Therapy with acyclovir and vidarabine is initiated if the culture results are positive or if there is strong suspicion of herpesvirus infection (American Academy of Pediatrics, Committee on Infectious Diseases, and Pickering, 2012). High-dose acyclovir (60 mg/kg/day) has been shown to decrease mortality rates in infants with disseminated HSV (Berardi, Lugli, Rossi, et al, 2011).

Birthmarks

Discolorations of the skin are common findings in newborn infants (see discussion on skin assessment of newborns, Chapter 7). Most, such as mongolian spots or telangiectatic nevi, involve no therapy other than reassurance to parents of the benign nature of these discolorations. However, some can be a manifestation of a disease that suggests further examination of the child and other family members (e.g., the multiple light brown café-au-lait spots that often characterize the autosomal dominant hereditary disorder neurofibromatosis and are common findings in Albright syndrome).

Darker or more extensive lesions demand further scrutiny, and excision of the lesion is recommended when feasible. Such lesions include a reddish brown solitary nodule that appears on the face or upper arm and usually represents a spindle and epithelioid cell nevus (juvenile melanoma); a giant pigmented nevus (or bathing trunk nevus), a dark brown to black, irregular plaque that is at risk of transformation to malignant melanoma; and the dark brown or black macules that become more numerous with age (junctional or compound nevi).

Vascular birthmarks may be divided into the following categories: vascular malformations, capillary hemangiomas, and mixed hemangiomas. **Vascular stains (malformations)** are permanent lesions that are present at birth and are initially flat and erythematous. Any vascular structure, capillary, vein, artery, or lymphatic may be involved. The two most common vascular stains are the **transient macular stain** (stork bite, salmon patch, or angel kiss) and the **port-wine stain**, or **nevus flammeus**. The port-wine lesions are pink, red, or, rarely, purple stains of the skin that thicken, darken, and proportionately enlarge as the child grows (Fig. 8-5, A). The macular stain is most often located on the eyelids,