“Delayed” birthmarks of skin, scalp, and hair

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No financial conflicts of interest.
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A lot of “birthmarks” appear – or are first noticed – well after infancy, occasionally not until puberty.

How to identify these – and to explain them to parents.
“Delayed birthmarks”

“But, Doctor, I don’t understand ... he wasn’t born this way.”

“How can it be a birthmark if we didn’t see it when he was born?”

“No one else in the family has this, so why did he get it?”

“Will it grow and get larger?”
“Delayed birthmarks”

Nearly all cell types and tissues can have congenital rests, aggregations, hamartomas, hypertrophy, hyperplasia, etc.

These are most evident in the skin.

But these lesions are not always obvious at birth – or more commonly, they are present but inconspicuous at birth.

When first noticed in a child who is several days, weeks, or years old, it is hard to know what to call them.

I call them “delayed birthmarks” (nevi tardivae).

Artificial clustering – but excellent way to explain things.
“Delayed birthmarks”

Too dark:

- Pigmentary demarcation lines
- Becker’s nevus
- Nevus of Ota
- Segmental mosaic pigmentary disorders
- Epidermal nevus

Too light:

- Nevus depigmentosus (congenital hypopigmented macule)
- Nevus anemicus
- Piebaldism & poliosis (mistakenly called “congenital vitiligo”)
- Segmental mosaic pigmentary disorders
“Delayed birthmarks”

Too hairy
   Becker’s nevus
   Focal hypertrichosis

Not enough hair
   Triangular alopecia
   Aplasia cutis congenita
“Delayed birthmarks”

Change in surface texture:
- Hemangiomas
- Port-wine stain
- Keratosis pilaris and KP faciei
- Epidermal nevi
- Nevus sebaceous

Changes in congenital melanocytic nevi:
- surface texture
- surface elevation
- hypertrichosis
Topic points

What they are.
Differential diagnosis.
When to worry.
Diagnostic tests one may order (eg, ultrasound).
Urgency of referral.
To whom to refer?
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