

Harlequin Phenomenon: a Newborn with Two Colours

Fenómeno Harlequin: um Recém-Nascido com Duas cores

Gustavo Teixeira¹, Mariana Domingues¹, Diana Simão Raimundo²,
Ana Laura Esteves¹

Autor Correspondente/Corresponding Author:

Mariana Domingues [mariana.raquel.domingues@gmail.com]

ORCID: <https://orcid.org/0009-0002-0461-4125>

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Healthy newborn delivered through c-section at 37 weeks due to labour dystocia. He was born weighing 2850 g and there was no other occurrences at pregnancy or birth. On the third day of life, the infant's body presented unilateral erythema with contralateral pallor, strongly marked at midline. The colour alteration happened every time the infant was in a lateral position but would resolve spontaneously in 1-3 minutes. The frequency decreased the following days and was almost inexistent by the 14th day. There were no other clinical findings.

Harlequin phenomenon is characterised by a physiologic flushing caused by vasomotor instability in newborns. It occurs approximately in 10% of healthy newborns, even though it is sometimes associated with prematurity, hypoxia, low birthweight, systemic use of prostaglandin E1, or intracranial injury.^{1,2}

No serious nervous system disorder was associated with Harlequin phenomenon. It presents as part of a syndrome only in rare circumstances, never acting as



FIGURE 1. Unilateral erythema with contralateral pallor presented on a newborn.

1. Hospital do Divino Espírito Santo de Ponta Delgada EPE: Ponta Delgada, Ilha de São Miguel, Portugal. 2. Unidade de Saúde Familiar Villa Longa. Agrupamento Centros de Saúde do Estuário do Tejo. Administração Regional de Saúde de Lisboa e Vale do Tejo. Vila Franca de Xira. Portugal.

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the sole sign of the underlying disorder. Therefore, no further investigation or treatment is needed for this rapidly autoresolutive condition.³

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REFERENCES

1. Selimoğlu MA, Dilmen U, Karakelleoğlu C, Bitlisli H, Tunnesen WW Jr. Picture of the month. Harlequin color change. Arch Pediatr Adolesc Med. 1995;149:1171-2.
2. Tang J, Bergman J, Lam JM. Harlequin colour change: unilateral erythema in a newborn. CMAJ. 2010;182:E801. doi: 10.1503/cmaj.092038.
3. Valerio E, Barlotta A, Lorenzon E, Antonazzo L, Cutrone M. Harlequin color change: neonatal case series and brief literature review. AJP Rep. 2015;5:e73-6. doi: 10.1055/s-0035-1545671.