Birthmarks are extremely common, affecting up to four out of five babies. The majority occur as a minor developmental imperfection of the skin and are completely harmless to the baby’s health. They appear in various shapes, sizes and colours depending on the tissues (cells) involved. The most common causes are abnormal blood vessels (vascular birthmarks) or pigment cells forming in clusters (pigmented birthmarks). As visible marks on the skin, they range from pink to dark brown, develop during pregnancy and are present at or soon after birth.

For most birthmarks nothing needs to be done apart from reassurance, however some may require further investigation and treatment. In rare cases, certain birthmarks can be associated with more serious medical complications and in these cases early intervention is important.

The Portland Hospital’s Birthmark Service is led by one of London’s leading Dermatologists, Professor John Harper who also holds an NHS post at Great Ormond Street Hospital.

The Birthmark Service is supported by a dedicated Clinical Nurse Specialist and a wider team of Specialists with expertise in plastic surgery, orthopaedics, ear, nose and throat, ophthalmology, audiology and general paediatrics to provide a multidisciplinary approach to care. The Portland Hospital also have excellence in radiology to provide the very best facilities for ultrasound, MRI, and CT imaging as well as interventional radiology. A Clinical Psychologist may be available for the family if needed. The team will provide support at all stages to ensure a seamless patient journey.

VASCULAR (BLOOD VESSEL) BIRTHMARKS

- **The stork mark** (salmon patch or angel’s kiss) is the most common (one in five babies) and is seen as a flat red mark on the skin on the upper eyelids, mid forehead and on the back of the neck. Treatment is not necessary and usually the marks on the face will fade and by the age of two are likely to be hardly visible. The red area on the back of the neck will persist relatively unchanged throughout life but will be covered by hair and will not pose a cosmetic problem.

- **Haemangiomas** (strawberry mark) affect one in ten babies and may be present at birth as a pale or pink area of skin, but often it becomes apparent during the first week of life as a red or purple lump which rapidly grows over a three to six month period. Thereafter it slowly regresses spontaneously and eventually will disappear almost completely in three to seven years. For the majority of haemangiomas no treatment is necessary; however, they can potentially pose a problem at certain sites on the body, for example around the eye or internally in the airway, and the treatment of choice for these babies is a drug called propranolol which is administered as a medicine.

- A less common presentation is a segmental haemangioma, seen as a more extensive haemangioma often on the face or limb, which can be associated with internal blood vessel abnormalities and requires further investigation and if appropriate treatment.

- **Port wine stains** (capillary malformations) affect three in a thousand babies and are flat red areas of skin which can occur anywhere on the body, often seen on one side of the face. If left untreated they can cause a significant psychological problem especially those on the face. Also as the affected individual gets older the port wine stain tends to become darker in colour and the affected skin becomes thicker with a common complication of developing bleeding vascular nodules called pyogenic granulomas. These birthmarks respond well to laser treatment with good long term evidence that these secondary skin changes are unlikely to occur post laser treatment. The earlier laser treatment is started the better the result.

- Most port wine stains are not associated with any other problem, but if they are on the scalp and forehead they can be associated with brain problems, known as Sturge-Weber syndrome, a condition which is associated with seizures and glaucoma.

PIGMENTED (BROWN) BIRTHMARKS

- Mongolian blue spots are very commonly seen in Asian and African skin as a blue-grey discolouration often on the lower back and buttocks. The blue colour is caused by pigment cells that are deep under the skin. They can be misdiagnosed as bruising. There are no complications and the colour fades in a few years.

- Café au lait spot (or macule) may occur anywhere on the body. They are most commonly oval in shape and light brown, or milk coffee, in colour. These birthmarks may be present at birth, or appear in early childhood; one or two is common, but six or more may be an indicator of an underlying genetic disorder, in particular neurofibromatosis.

- Moles (congenital melanocytic naevi) are visible on one in a hundred newborns. They range in size and colour, usually light brown in fair-skinned babies and almost black in darker-skinned babies. The vast majority have no medical concern but very rarely they may be extensive (giant congenital melanocytic naevi) which can be associated with neurological involvement and a recognised low malignancy risk.
Children's Birthmark Service

How to Book an Appointment

For further information or to book an appointment please contact Professor Harper's secretary:

Tel: 0207 390 8318
Fax: 0207 390 8330
Email: portjh@tiscali.co.uk
www.childrensskindoctor.com

Getting here by car

Visitors have the option of two car parks close to the hospital:
- NCP in Carburton Street
- Union Car Parks in Devonshire Row Mews.

There are also meter parking bays in the surrounding streets.

Getting here by tube

- Great Portland Street Station (2 mins walk) Circle, Hammersmith & City and Metropolitan Lines.
- Regent's Park Station (5 mins walk) Bakerloo Line.

Neonatal Skin Screening

All newborn babies at the Portland Hospital are carefully examined by the Consultant Paediatrician in charge of the baby and the nursery nurses. Any marks on the skin will be charted and reported to Professor John Harper. If there are birthmarks which may alert some concern then the baby will be examined by Professor Harper and a discussion held with the parents. It is likely that for most babies all that will be required is an explanation of the nature of the birthmark and reassurance; but for some babies it will allow the early detection of a potentially troublesome haemangioma and other birthmarks which may require further investigation and treatment.

Propranolol Treatment

The Portland is proud to be leading the way with a pioneering new birthmark treatment using propranolol. This has replaced the traditional treatment for haemangiomas which until now has been steroids. Propranolol is a beta-blocker which was recently discovered to rapidly shrink infantile haemangiomas. The reason it works is not clear, but it has been shown to be highly effective and is now recognised to be the treatment of choice for haemangiomas requiring systemic treatment. The aim of early treatment is to prevent the complications of haemangiomas, for example those around the eye which may cause significant visual problems if left untreated. Prior to starting propranolol treatment the child needs to be carefully screened, in particular the cardiovascular system. The commencement of propranolol is administered on the Day Case Unit where the blood pressure and heart rate are monitored over a 2 hour period. This has the benefit of full clinical back up in the unlikely event of an adverse reaction. Thereafter the child will need weekly monitoring locally and regular review. Normally treatment is continued until around the age of one year.

Skin Laser Service

The arrival of the state of the art vascular pulsed dye laser, the Vbeam Perfecta® [Syneron-Candela] at the Portland is a valuable addition to the development of the Birthmark Service. The laser provides treatment for vascular skin lesions, in particular port wine stains, telangiectasia (spider naevi) and ulcerated haemangiomas. Facilities are available for both general anaesthesia and local anaesthesia, depending on the age of the child and the size of the vascular lesion. For most children treatment of a port wine stain starts when the child is around one year old and is performed under general anaesthesia (GA). The child will be admitted to the Day Case Unit and the GA administered by a Consultant in Paediatric Anaesthesia. A typical port wine stain will require four to six laser treatment sessions at three to six laser monthly intervals.