

Baby Birthmarks & Rashes

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Gazing at your new baby, taking in every little detail, is one of the many joys of parenthood. Among many unique features you might notice is a birthmark, a different-looking spot on the skin that a baby is born with or develops soon after birth.

There are two main types of birthmarks: pigmented, spots of skin that contain extra pigment (color); and vascular, which contain extra blood vessels that didn't fully form. Both types are usually harmless, and some go away on their own. But some need to be watched to make sure they don't cause problems. Be sure to talk with your pediatrician about any birthmarks or rashes you notice on your baby.



Vascular Birthmarks—Pink, Red & Blue

Pink, red, and blue birthmarks often are made up of extra blood vessels. The extra blood can make some vascular birthmarks feel warm to touch. Vascular birthmarks may look and behave differently depending on the type of blood vessels in them. The most common blood vessel birthmarks include:

Nevus Simplex: "salmon patch," "angel kiss" & "stork bite" birthmarks

Nevus simplex are flat pink or red birthmarks that up to 80% of babies are born with. They are collections of small, red blood vessels called capillaries. Often, these marks are located on the eyelids, forehead, back of neck, top of head, under the nose, and lower back. Sometimes, they are called "salmon patch" marks, "stork bites" (when located on back of the neck) and "angel kisses" (when they're between the eyebrows).



Nevus simplex birthmarks usually will go away on their own by the time your baby is a toddler. Do not be alarmed if the birthmark gets darker when your baby becomes more emotional or active—this is normal.

Most nevus simples are totally harmless and do not need treatment. But be sure to talk with your pediatrician if they are large or located in unexpected areas.

Port Wine Stains

Port wine stains are fairly common, seen in about 3 in 1,000 children. They are similar to nevus simplex: flat, pink or red birthmarks made up of extra capillaries. They also are visible at birth. But these birthmarks are usually larger than nevus simplex and may affect more areas of the face and body. Unlike some other birthmarks, port wine stains do not go away. They grow as your child grows, but slowly. Over time, they may become darker and thicker.





Port wine stains aren't usually linked to any health problems. If the birthmark affects a certain part of the face, like the eyelid and forehead, though, it may be related to a condition called Sturge-Weber syndrome. T

though, it may be related to a condition called Sturge-Weber syndrome. This condition is rare, but your doctor may recommend more evaluation or testing if your baby is at risk.

Some children and teens are not bothered by their port-wine stain, while others may feel self-conscious about them.

**Treatment may be able to lighten the birthmark some and help prevent darkening and thickening. But it will not the birthmark in most cases.

Infantile Hemangiomas

These benign growths, which usually appear in the first few weeks of life, are made of extra blood vessels in the skin. Infantile hemangiomas (/English/ages-stages/baby/bathing-skin-care/Pages/Infantile-Hemangiomas-Baby-Birthmarks.aspx)are fairly common--found in up to 5% of infants. They usually grow rapidly, and then gradually shrink and fade. If they form near the top of the skin, they are red (and sometimes called "strawberry marks"). Deeper in the skin, they may look blue or purple, like bruises.





Infantile hemangiomas grow most quickly in the first 5-7 weeks of life, so it is important to talk to your pediatrician about them early. Some hemangiomas may be associated with certain health problems and require additional testing and/or treatment. Safe treatments are available today for problem hemangiomas. But these treatments usually work best when started shortly after these birthmarks form--generally by around 1 month age. Talk with your pediatrician if you think your baby may have an infantile hemangioma.

Congenital Hemangiomas

Congenital hemangiomas are present at birth. Sometimes, they can be seen during prenatal ultrasound exams. They are different from infantile hemangiomas and much rarer. This type of hemangioma does not grow after the baby is born. Congenital hemangioma often look like a large round or oval bump or mass. They tend to be purple to blue, but may also have tiny red blood vessels on the surface and a white ring around the base.



Some of these birthmarks begin to disappear quickly (a type called rapidly involuting congenital hemangioma). Another type, non-involuting congenital hemangioma, does not go away at all. In most cases, congenital hemangiomas are not dangerous and do not need treatment. If the birthmark does not go away, it can be removed with surgery or other treatments when a child is older.

Venous Malformation

Venous malformations are tangles of veins in the skin that did not form properly during development. The veins give these birthmarks a blue or purple color. They are present at birth but may not become obvious until the teenage years. The veins can become larger with activity or certain positions, and they may become painful. Venous malformations are rare, affecting around 2 in 10,000 children.





These birthmarks may cause no problems at all. But treatment may be needed if the birthmark is painful or affects your child's activities.

Sometimes, small clots called phleboliths form in the veins. In most cases, these clots are not harmful but can be hard and cause pain. Compression garments, medications, surgery or procedures may be among treatment options.

Most venous malformations are located only in the skin, but sometimes they can also be found in muscles, bones, or organs. Your doctor may recommend a scan to get more information about your child's birthmark.

Blood Vessel Birthmarks				
	What does it look like?	Does it need to be treated?		
Nevus Simplex	 Flat, pink or red birthmarks present at birth. Sometimes called "salmon patch" marks. Based on location, also called "stork bite" (on back of neck) and "angel kiss" (between the eyes). 	 Most do not need treatment and go away on their own by the toddler years. Talk with your pediatrician if the birthmark is large or in an unusual area 		

Port-Wine Stain	 Flat, pink or red birthmarks that may look like maroon liquid splashed on skin. Like, but usually larger than, nevus simplex. May affect more areas on the face and body. 	Back to Top Usually no related health problems. If they are on certain parts of head and face, tests may be needed for rare related health condition. May become darker and thicker over time; laser treatment may help lighten them some.
Infantile Hemangioma	 Bumpy red or flat bluish marks usually appearing in first few weeks of life. Near the top of the skin, they're red ("strawberry marks"). Deeper in the skin, they look blue or purple, like bruises. 	 Usually don't cause problems, but some need treatment to avoid permanent changes or health problems. After a period of fast growth, usually start to shrink and fade at about age 1.
Congenital Hemangioma	 Usually large round or oval bumps that are fully formed at birth. Purple or blue in color, some with tiny red blood vessels on surface & white ring around base. 	 Usually require no treatment. One type (rapidly involuting) starts to disappear quickly. Others (non-involuting) don't go away. Can be removed later with surgery and other treatments.
Venous Malformation	 Blue or purplish tangles of veins in the skin that did not form properly during development. Present at birth but may not become obvious until teen years. 	 Treatment may not be need unless the birthmark becomes painful or affects your child's activities. Sometimes, small clots form in the veins. In most cases, the clots are not harmful.

Pigmented Baby Birthmarks—Brown & Grey

Brown and grey birthmarks may be made of extra melanocytes—the cells that produce pigment (color) in the skin. Pigmented birthmarks can look and behave differently from each other. Some are harmless, but others can come with health problems for your baby.

Congenital Melanocytic Nevi (Moles)

Congenital melanocytic nevi are commonly called moles. They can be present at birth or appear during the first year of life. These birthmarks are common, found in 1-3% of newborns. Congenital nevi can look very different from each other. Most are brown, but they may also have shades of pink, red, or black. Sometimes they have bumps or hair, and they may become rough or raised. Most congenital melanocytic nevi are harmless and usually do not require treatment or removal. Many dermatologists and pediatric dermatologist simply monitor them at well-child visits. They can also tell you what changes





(https://pedsderm.net/site/assets/files/1028/3_spd_moles-melanoma_web_final.pdf) you should watch for in your child's birthmark.

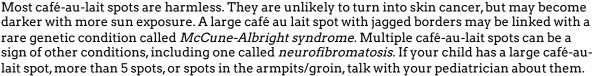
A nevi usually grows larger as your child grows, but not quickly. They are classified based on their size: small, medium and large/giant nevi. Large and giant nevi may have a higher risk for a type of skin cancer, melanoma (https://pedsderm.net/site/assets/files/1028/3_spd_moles-melanoma_web_final.pdf), compared to small congenital nevi or other moles that appear later in life. It's important for all children, but especially those with this type of birthmark, to wear sun protection (/English/safety-prevention/at-play/Pages/Sun-Safety-and-Protection-Tips.aspx) over a possible of the control of the co

with more than one congenital melanocytic nevus always needs to be evaluated by his or her pediatrician or price dermatologist. Having more than one congenital nevus at birth may be related to problems with the brain and spinal cord. Your doctor may recommend a scan of these areas in this case, but this is extremely rare. Learn more

and watch a video on identifying moles (https://www.youtube.com/watch?time_continue=3&v=s7Q61llH4nA) from The Society for Pediatric Dermatology.

Café-au-lait

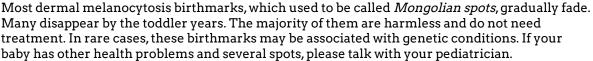
Café-au-lait means "coffee with milk," which describes the light brown color of these common birthmarks. As many as 20-30% of people have one. The marks are flat and usually round or oval shaped. Most are smaller than a child's palm and have smooth borders. They are visible at birth or develop very early in life.





Dermal Melanocytosis

These are the most common birthmarks in babies with highly pigmented skin. They are seen in 85% of Asians, 96% of blacks & 46% of Hispanic babies at birth. They are usually located on the lower back and bottom, but some babies may have spots on different areas of the body. These birthmarks may be a mix of colors including brown, gray, blue and black. Their unique color comes from having pigment in different layers of the skin.





Pigmentary Mosaicism

Mosaicism is a word that means two sets of DNA, or genes, are present in the same person. In pigmentary mosaicism, different genes might affect the color of the skin. These changes can be subtle or very large. Pigmentary mosaicism birthmarks have unique patterns including lines and swirls. With sun exposure, areas can become lighter or darker.

Even though the genetic change involved with pigmentary mosaicism is present at birth, the affected skin may not turn color until later in life. Sometimes sun exposure can cause this to happen. These changes can give the illusion that the birthmark is "spreading." In most children, pigmentary mosaicism is harmless. A small number of may have problems with the bones, eyes



or brain especially if their birthmark covers a large area of their body, so your pediatrician may recommend some

Pigmented Baby Birthmarks				
	What does it look like?	Does it need to be treated?		
Congenital Melanocytic Nevi	 Various sized moles present at birth or appearing during first year of life. Most are brown but may also have shades of pink, red, or black. Some may have a lot of hair. Can become rough, bumpy and raised. 	 Most are harmless, but it is important to watch for changes in the birthmark. Sun protection is important to avoid unhealthy changes. Larger nevi present at birth, and multiple moles that appear, should be checked for related health conditions. 		

Café-au-lait	 Café-au-lait ("coffee with milk") describes the light brown color of these spots. Flat and usually round or oval shaped. Most are smaller than a child's palm. Present at birth or early in life. 	Back to Top Most are harmless and need no treatment. A large one with jagged bordersor multiple caféau-lait spots (more than 5 spots, or spots in the armpits or groin)should be checked for a possible rare genetic condition.
Dermal Melanocytosis	 May be a mix of colors including brown, gray, blue, and black. Unique color comes from having pigment in different layers of skin. Usually located on the lower back and bottom. 	 Most are harmless and go away on their own by toddler years. In rare cases, may be associated with rare genetic conditions.
Pigmentary Mosaicism	 Have unique patterns, including lines and swirls. Affected skin, which contains different genes at birth, may not turn color until later in life. With sun exposure, areas can become lighter or darker. 	 Usually harmless. In rare cases, especially if the birthmark covers a large area of the body, may signal related problems with the bones, eyes or brain.

Remember:

Most birthmarks are harmless and are part of what makes your child unique. But some types of birthmarks can come with potential health problems or may cause some children to feel self-conscious. That's why it is important to talk with your pediatrician about any unusual marks or changes on your child's skin. There are safe and effective treatment options available today that are especially effective when started early.

Additional Information:

- Infantile Hemangiomas: About Strawberry Baby Birthmarks (/English/ages-stages/baby/bathing-skin-care/Pages/Infantile-Hemangiomas-Baby-Birthmarks.aspx)
- What is a Pediatric Dermatologist? (/English/family-life/health-management/pediatric-specialists/Pages/Whatis-a-Pediatric-Dermatologist.aspx)
- What is a Pediatric Plastic Surgeon? (/English/family-life/health-management/pediatric-specialists/Pages/What-is-a-Pediatric-Plastic-Surgeon.aspx)
- 12 Common Summertime Skin Rashes in Children (/English/health-issues/conditions/skin/Pages/Common-Summertime-Skin-Rashes-in-Children.aspx)
- Moles and Melanoma in Children and Teens (https://pedsderm.net/site/assets/files/1028/3_spd_moles-melanoma_web_final.pdf) (The Society for Pediatric Dermatology)

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