



Birthmarks: Lumpy and Bumpy

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I have no conflicts of interest or relevant financial relationships to discuss.

Objectives

Recognize common “lumpy” birthmarks

Identify which lesions require referral

Learn treatment algorithms for common lesions

A 4 year old child comes in with this alopecic plaque on the scalp. It has been present from birth. It was bumpy soon after birth but flattened out. How do you advise the family?

Nevus Sebaceus

- Tumor of sebaceous glands
- Present at birth, often bumpy initially from maternal hormone stimulation
- Becomes thickened and verrucous during adolescence
- Long term:
 - Previously thought to develop basal cell carcinoma
 - Now thought to be benign growths
- Do not routinely need to be removed

- A ten year old boy comes in with this lesion.
- Are you concerned?
- How should it be treated?

- When you do a full body check, you notice that he has this finding on his trunk.
- Are you concerned?
- How do you treat?

Epidermal Nevus

- Likely due to somatic mosaicism
 - Mutations in numerous genes have been noted
- Can be linear or whorled (Blaschkoid pattern)
- Majority occur in the first year of life
- Can become more verrucous over time
- Treatment is challenging; lesions often recur

Extensive Epidermal Nevus

- Epidermal Nevus Syndrome
 - Can have associated CNS defects, eye findings, and musculoskeletal abnormalities
- If extensive or facial involvement, consider referral for Neurology, Ophthalmology

- A 7 year old boy presents with this itchy, irritated lesion on the leg
- What is this condition and how do you treat it?

Inflammatory Linear Verrucous Epidermal Nevus (ILVEN)

- Presents in infancy or early childhood
- Pruritic papules coalescing into a linear plaque
- Usually on an extremity
- Resistant to therapy
- Topical and intralesional steroids mainstay of therapy

- A neonate presents for his newborn visit to your office. What underlying condition should you screen for?

“Hair Collar Sign”

- A ring of long, dark, coarse hair surrounding a congenital scalp nodule
- Cutaneous sign ectopic neural tissue
- Image with CT/MRI
 - If skull defect, refer to neurosurgery
- Can also be seen with aplasia cutis

What are you worried about?

Occult Spinal Dysraphism

- Associated with
 - large sacral dimple (>5 mm), high on the back (>2.5 cm from anal verge)
 - > 2 lesions of any kind
 - Lipoma
 - Acrochordon (skin tag)/Tail
 - Dermal Sinus
 - Hemangioma >2.5cm in midline lumbosacral region

[Arch Dermatol](#). 2004 Sep;140(9):1109-15.

Skin markers of occult spinal dysraphism in children: a review of 54 cases.

[Guggisberg D¹](#), [Hadi-Rabia S](#), [Viney C](#), [Bodemer C](#), [Brunelle F](#), [Zerah M](#), [Pierre-Kahn A](#), [de Prost Y](#), [Hamel-Teillac D](#).

[J Pediatr](#). 2010 Nov;157(5):789-94. doi: 10.1016/j.jpeds.2010.07.054. Epub 2010 Sep 9.

Prospective study of spinal anomalies in children with infantile hemangiomas of the lumbosacral skin.

[Drolet BA¹](#), [Chamlin SL](#), [Garzon MC](#), [Adams D](#), [Baselga E](#), [Haggstrom AN](#), [Holland KE](#), [Horii KA](#), [Juern A](#), [Lucky AW](#), [Mancini AJ](#), [McCuaig C](#), [Metry DW](#), [Morel KD](#), [Newell BD](#), [Nopper AJ](#), [Powell J](#), [Frieden IJ](#).

Occult Spinal Dysraphism

- Associated with

Table 3. Assessment of Congenital, Medial Lumbosacral Cutaneous Lesions in the Absence of Neurologic or Orthopedic Manifestations*

Risk of OSD	Congenital Lumbosacral Midline Skin Lesion	Age <6 mo	Age ≥6 mo
High ↓ Low	Group 1 >2 Lesions of any kind One lesion and spinal cord dysfunction Lipoma† Tail† Dermal sinus‡‡	MRI	MRI
	Group 2 Atypical dimple† Unclassified hamartoma† Aplasia cutis congenita† Deviation of gluteal furrow†	USD Normal ↓ No investigations Abnormal ↓ MRI	MRI
	Group 3 Hemangioma PWS Hypertrichosis Pigmentary nevus Simple dimple† Mongolian spot	No investigations§	

Arch Dermat

Skin mar

Guggisberg

J Pediatr. 201

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Cranial Dysraphism

- Hair collar sign + vascular stain = cranial dysraphism until proven otherwise
- Midline scalp nodule: always image before biopsy!!!!

Thank you!!!!

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