



A patient information flyer developed by the Asian Society of Pediatric Dermatology on

COMMON BIRTHMARKS

Nevus Sebaceous

Nevus Sebaceous (NS) is a relatively common birthmark. It consists of increased numbers of sebaceous (oil) glands.

Usually present at birth, but may be first noted during early childhood.

Usually solitary and occurs most commonly on the face and scalp.

Appears as a well-demarcated, yellow to tan, hairless plaque. The lesion may be oval or linear, and can vary in size from a few millimetres to several centimetres. The surface may be smooth, velvety or more warty.

Secondary tumours may occur within NS, most of which are benign. Basal cell carcinoma, a low-grade skin cancer can rarely occur, usually after puberty. If a new nodule appears in a previously stable NS, your doctor may recommend a biopsy to exclude a secondary tumour.

Small NS may be observed, especially in infants and younger children.

Surgical removal may be recommended if the lesion is very large, causes significant cosmetic disfigurement, interferes with personal grooming (*e.g. combing of hair*), or if there is suspicion of cancerous change. Your dermatologist may refer you to a plastic surgeon for the surgery.



Epidermal Nevus

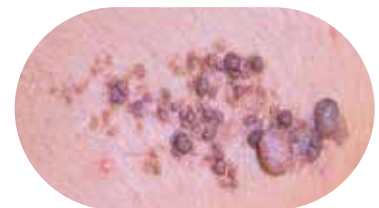
An **Epidermal Naevus (EN)** is a relatively common benign birthmark. It occurs as a result of thickening of the top layer of skin (*epidermis*).

It is usually apparent at birth or may become noticeable during early childhood.

EN appears as tan to brown, velvety or warty plaques, and may be single or multiple. Although most commonly seen on the limbs, they may occur anywhere on the skin. They may occur in a linear or wavy pattern.

Rarely, EN can occur extensively, with involvement of both sides of the body.

EN may be left alone. If treatment is required, treatment options include cryotherapy with liquid nitrogen, dermabrasion, electrosurgery, lasers and surgical removal.



Congenital Melanocytic Nevus

Congenital melanocytic nevi (CMN), most commonly known as moles, are very common pigmented birthmarks made up of normal pigment cells. Although usually present at birth, they can also appear within the first year of life.

CMN are classified according to their greatest diameter in adulthood: Small (<1.5 cm), medium (1.5–19.9 cm), or large (≥20 cm).

CMN are flat or slightly raised light to dark brown lesions. Slight pigment variation and increased hairs may be seen. With time, they can become thicker. Large CMNs may have a rough cobblestone-like surface and more colour variability.

There is a slightly increased risk of cancerous change (melanoma) in all CMN. However, the risk is low in small and medium sized CMN. The risk is markedly higher in large CMN, and can occur earlier.

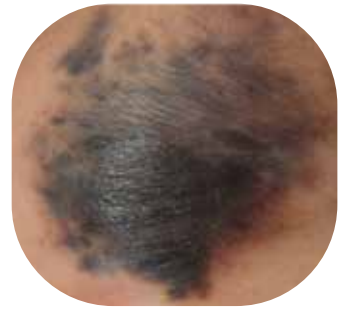
Large CMN are also associated with increased risk of involvement of the nervous system (brain or spine). Your dermatologist may discuss with you about further radiological investigations to determine this risk.

Treatment of CMN depends on the size, site and potential cosmetic effects.

Small and medium sized CMN may be observed. Parents and patients are taught to monitor for changes within the CMN. If there are any concerns, these can be removed by surgery. The use of lasers for the treatment of CMN is controversial.

Suspicious features that need to be observed for are:

- A:** Asymmetry
- B:** Borders (*irregular, blurred*)
- C:** Colour (*blue, black, red and white*)
- D:** Diameter (*rapid increase in size*)
- E:** Evolution (*change over time*)



Treatment of large CMN is more complex and requires in-depth discussion with your dermatologist, plastic surgeon and paediatrician.

Sun Protection is important!!

Measures include:

Avoidance of direct sun
between 10 am – 4 pm daily.

Use of hats, shades and umbrellas
when under direct sun.

Use of sunscreens with at least
SPF 30 and protection against
UVA and UVB.



This patient flyer is developed by the
Asian Society of Pediatric Dermatology
22 Sin Ming Lane, #03-85 Midview City Singapore 573969

www.asianpedderm.com

