
Newborn with unilateral colour change

IMAGES IN MEDICINE

KRISTINE BRUNVAND

Department of Paediatrics
Sørlandet Hospital HF, Arendal
and

Faculty of Medicine
University of Oslo

Kristine Brunvand, sixth-year medical student at the University of Oslo, working as a medical student with temporary licensure at the Department of Paediatrics, Sørlandet Hospital, Arendal

The author has completed the ICMJE form and declares no conflicts of interest.

KRISTINA KLEPP

kristina.klepp@lyse.net

Faculty of Medicine
University of Oslo

Kristina Klepp, sixth-year medical student at the University of Oslo, working as a medical student with temporary licensure at the Department of Paediatrics, Sørlandet Hospital, Arendal

The author has completed the ICMJE form and declares no conflicts of interest.

KEITH HOLSTAD

Department of Paediatrics
Sørlandet Hospital HF, Arendal

Keith Holstad, MD, consultant paediatrician at the Department of Paediatrics, Sørlandet Hospital, Arendal

The author has completed the ICMJE form and declares no conflicts of interest.



The image depicts macular erythema with a distinct midline demarcation separating it from pale skin on the back of a newborn boy. This skin change occurred spontaneously and resolved on its own within a few minutes.

The infant was delivered at term and routine examinations in the maternity ward showed normal findings. Unilateral erythema on the infant's face was observed during breastfeeding. During a paediatric examination, the infant appeared healthy, showing no signs of discolouration or other pathology. When placed in a supine position during the examination, the unilateral erythema reappeared with the same characteristics as before and spontaneous resolution after a few minutes. Based on the medical history, the absence of clinical signs of disease, and the features of the skin discolouration, the condition was deemed consistent with Harlequin colour change.

Harlequin colour change is a benign condition seen in up to 10 % of term newborns but is often not observed because the infant is fully clothed [\(1, 2\)](#). The condition involves transient unilateral erythema and/or simultaneous pallor on the opposite side, with a clear midline demarcation [\(1, 2\)](#). It typically occurs within 2–5 days after birth but has been observed up to three weeks postpartum [\(1\)](#). The duration ranges from a few seconds to 20 minutes.

The aetiology of Harlequin colour change remains unclear, but autonomic dysregulation of the cutaneous blood vessels is the leading hypothesis [\(2\)](#). Less commonly, it may be associated with underlying pathology such as birth injuries or structural or iatrogenic lesions [\(1, 2\)](#). In the absence of signs or symptoms of underlying pathology, no investigation or treatment is required.

Observing unilateral skin discolouration can be alarming for parents, so providing reassurance about the benign and self-limiting nature of the condition is crucial.

The patient's next of kin has consented to publication of this article.

The article has been peer-reviewed.

REFERENCES

1. Tang J, Bergman J, Lam JM. Harlequin colour change: unilateral erythema in a newborn. *CMAJ* 2010; 182. doi: 10.1503/cmaj.092038. [PubMed] [CrossRef]
2. Valerio E, Barlotta A, Lorenzon E et al. Harlequin Color Change: Neonatal Case Series and Brief Literature Review. *AJP Rep* 2015; 5: e73–6. [PubMed]

Publisert: 13. February 2025. Tidsskr Nor Legeforen. DOI: 10.4045/tidsskr.24.0415

Received 6.8.2024, first revision submitted 26.10.2024, accepted 19.12.2024.

Copyright: © Tidsskriftet 2026 Downloaded from tidsskriftet.no 4 July 2026.