

SUMMARY

- Vesicles and bullae can occur in the skin in many conditions. These lesions result from accumulation of fluid within the epidermis, between the epidermis and dermis, or within the dermis.
- Blisters localized to the epidermal layers are thin-walled , relatively flaccid and tend to rupture easily. Subepidermal blisters are tense , thick-walled and more durable.
- There are a number of bullous skin disorders peculiar to infancy, but in addition bullous dermatoses of adults may also affect infants. This indicates that the skin of infants is more vulnerable to skin affection than that of adults , and stimuli which in adults may lead to local tissue reaction , may in children result in collection of free fluid, that is vesicle or bullae.
- Various aetiological factors may contribute in the evolution of bullous diseases in infancy. These may be genetic, infectious, allergy, or a disturbance in

the immune state. However it is still far beyond possibility to classify bullous diseases of infancy on aetiological bases.

- There are many classification for vesicobullous diseases in infancy. In this work we classify them into hereditary blistering disorders and non hereditary blistering disorders. The hereditary blistering disorders include, epidermolytic hyperkeratosis, congenital porphyria, acrodermatitis entropathica, incontinentia pigmenti and urticaria pigmentosa. The non hereditary vesiculebullous disorders may be infectious as, bullous impetigo, staphylococcal scalded skin syndrom, herpes simplex and varicella, pemphigus syphiliticus, candidiasis and scabies or non infectious as juvenile bullous pemphigoid, juvenile dermatitis herpetiformis, benign chronic bullous disease of childhood, subcorneal pustular dermatosis, erythema multiforme, papular urticaria, contact dermatitis, bullous drug eruption, burns, transient neonatal pustular melanosis, acropustulosis of infancy, erythema toxicum, miliaria (crystallina and rubra), and sucking blisters.

- By far the most prevalent one is bullous impetigo especially in Egypt and subtropical countries in which sweat rash may be complicated by bullous impetigo.
- Several factors are known to play a role in the clinical picture or exacerbation of certain bullous diseases. These may be constitutional or local. The constitutional factors are systemic diseases , septic foci, drugs and malnutrition. Local factors include, hot weather , trauma, friction, poor hygiene, insect bites and contact with irritants.
- Although the distribution patterns and morphologic characteristics of various bullous eruptions may help to arrive to an accurate diagnosis , in many instances, a clinical impression must be confirmed by the result of skin biopsy, but in other instances either immunologic , or electron microscopic studies may also be necessary.
- Treatment of such diseases is based upon the aetiology, clinical features, also on the severity of the case and so differ from one disease to another.