “active non-intervention,” an option difficult for some parents to accept, as a choice for many infants with skin lesions and look to the pediatricians to reinforce this option with families.

It is my hope that these cases educate pediatric providers about the importance and management of some skin conditions that present in young infants.

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