

# “Delayed” birthmarks of skin, scalp, and hair

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No financial conflicts of interest.

# “Delayed” birthmarks of skin, scalp, and hair

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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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