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CASE REPORT

Collodion babies treated with emollients

Hadi Firmanasyah, Nurelly N Waspodo, Farida Tabri, Faridha S. Ilyas

Department of Dermatovenereology
Medical Faculty of Hasanuddin University / Dr. Wahidin Sudirohusodo General Hospital, Makassar

Abstract

Collodion baby can be born with a collodion membrane that covers the entire surface of the skin such as collodion baby clothes can be born with a collodion membrane that covers the entire surface of the skin such as clothes. Although the collodion membrane is a condition that is quickly disappearing after a newborn, neonatal complications can occur in 45% of all infants collodion, leading to a 11% mortality rate within the first few weeks of life. Reported cases of collodion baby in a baby boy aged three days with symptoms of redness exfoliate dry skin on the face area and the body of the lower leg suffered since 3 days ago history of medicine has been given hydrocortisone cream and fusidic acid cream. Penatalaksanan given Sebamed®cream, Sebamed®lotion, betamethasone cream compress NaCl give good results

Keywords: Baby collodion, topical emollient

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INTRODUCTION

Collodion baby term which first used by the Hallopeau in 1884. The term is used for a collodion baby newborn babies in whom all the body’s surface is covered by a sheet of thick skin, called "collodion membrane". Collodion membrane is the result of a dysfunction of epidermal development. Membrane collodion in congenital which and keratin membrane while the preceding majority disorders cornification. The term refers to a collodion baby clinical picture that is used for a newborn baby wrapped in a transparent sheet and tight as a sheet of skin called collodion membrane, on the whole surface of the body. [1-3]

Despite Of membrane collodion is the one condition which quickly disappeared after newborn, complications neonataus can be occurs in 45% of the all infants collodion, leading to death rate 11% in The first few weeks life. Most children born as a baby collodion will be spontaneous desquamation within 2 weeks, but it can also as long as 3 month. Finally, these children will develop into one of the of the some kind of ichthyosis which gives leather picture like fish scales. [4, 5]

Collodion baby rare occurrence, is expected to occur on one of the 50,000 to 100,000 birth. The dominance of the male sex is still unclear been found in the literature. Case have been reported in twins, and recorded no relationship descent. Membrane phenotype collodion associated with disruption of molecular abnormalities underlying. The most common is the autosomal recessive congenital ichthyosis (Fleckman P, 2012 # 2) (Fleckman P, 2012 # 2). Although phenotype membrane collodion has been recognized, there is no consensus about relevance severity initial presentation as a prediction the final result. Many consider that finding clinical do not predicts certain diagnosis, patient present with membrane collodion limited less likely to develop one of phenotype ichthyosis classical. [1]

Membrane collodion takes place because of the interference
epidermal cornification same as all disease iktiosiform. Although, pathogenesis molecular mechanisms that causes disorders of epidermal cornification damage, protein keratinocytes and metabolism lipid caused by autosomal recessive genetic mutation also has been notified as a cofactorsimportant Cause of ichthyosis lamellar iktiosiform congenital erythroderma (Nonbullous) has reported mutation transglutaminase gene localized at the 14q11. Additional Pula, eitherpathogenesis molecule varies mechanism and 5 localization gene different and more than 50 mutation gene has been detected [6, 7].

Collodion baby can be born with a collodion membrane that covers the entire surface of the skin such as baby clothes can be born with a collodion membrane kollodion covers all the surface of the skin such as armor. This situation limit second infant respiratory organs. Collodion membrane exfoliation ends in two weeks or more often leave gap and loss of function skin barrier. As a result cause serious complications such as risk of infection, fluid loss, dehydration hipernatraemi, electrolyte imbalance and the temperature isunstable. Babies collodion used to born prematurely. Therefore, this baby should be monitored very carefully. Eyelid and lip may be flipping out and tie up (Ectropion and eclabion).In a such cases proper management errors can produce with keratitis result xeroftalmia and finally blindness. While skin skin from skin residual to be dry and tough. Especially tight membrane on limbs can cause construction and loss of function.Sedangkan Growth of children, is also a major cause of disease symptoms collodion baby began to emerge. However, some case baby collodion which has been recover spontaneously in a few weeks and no related diseases ever determined also reported. [8, 9]

CASE REPORT

Patients baby boys aged 3 days counselors from the pediatrics hospital UNHAS No. Medical records (030 680) with complaints of dry skin redness peeling on the face area and the body lower limbs
On treatment day to three and the fifth looks a little change in the general state of both eyes slightly ectropion skin looks shiny, dry part has been peeling with scaly skin yellowish and erythematous base interspersed fissure in the abdominal area continued therapy and therapy for body Sebamed" cream, sebamed" , lotion for dry skin head for Betamethasone cream to reddish region, Fuson" cream for wounds, and compress NaCl 0.9%

Figure 2. scaly skin yellowish and erythematous base interspersed fissure in the abdominal area

On the eighth day of treatment good general condition is not found ectropion in dermatology examination has been reduced scaling fissures visible decrease in the facial area of the abdomen and extremities given Sebamed” cream therapy for body, sebamed” , lotion for dry skin head for Betamethasone cream to reddish area , Fuson” cream is stopped, and compress NaCl 0.9% of patients discharged to outpatient.

Figure 3. fissure is reduced scaling visible decrease in the facial area of the abdomen and extremities

DISCUSSION

Enforcement colloidion baby diagnosis based on anamnesis, physical examination and laboratory tests. The patient was a boy aged 3 days of anamnesis obtained with complaints of dry flaky skin with redness of the face area of the body and lower limbs suffered since birth 3 days ago, the history of medicine has been given hydrocortisone cream and fusidic acid cream. Physical examination showed a general state of moderate pain, temperature 36.5 °C, Nadi 142x / min weight 2310gram thorax and abdomen examination within normal limits. Dermatological
examination in the region of colli, truncus region, extremity region shows a picture macular erythematous patches, erosion, excoriation, scaling, ektropoion palpebral region. Based on the literature the term collodion baby who rarely show clinical picture of the newborn characterized by such modifications collodion membrane skin, usually accompanied by ectropion of the eyelids and lips. Baby collodion has a clinical picture at birth with erythroderma and shiny, skin tight resemble skin paper(The so-called collodion membrane) which covers whole body [ 5 ]. The situation is limit second infant respiratory organs. Collodion membrane exfoliation ends in two weeks or more often leave gap and loss of function skin barrier. As a result cause serious complications such as risk of infection, fluid loss, dehydration hipernatraemi, electrolyte imbalance and the temperature is unstable. Babies collodion used to born prematurely. Therefore, this baby should be monitored very carefully. Eyelid and lip may be flipping out (Ectropionand eclabion). [ 5 , 10 , 11 ]. Results diagnosis end in order to individual collodion baby difficult to predict without analysis laboratory. some researcher believes that early severity and time for membrane fade away can show severity future which underlie ichthyosis. However, studies evaluate prognostic indicator not observed clinical picture which presented as instructions in predicting the final diagnosis [ 10 , 12 ].

Patients in inpatient in a hospital in an incubator and given Sebamed" cream therapy for body, sebamed" , lotion for head Betamethasone cream to reddish region, Fuson" cream for wounds, and compress 0.9% NaCl. Based on the literature baby collodion increased mobidity and mortality. Complications in describing the baby collodion including skin infections, conjunctivitis, sepsis, hypothermia, dehydration, Treatment baby kolloidion during the period Neonatal should include incubator humidified, ointment hydrophilic, and supportive care. In The research conducted by
researcher 4, baby kolo dion given emollient as a prophylaxis. Newborns This is usually benefit humidity of incubator where airconditioned saturated with water, compress wet lubricant with a soft can be used for more moisten membrane and reach out flexibility maximum. In these patients are not given emollient types ointment due to disruption of the epidermal barrier that carries the risk of skin absorption and systemic intoxication research report 2 patients collodion babies treated with urea 10% and 5% lactic acid was found increased levels of plasma urea and back normal after pemakaian dihentikan. Toksisitas of salicylic acid has also been reported in patients with collodion baby. [2, 13, 14]

In the investigations performed routine blood tests suggest anemia trombositik, obtained (leukocytes 5.32x 10^3 / mL, erythrocytes 4.5 x 10^6 / mL, hemoglobin: 15.9g / dL, platelets 122 x 10^3 / mL, hematocrit 42, 6%, lymphocytes 44%, monocytes 19%, 29.4% segment. Examination of blood chemistry hyperbilirubinemia liver function (AST 44 U / g; SGPT 13) Bilirubin total bilirubin 18.4 direk 0.5. On examination Electrolytes Sodium 155, 5.5 Potassium Chloride 119. pemeriksaan supporting performed to monitor patients collodion baby based literature Buyse et al find that TEWL in CB in day 4 adalah 112 g / m2 / Hour, compared with 18 g / m2 / H in healthy babies. Due to the increasing TEWL, dehydration and hypernatremia a concern. Therefore, during the week baby's first accurate calculation of intake and output very important. In these patients are given by weight of fluid intake is 160ml / kg to be breastfed 8 times 63ml and body weight during treatment was 260 0 grams of weight berdasarkan literature is the one of the best Indicator clinical adaptation nutrition and fluid intake. Examination of electrolytes should be monitored and adaptation fluid intake entry. Evaluation clinical blood sampling, which can cause skin furthermore ruin and increase the risk of infection systemic. [5, 15]
References

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  : March 2015

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