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Collodion baby

Collodion baby is the name given to a baby who is born encased in a skin that resembles a yellow, tight and shiny film or dried collodion (sausage skin). These babies are often premature.

The collodion membrane undergoes desquamation or peeling, which is usually complete by 2 to 3 weeks of life. This reveals the underlying skin disorder.

Collodion baby



Causes

The collodion membrane is due to abnormal desquamation (a peeling process). It is due to mutation of certain genes and is usually an autosomal recessive, congenital [ichthyosis](#) (scaly skin condition). However 10% of collodion babies have normal underlying skin – a mild presentation known as ‘self-healing’ collodian baby.

The two most common diseases are:

- Lamellar ichthyosis
- Non bullous congenital erythroderma

Other rarer conditions include:

- Sjögren Larsen syndrome
- Gaucher Disease type 2
- Hay-Well syndrome
- Trichothiodystrophy
- Comel-Netherton syndrome
- [Ectodermal dysplasia](#)
- Neutral lipid storage disease.

Complications

As the collodion membrane dries up it can crack leading to fissures. This affects the barrier function of the skin.

- Infection
- Overheating or cooling

- Dehydration

Another concern is that the membrane acts like a thick film causing physical constraints of underlying tissues. This can create problems with:

- Suckling and nutrition
- Breathing
- Ectropion (lower eyelids turned outwards away from the eyeball)
- Constriction bands resulting in reduced blood supply and swelling of the limbs.

Management

The baby is usually transferred to a neonatal intensive care unit (NICU).

An incubator provides a humidified, neutral temperature environment. Other supportive treatments such as intravenous fluid and tube feeding are often necessary.

The aim is to keep the skin soft and attempt to reduce scaling. The collodion membrane should not be debrided (pulled off). Treatment may include:

- Regular [emollients](#) such as petrolatum to keep the skin moist.
- Pain relief such as paracetamol.
- Mild [topical steroids](#) to reduce secondary inflammation.
- Artificial tears if there is severe ectropion (outward turning eyelid).

Management requires the expertise of a dermatologist and the paediatric team. Other specialists that may need to be involved include

- Ophthalmologist
- Geneticist
- Physiotherapist

The life expectancy and difficulties that the collodion baby faces depend upon the particular underlying condition.

Related information

On DermNet NZ:

- [Ichthyosis](#)

Other websites:

- [Foundation for Ichthyosis and Related Skin Types](#)
- [Ichthyosis Information](#)
- [Lamellar ichthyosis](#) - emedicine dermatology, the online textbook

Books about skin diseases:

See the [DermNet NZ bookstore](#)

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DermNet does not provide an on-line consultation service.

If you have any concerns with your skin or its treatment, see a [dermatologist](#) for advice.

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