

skin deep

FROM RASHES TO
BIRTHMARKS- WHEN TO
WORRY, WHEN TO WAIT
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ACNE—NOT JUST A TEENAGE PROBLEM

Almost 20 percent of newborns develop acne in their first few weeks at home. It usually appears on baby's face, especially on the cheeks and nose, says Andrea Cambio MD, a dermatologist in Cape Coral, Florida. These small pimples, and sometimes whiteheads, result from the hormones your newborn received from mom while still snuggled in the womb. Her immature oil glands become clogged with the oil produced by the hormones, resulting in a breakout. This condition usually clears up on its own in about three weeks, reassures Dr. Cambio.

Cradle cap

What it looks like Greasy scales that usually show up on the scalp. They can also appear on the face or neck and sometimes behind the ears.

What causes it: Clogged pores.

How to treat: Many cases clear up on their own, but you could gently rub baby oil on your kid's scalp to loosen the scales and then brush them away after shampooing. (Don't leave the oil on the scalp.) For stubborn cases, your pediatrician may recommend a special shampoo or a topical cream.

TYPICAL BIRTHMARKS

Port-wine stains

These marks are visible at birth and can be dark red or purplish in color. Treatment with new pulsed-dye lasers can significantly improve their appearance, says Dr. Fox. "Given the dramatic impact they can have on a child's appearance and on his developing self-esteem, many experts think that earlier treatment is better," explains Dr. DuMond.

Stork bites (aka salmon patches)

At least one-third of fair-skinned babies develop these red spots—usually on their face, eyelids, or nape of the neck. Most fade away without treatment by the time the child enters kindergarten, says Kelly McLean, MD, a dermatology professor at the University of Michigan.

Mongolian spots

These light blue marks often appear on the lower back or rear of darker-skinned babies, including Hispanic, Asian, and African-American babies. They, too, usually fade on their own by the time your kid starts kindergarten, but some might be permanent, says Dr. McLean.

Hemangiomas

Medical experts aren't sure why these red masses-clusters of blood vessels that protrude from the skin (also known as strawberry marks)- pop up a few weeks after birth. But physicians do

suggest several possibilities for why babies develop hemangiomas. For instance, they're more likely if a parent or sibling had them. They are also more common in Caucasians with fair skin and in kids born to moms who had high-risk pregnancies (e.g., those involving high blood pressure), says Jody Levine, MD, chief of pediatric dermatology at Montefiore Children's Hospital in the Bronx, New York.

So should you worry if your child has hemangioma? "Most will stop growing and often disappear by the time your tot is in kindergarten," says Dr. Levine. But others emerge around the eyes, nose, or mouth and can grow vigorously, causing medical emergencies. They're called cavernous hemangiomas and might need close monitoring or quick treatment with laser therapy. Hemangiomas that are in less troublesome areas may be left alone or treated with oral cortisones when necessary. Laser therapy may be appropriate after the hemangioma has stopped growing, says Dr. Levine.

Parents considering laser treatment for their child should consult with more than one dermatologist, says Dr. Antaya. Several treatments might be necessary, and these can leave a scar, so you should find a dermatologist who is a pediatric specialist.

IS THAT A MOLE?

No one is quite sure why we get moles, says Jody Levine, MD, chief of pediatric dermatology at Montefiore Children's Hospital, in the Bronx, New York. Within the first year of life, most babies get at least ten. Each year thereafter, more moles appear (girls seem to have more than boys have). Some of them are minuscule, others a bit larger. Most moles don't turn into skin cancers, but Dr. Levine recommends that parents look at their babies moles and note if there is a changes of color or irregular growth. "If you're worried about large moles, especially ones on the face, speak with a dermatologist to see if removal or other options are recommended," she says.