

## An Atypical Neonatal Genital Crisis

Assia El Bouhmadi<sup>1</sup>, Fatima Zahra El Fatoiki<sup>1</sup>, Fouzia Hali<sup>1</sup>, Soumia Chiheb<sup>1</sup>

<sup>1</sup> Dermatology, Centre Hospitalier Universitaire Ibn Rochd (CHU Ibn Rochd), Casablanca, Morocco

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**Corresponding Author:** Dr El Bouhmadi Assia, Department of dermatology Casablanca, Morocco. E-mail: [Elbouhmadiassia@gmail.com](mailto:Elbouhmadiassia@gmail.com)

### Case Presentation

A 60-day-old premature female infant, born at 33 weeks of gestation (corrected age: 1 week), presented with progressive vulvar edema evolving over 10 days (Figure 1). Clinical examination revealed bilateral, non-tender swelling of the labia majora with no sign of inflammation, mastitis, or abnormal vaginal secretions. Breast enlargement was noted, without erythema or discharge. Given the absence of other alarming signs, neonatal genital crisis was diagnosed. The condition resolved spontaneously within three weeks without intervention.

### Teaching Point

Neonatal genital crisis is a transient physiological response due to maternal estrogen withdrawal, typically

peaking within the first two weeks of life and resolving by the eighth week.

This case highlights the importance of considering corrected gestational age when evaluating premature infants. Despite being 60 days old, this infant's corrected age was only 1 week, aligning perfectly with the expected timeline for neonatal genital crisis. Failure to account for corrected age in preterm infants may lead to misdiagnosis, unnecessary anxiety for parents, and potentially unwarranted interventions. Understanding that premature infants follow the same physiological maturation timeline as term infants, adjusting for their degree of prematurity is crucial in clinical practice. Proper counseling of parents regarding this benign, self-limiting condition can help reduce stress and avoid unnecessary medical consultations or interventions.



Figure 1. Image showing a vulvar edema in an infant female.

## Reference

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