How are Congenital Dermal Melanocytosis treated?

The vast majority of them do not require any treatment as they disappear on their own by the time a child enters puberty. If the birthmark has not faded by this time and is causing distress, it can be covered using cosmetic camouflage.

What is the outlook for children with a Congenital Dermal Melanocytosis?

As the vast majority of Congenital Dermal Melanocytosis disappear without treatment in a few years, the outlook is very good. In the past, there have been problems if they are diagnosed as bruising, but medical and nursing staff are not much more aware of them and less likely to make a wrong diagnosis. If you believe a diagnosis is wrong, it is alright to challenge this and ask whether is could be Congenital Dermal Melanocytosis rather than bruising.

Lincolnshire Safeguarding Children Board

Congenital Dermal Melanocytosis

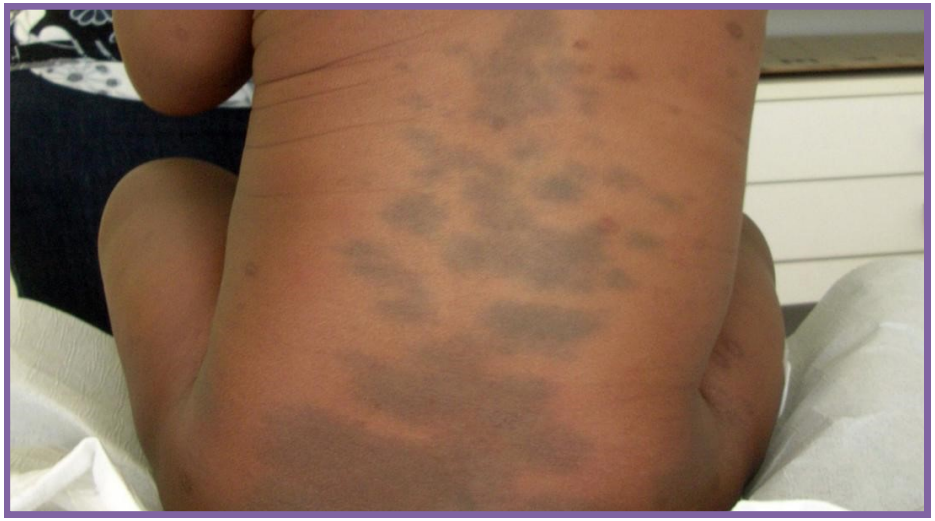
(Mongolian Blue Spot)

This leaflet explains about Congenital Dermal Melanocytosis, what causes them and how they can be treated. It also explains what to expect when a child is assessed and treated.

What is a Congenital Dermal Melanocytosis?

It is a type of birthmark that is present at birth or appears soon afterwards, either single or multiple in number. It is flat, blue-grey in colour and can vary from a very dark blue to a lighter grey. The colour is usually the same all over the whole birthmark, with no lighter or darker areas as is sometimes seen in brown birthmarks.

Congenital Dermal Melanocytosis can vary in size, but most are a few centimetres across. They can appear anywhere on the body, but are most common at the base of the spine, the buttocks or on the lower back. Occasionally they are present on the back of the shoulder. It is very unusual for a child to have Mongolian blue spot on the scalp or face.



What are the signs of a Congenital Dermal Melanocytosis and how are they diagnosed?

Congenital Dermal Melanocytosis are quite characteristic in appearance so do not need any special tests for diagnosis. However, because of their colour and location, they can wrongly be confused with bruising. The difference between them is that bruises change colour and shape over a period of days, whereas Mongolian blue spots take many years to fade. They are not painful to touch and do not need special care.

Some cases have been reported in medical literature where children with widespread and multiple Congenital Dermal Melanocytosis also had metabolic disorders. This is very rare, and more research is needed to discover about this potential link. If a doctor has any suspicion that the birthmarks are linked to another condition, they will order various tests to make a firm diagnosis as soon as possible. Initially, this is usually a urine test to check for specific proteins or sugars.

What causes them?

While the baby is developing in the womb, the cells that will eventually form the skin move to the surface. A particular kind of cell called dermal melanocyte moves to the top layer of the skin between the 11th an 14th week of pregnancy. By the 20th week of pregnancy, these dermal cells usually disappear. Doctors think that Mongolian blue spots are caused when these cells have not moved to the top layer of skin and have not disappeared. As the cells are trapped deep in the skin, the affected area looks a bluish-grey colour. We do not know why this failed to happen, but it is not linked to anything the mother did or did not do during pregnancy.

How common are Congenital Dermal Melanocytosis?

Congenital Dermal Melanocytosis are rare in children of white European background, but very common in children of African, middle Eastern, Mediterranean or Asian background. As many as three-quarters of children from these ethnic groups are born with Congenital Dermal Melanocytosis. As they are so common, it is likely that they are inherited but it is not yet known how. They can occur in both boys and girls, but are slightly more common in boys, and this yet not known why.