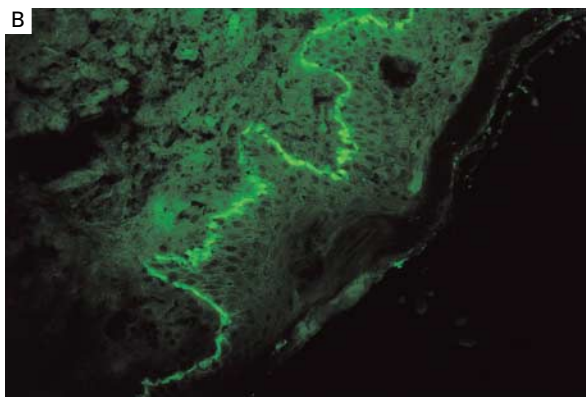





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 Images in Clinical Medicine
 

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### *Neonatal Rash Due to Herpes Gestationis*

A 6-day-old infant with a 48-hour history of facial lesions had been born at 37 weeks of gestation after a spontaneous vaginal delivery without complications. According to her mother, the newborn was thriving and had had no behavioral changes coincident with the onset of the rash. Multiple yellow plaques on erythematous bases — some with tiny vesicles — were scattered and at times coalescent across the infant's face, but the periorbital region and mucosa were spared (Panel A).

At 33 weeks of gestation, the infant's mother had had an intensely pruritic rash characterized by widely scattered papular and vesicular eruptions that became confluent across her abdomen and thighs and that affected her face. After delivery, direct immunofluorescence of a punch biopsy of one vesicle from the mother demonstrated a linear pattern of C3 staining on the basement membrane (Panel B,  $\times 200$ ). Eosinophils were present, and the lesion was negative for IgM, IgA, and IgG. These findings are consistent with a diagnosis of herpes gestationis, a rare autoimmune disorder of pregnancy that affects newborns in only 5 to 10 percent of cases. The more common dermatitis of pregnancy — pruritic urticarial papules and plaques of pregnancy — does not involve the face, and linear staining of the epidermis shows no complement deposition. Herpes gestationis resolves spontaneously without sequelae, as it did within two weeks in the case of this infant.

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