

Correspondence

Where has all that hair gone?

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Several neonates during the second month of life develop a bald patch on the occipital region. The term 'neonatal occipital alopecia' (NOA) has been used to describe this transient hair loss.¹

For many years the aetiology of NOA has been thought to be friction due to the supine position of the baby in its cot, a hypothesis usually supported by parents and by most paediatricians who care for healthy babies. However, several authors have hesitated to blame the aetiology of the condition on the body position.^{2,3} The public authority campaign *Back to Sleep* was instigated with the intention of preventing sudden infant death syndrome (SIDS), and most paediatricians now recommend to parents that neonates should sleep on their backs to assist in preventing SIDS.⁴ Despite the increase in the number of babies now sleeping on their backs, we have recently demonstrated that the incidence of NOA has not changed since the campaign was instigated, and thus sleeping position is not related to the phenomenon of NOA.⁵ We have proposed that NOA should be replaced by the term 'transient neonatal hair loss' (TNHL).⁵

As friction is not the cause, we wanted to demonstrate that TNHL might be already present at birth. Furthermore, in order to demonstrate clearly that the hair was present *in utero* and was shed before delivery, we wanted to find out where all that hair had gone.

We prospectively studied 100 neonates born in the neonatal unit of the Umberto I° Hospital, Italy during 2004. In his study, we found that 20% of neonates are born with an observable deficiency of the scalp hair. (Fig. 1) Upon careful observation we found hair in the main body folds in two babies, both of whom presented severe scalp hair shedding (Fig. 2).

We believe that TNHL should be included among the common transient neonatal dermatoses (CTND). The age of appearance, the rarely serious nature of the lesions, the absence of accompanying symptoms, and the spontaneous and rapid resolution of the lesions support its inclusion among the CTND. It is now clear that this peculiar CTND is not related to the baby's sleeping position but rather to the physiology of shedding of the hair shaft.³ As can be seen from our study, some babies already present TNHL at birth.



Figure 1 Transient neonatal hair loss: some babies already show physiological shedding of the occipital hair at birth.



Figure 2 Shortly after delivery, it is possible to observe in the inguinal skin folds hairs that have been shed *in utero* and have now stuck to the damp skin.

In conclusion, TNHL in its classic occipital form is well known and easily diagnosed by paediatricians and neonatologists. A good general knowledge of the natural history and pathogenesis of transient neonatal dermatoses permits correct diagnosis and parental reassurance without the

need for expensive diagnostic methods. The absence of a relationship between the sleep position and the onset of this problem should be emphasised to parents to avoid the possibility of them putting the baby to sleep on its stomach or side, and possibly increasing the risk of SIDS.

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References

- 1 Eichenfield LF, Frieden IJ, Esterly NB. Localized alopecia. In: Eichenfield LF, Frieden IJ, Esterly NB, eds. *Textbook of Neonatal Dermatology*. WB Saunders Co, London, 2001: 494.
- 2 Sinclair RD, Banfield CC, Dawber RPR. Hair structure and function. In: Sinclair RD, Banfield CC, Dawber RPR. *Handbook of Diseases of the Hair and Scalp*. Blackwell Science, Victoria, Australia, 1999; 9–12.
- 3 Barman JM, Pecoraro V, Astore I, Ferrer J. The first stage in the natural history of the human scalp hair cycle. *J Invest Dermatol* 1967; **48**: 138–42.
- 4 Gibson E, Cullen JA, Spinner S, Rankin K, Spitzer AR. Infant sleep position following new AAP guidelines. *Pediatrics* 1995; **96**: 69–72.
- 5 Cutrone M, Grimalt R. Transient neonatal hair loss: a common transient neonatal dermatosis. *Eur J Pediatr* 2005; **164**: 630–2.