



MONGOLIAN SPOT

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Mongolian spot is the most frequently seen pigmented skin lesion in newborns. They can be present at birth or develop within the first few weeks of life. These 'birth marks' can appear in all racial groups, but as the name *Mongolian* implies, they are most common in Asian and Native American infants. These are typically flat, and blue-grey, green-blue or brown in color. They can appear as a single spot or have more than one occurring in close proximity to another. The size, shape, and location may vary from one individual to another. Mongolian spots can be very large, with some measuring over 10cm in size. The two most common sites are the sacral-gluteal region (buttock) and the shoulders. Compared to other pigmented skin lesions Mongolian spot rarely affects the head, face, or flexor surfaces of the extremities.

The classic blue skin discoloration is secondary to the skin pigment cells called melanocytes, which appear in the dermis where they are not normally found. The blue color is seen when light is reflected off the skin. This is called the Tyndall effect.

These skin spots are benign, and are not associated with **melanoma** or any other type of skin cancer. However, there have been reports of Mongolian spot being associated with other pediatric conditions. Therefore, a thorough history and physical should be done to exclude any other disorder. The diagnosis is usually made clinically based on the characteristic presentation. Skin **biopsy** is rarely required. Mongolian spot may fade or disappear during childhood, but occasionally it can be lifelong.

Treatment is mostly conservative, since the spot appears in sites that can be easily covered with clothing or easily camouflaged with cosmetics. However, there have been reports of varying success rates with the use of **laser**.

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