PORTUGUESE JOURNAL OF PEDIATRICS

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Palatal ulcers in a neonate: what's the diagnosis?

Úlceras no palato num recém-nascido: qual o diagnóstico?

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Keypoints

What is known

- Bednar's aphthae are benign, self-limiting palatal ulcers, typically bilateral and symmetrical, occurring in neonates and young infants.
- Although not rare, they are frequently under-recognised and seldom reported in the literature.
- Diagnosis is clinical and management is supportive, including modifications in the feeding technique.

What is added

- Bednar's aphthae may mimic neonatal herpes simplex virus infection, prompting unnecessary invasive investigations.
- Careful oropharyngeal examination is essential in neonates presenting with feeding difficulties and inconsolable crying.
- Awareness of the typical clinical presentation is essential to avoid unnecessary invasive investigations or treatments and reduce parental anxiety by explaining their self-limiting course.

We report a four-day-old term neonate who was seen at the Emergency Department due to inconsolable crying and breastfeeding difficulties. The infant was afebrile, active, and haemodynamically stable. Oropharyngeal examination revealed two round-to-oval ulcers with a white surface, surrounded by an erythematous halo located bilaterally and symmetrically at the junction of the hard and soft palate (Fig. 1).

Given their appearance, neonatal herpes simplex virus (HSV) infection was initially suspected, and an HSV PCR test was performed on lesion swabs, blood, and cerebrospinal fluid, all of which were negative.

After excluding infectious causes, Bednar's aphthae were considered. These benign palatal ulcers of presumed traumatic origin typically appear within the first weeks of life, are bilateral and symmetrical, and may cause feeding difficulties.[1–3] Management is supportive, and lesions generally resolve within one to four weeks after adjusting the feeding position or nipple type, which supports their mechanical origin.[1–3] In this case, feeding improved after correcting the breastfeeding technique, and complete healing was observed at the two-week follow-up.

Although not rare, Bednar's aphthae are frequently under-recognised, seldom reported, and may be mistaken for infectious conditions such as neonatal HSV.[3] Awareness of their characteristic clinical appearance can prevent unnecessary investigations and treatments while reassuring parents of their benign, self-limiting nature. Careful oropharyngeal examination remains essential in neonates with breastfeeding difficulties.

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Received: 09-12-2025
Accepted: 06-07-2026
https://pjp.spp.pt

Available online: 18-09-2026
Port J Pediatr. (Ahead of print)
DOI: 10.24875/PJP.25000094

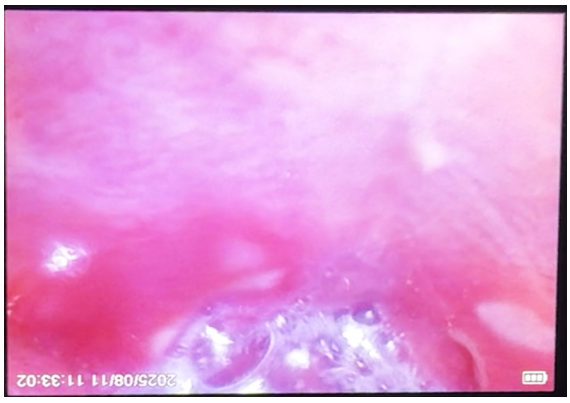

Figure 1. Two ulcers (arrows) with a white surface, surrounded by an erythematous halo, located bilaterally and symmetrically at the junction of the hard and soft palate.

Authors contributions

All authors contributed to the conception, writing, and revision of the manuscript. All the authors have read and approved the final version of the manuscript.

Funding

None.

Conflicts of interest

None.

Ethical considerations

Protection of human subjects and animals. The authors declare that no experiments on humans or animals were performed for this research.

Confidentiality, informed consent, and ethical approval. The authors have followed their institution's confidentiality protocols, obtained informed consent from all patients, and secured approval from the Ethics Committee. SAGER guidelines have been followed as applicable to the nature of the study.

Declaration on the use of artificial intelligence. The authors declare that no generative artificial intelligence was used in the writing or creation of the content of this manuscript.

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