

# Self harm *in utero*?

Neonates often present with skin lesions most of which are self limiting. The aetiology of these lesions can be due to various causes – some of them are congenital and are present at birth, some develop later and are transient, some are due to infections and others may be related to the mode of delivery. Fortunately most of these lesions can be diagnosed clinically and very few would need further investigation. This case report describes a self-inflicted benign lesion which, once diagnosed, required no additional treatment.

## CASE REPORT

A newborn baby was referred with a lesion on the left wrist. On examination there was 1.5cm x 1cm blister-like isolated erosion present on the left wrist. Review into maternal notes revealed no relevant history as to the cause of this blister.

The initial reaction of the parents was of disbelief and guilt as to how the lesion might have occurred so soon after birth. It didn't take much explanation to reassure parents that the lesion had in fact occurred *in utero*, when they saw that by moving the affected limb to the infant's mouth, their baby started sucking on the blister.

As the parents had decided to bottle feed, a dummy was provided for the baby to suck on in between feeds and clear instructions were given to keep the wound clean and dry. These interventions helped the lesion to completely resolve in six weeks following its natural course.

## Discussion

This is a case of neonatal sucking blister. They are usually seen at birth as painless flaccid bullae or erosions involving the radial forearm wrist or hand, and vary from 0.5 to 1.5 cm in length<sup>1</sup>.

They present as unilateral or bilateral symmetrical lesions presumed to occur as a result of vigorous sucking *in utero*. Although this behaviour is quite commonly noticed during routine antenatal ultrasound scans, the true incidence of sucking blister at birth is unknown.

An estimated incidence of 1:250 live births was proposed by Murphy and Langley, based upon their observations over a 25 year period in a newborn nursery<sup>2</sup>.

## Keywords

sucking blister; erosion; pustules; sepsis; *in utero*

## Key points

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1. Recognising these benign lesions avoids unnecessary investigations.
2. Vigorous sucking can be induced by moving the affected limb to the infant's mouth.
3. Good history and examination is essential to rule out other causes of neonatal blister-like lesions.

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Wrist showing healing sucking blister.

The differential diagnosis of neonatal sucking blisters includes both infectious and noninfectious conditions<sup>3</sup>. The presence of multiple florid lesions, with or without clinical signs of sepsis, differentiates these from sucking blisters.

There are no reports linking this behaviour *in utero* with increased incidence of postnatal thumb sucking and subsequent dental problems.

Recognising this benign, self inflicted, self limited condition is important as it avoids unnecessary investigations<sup>1</sup>.

## References

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2. Murphy W.F., Langley A.L. Common bullous lesions – presumably self-inflicted – occurring *in utero* in the newborn infant *Pediatrics* 1963; 32: 1099-1101.
3. Frieden I.L. The dermatologist in the newborn nursery: Approach to the neonate with blisters, pustules, erosions and ulcerations. *Curr Probl Dermatol* 1992; IV(4): 123-68.