

A Case Report of Collodion Baby

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Abstract: Collodion is a rare genodermatosis of unspecified inheritance affecting both sexes equally. The collodion membrane undergoes desquamation within 2 to 3 weeks revealing underlying skin condition. Here is a case of a male child of 12 hrs of life brought by the mother with complaints of tightness of skin and eversion of upper eyelids of both eyes since birth. Antenatal, Natal history is uneventful. On examination- eyes show ectropion of both upper eye lids with pus discharge, lips are everted with crackling, flat pinna, fissures on flexural surfaces with pus discharge. Baby is kept on systemic antibiotics and acitretin. Aim is to keep skin soft and to reduce scaling and appropriate eye care

1. Introduction

COLLODION baby is a parchment /cellophane like shiny taunt wrap over whole body of the neonate (1). It is a phenotype common to several skin disorders. Most cases are autosomal recessive(2). Mutations in the genes TGM1, ALOXE3 and ALOX12B. Incidence according to FIRST 1 in 100,000.

2. Case Report

Here is a case of term/AGA /3kg male baby brought by mother with complaints of tightness of skin eversion of upper eye lids of both eyes since birth. Baby was accepting breast feeds well. Antenatal natal history uneventful.

Head to Toe

- Eyes – pus discharge, ectropion of upper lids of both eyes
- Lips – cracking, mild everted lips
- Ears – flattening of pinna
- Abdomen – umbilical cord- clean and healthy
- Baby covered with yellow taunt parchment like shiny membrane all over the body
- Erythema over face and neck
- Desquamation present over few areas of face trunk and extremities
- Flexural areas- fissures with purulent exudate

Severity Score for Collodion Baby:

Total score: 4/15

Analysis: low

Systemic Examination: Normal

Investigations

- CBP- increased total leukocyte count with lymphocytic predominance
- Blood culture- negative
- Pus culture isolated staphylococcus aureus
- RFT, Sr.electrolytes were normal

Management

- IV fluids administered along with breast feeding
- Thermoregulation and humidification and emollients
- Systemic antibiotics for 7 days and Topical antibiotic – Mupirocin
- Cap acitretin (acrotan) was given for 10 days
- Vitamin D 400 IU/day

Aim

- Purpose :To create awareness
- Aim of the treatment is to keep skin soft and supple, appropriate eye care



3. Discussion

Hallopeau and wallet were the first who gave the term collodion baby (2). The skin of the new born is replaced by a

cornified substance which gives the body a parchment like appearance or a varnished appearance (2). Due to presence of tight membrane these babies develop complications like ectropion, eclabium, psuedocontractures, hypoplasia of ear

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cartilage. Collodion membrane sheds off in next 2-4 weeks after birth revealing underlying skin disorder. Approx 75% will develop congenital ichthyosis (3). The first line of management is moisturizers. There is high risk of dehydration so to be placed under high humidified incubators. The parents to be counselled and regular follow up is needed. A small percentage of infants shed the membrane and never display any other skin involvement; a phenomenon called "self-healing collodion baby."(3)

Severity Score for Collodion Baby

- 1) *Generalized involvement -1*
- 2) *ectropion-1*
- 3) *Eclabium -1*
- 4) *Abnormal ears or nares -1*
- 5) *Contractures of fingers -1*
- 6) *Contractures of toes-1*
- 7) *Contractures of upper extremities-1*
- 8) *Contractures of lower extremities-1*
- 9) *Respiratory impairment secondary to skin restriction -1*
- 10) *erythroderma-1*
- 11) *Odema of hands-1*
- 12) *Odema of upper extremities-1*
- 13) *Odema of feet -1*
- 14) *Odema of lower extremities -1*
- 15) *hypernatremia-1*

Analysis: High: 11-15 Intermediate: 6-10 Low: 0-5

References

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