



CONGENITAL DERMAL MELANOCYTOSIS "SLATE GREY NEVUS"



Gray-blue patch due to improper migration of melanocytes.
Commonly located in the lumbar and sacral-gluteal region.

- Commonly fades by 1. Rarely persists after 6.
- Benign and further workup is not necessary.

Differential: **Non-accidental trauma** and other dermal melanocytosis (consider if not in classic areas of CDM). Rare association with lysosomal storage diseases.

NEVUS SIMPLEX "SALMON PATCH" "STORK BITE" "ANGEL KISS"

Faint pink/red feathery, blanchable patch.

Commonly located on the nape, eyelid, and glabella.

- Commonly fade in the first two years of life.
- May appear redder when babies are crying, have a fever, or straining.
- Due to capillary vascular malformation.
- Treatment not generally required.
- Benign and further work up is not necessary. However, consider **spinal dysraphism** if other findings present.



CAPILLARY MALFORMATION "NEVUS FLAMMEUS/PORT WINE MARK"

Unilateral red/violaceous well-demarcated patch.
Commonly located on the face and neck.

- Over time, may darken, enlarge, or thicken.
- Treatment not generally required.
- Glaucoma** is a complication of periocular PWS.
- Could be a part of certain syndromes such as **Sturge-Weber Syndrome, CLOVES**, etc. if associated symptoms are present.
- Differential:** Segmental hemangioma which may be associated with **PHACES syndrome**.



CAFÉ AU LAIT MACULES

Hyperpigmented, well-demarcated patches/macules.

Commonly located on the trunk and extremities.

- Small (<5mm) and isolated lesions are often benign requiring no further workup.
- Large (≥ 5mm) or multiple lesions can be associated with **genetic syndromes** (e.g., **neurofibromatosis 1, McCune-Albright syndrome**) necessitating workup.



CONGENITAL MELANOCYTIC NEVI (CMN)

Well-defined light brown or black macules or slightly raised papules or plaques.
May appear anywhere.

- At birth, lesions may look light pink/tan with hair growth.
- Darkens over and may become raised or verrucous.
- Small-Medium (<20 cm) lesions are generally benign.
- Larger (>20 cm) lesions have a greater risk for **malignant melanoma**.
- For large and giant CMN, especially with satellites lesions, need MRI to rule out neurological involvement.

