

先天性痣

什么是先天性痣？

先天性痣（黑素细胞痣）是棕色胎记，约有 1% 的婴儿出生时带有先天性痣。“先天性”表示出生时就有。这些痣根据成人时痣的大小分类：

- 小痣：小于 1.5 厘米
- 中等痣：1.5-19.9 厘米
- 大痣：20 厘米或以上

随着孩子长大，痣也会按照大致相同的速率变大。您的孩子的健康护理团队将通过估计孩子长大后痣的大小来决定孩子的痣是小痣、中等痣还是大痣。

小痣或中等痣应当接受治疗吗？

小痣和中等痣发展成皮肤癌（黑素瘤）的风险尚不清楚。其风险可能不会超过人们在出生后生出其他痣的风险。有时，我们会因为以下原因建议切除小痣或中等痣：

- 痣在变化
- 痣的位置很难看到
- 痣有异常（非典型）外观

大痣应当接受治疗吗？

先天性大痣变成黑素瘤的风险会更大。一些此类黑素瘤在出生后头五年发生。我们可能考虑切除这些痣，但并非所有的大痣都能切除。如果您的孩子的痣长在头部、颈部、背部或者还有很多小痣，则可能需要接受 MRI 检查，查看大脑或脊柱是否受到影响。

我应当如何照护孩子的痣？

我们建议您的孩子至少每年去看一次医生，接受痣检查。他们可能会在每次门诊时为您的孩子的痣拍照，了解痣是否随着时间的推移变化。另外请务必大约每个月检查一次孩子的先天性痣。在检查孩子的痣时，应当注意查看是否有任何可能是黑素瘤迹象的变化。应当查看的事项包括：

- 痣边界变化
- 痣颜色或形状变化
- 痣表面变化
- 痣迅速生长
- 痣内部长出肿块
- 痣出血、疼痛或局部不愈合

如果您发现以上任何变化，请打电话给您的孩子的医生。

如需了解进一步详情

- 皮肤科
206-987-2158
- 向您的孩子的健康护理服务提供者咨询
- seattlechildrens.org

免费口译员服务

- 在医院内，向您的孩子的护士询问。
- 在医院外，拨打免费家庭口译专线电话
1-866-583-1527。告诉口译员您需要通
话的人的姓名或分机号码。

防晒安全

因为有先天性痣的孩子可能有患黑素瘤的更高风险，在日晒时应格外当心。儿童期晒伤也是患黑素瘤的一个风险因素，因此应当让您的孩子始终注意防止晒伤。

请查阅我们的印刷资料“防晒安全”（Sun Safety）

（seattlechildrens.org/pdf/PE597SC.pdf）。

Congenital Moles

What are congenital moles?

Congenital moles (melanocytic nevi) are brown birthmarks that about 1% of babies are born with. “Congenital” means something that a person is born with. These moles are classified based on their size when people are adults:

- Small moles: less than 1.5 centimeters (cm)
- Medium moles: 1.5 to 19.9 cm
- Large moles: 20 cm or more

As your child grows, their moles will grow larger at about the same rate. Your child’s healthcare team will decide if your child’s mole is small, medium or large by estimating how large it will be when your child is older.

Should small or medium moles be treated?

For small and medium-sized moles, the risk of developing skin cancer (melanoma) is not clear. The risk may not be greater than the risk for other moles that people get later in life. Sometimes we advise having a small or medium-sized mole removed for these reasons:

- It is changing
 - It is in a place that is hard to see
 - It has an abnormal (atypical) appearance
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Should large moles be treated?

Large congenital moles have a greater risk of developing melanoma. Some of these melanomas happen during the first 5 years of life. We may consider removing the mole, but not all large moles can be removed. If your child’s mole is on their head, neck, back, or if they also have many smaller moles, they may need an MRI to see if their brain or spine is affected.

What should I do to take care of my child’s moles?

We recommend that your child see a doctor to have the mole examined at least once a year. They may take photos of your child’s mole at each visit to see if the mole changes over time. It is also important to check your child’s congenital mole about once a month at home. When you check your child’s moles you will need to look for any changes that could be a sign of melanoma. Things to look for include:

- Changes in the border of the mole
- Changes in color or shape of the mole
- Changes in the surface of the mole
- Rapid growth of the mole
- Development of a bump or lump within the mole
- Bleeding, pain, or area of the mole that is not healing

Call your child’s doctor if you see any of these changes.

To Learn More

- Dermatology
206-987-2158
- Ask your child’s healthcare provider
- seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.

Sun safety

Because children with congenital moles may have a higher risk of melanoma, it is important to be extra careful in the sun. Childhood sunburns are also a risk factor for melanoma, so it is important to prevent your child from ever getting a sunburn.

See our handout “Sun Safety” seattlechildrens.org/pdf/PE597.pdf.
