

Congenital Nevi (Congenital Melanocytic Nevi, CMN)

(Moles present at birth or that appear in the first weeks of life)

What Is a Congenital Nevus?

A **congenital melanocytic nevus (CMN)** is a **benign mole** made of pigment cells that is **present at birth** or appears within the **first few weeks of life**.

Congenital nevi vary widely in size, color, thickness, and hair growth. Many remain stable and never cause medical problems.



Types: Size Categories (Why Size Matters)

CMN are commonly described as **small, medium, large, or giant** based on the lesion's **projected size in adulthood**.

In general:

- **Small/medium CMN:** overall melanoma risk is **low** (often quoted as <1% lifetime), and melanoma is rare before puberty.
- **Large/giant CMN (and/or multiple CMN):** have a **higher** risk of melanoma and a higher risk of certain neurologic associations.

What Do Congenital Nevi Look Like?

Common features include:

- Flat or slightly raised brown/tan/black patches
- Irregular but stable borders
- Sometimes **coarse hair**
- Texture may become more raised or bumpy over time (especially larger lesions)

Some CMN can develop **benign “proliferative nodules”** (new bumps within the nevus), especially in infancy—these still need evaluation to be safe.

Why We Monitor Congenital Nevi

Most CMN are benign. We monitor because:

- A small percentage can develop **melanoma**, with higher risk in **large/giant** lesions.
- Large/giant CMN can be associated with **neurocutaneous melanosis (NCM)**, a condition involving melanocytic cells in the brain/spinal coverings; published estimates for NCM risk in large/giant CMN are **~10–33%**.

How We Evaluate Congenital Nevi

Your visit may include:

- **Full skin exam** and review of personal/family history
- **Dermoscopy** (magnified, lighted evaluation of pigment patterns)
- **Measurement and documentation** of size/location and any “satellite” nevi
- **Biopsy** if a spot has concerning change or an atypical new nodule

For larger lesions or multiple satellites, we may coordinate with pediatrics and other specialists as appropriate.

Treatment Options

Treatment depends on size, location, symptoms, and risk profile:

1) Observation and routine monitoring

Appropriate for many small/medium CMN and stable lesions.

2) Biopsy (if needed)

Recommended if there is a new or changing area that needs clarification.

3) Surgical excision (selected cases)

May be considered for:

- Lesions with concerning change
 - Lesions that are repeatedly irritated/bleeding
 - Cosmetic or functional reasons
- For large/giant CMN, excision is complex and individualized.
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Pre-Op Instructions

(Not surgery—these are “before your visit/biopsy/excision” tips.)

Before your CMN appointment

- Bring (or upload) **older photos** if you have them.
- Write down:
 - When you first noticed changes
 - Any bleeding, pain, or rapid growth
- Avoid heavy makeup or self-tanner over the lesion on the day of the visit.

If a biopsy or excision may be done

- Tell us if you/your child takes **blood thinners** or bruises easily.
 - ⚠ Don't stop prescribed blood thinners unless the prescribing clinician instructs you.
 - Tell us about adhesive or numbing medicine allergies.
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Post-Op Instructions

After a biopsy

- Keep bandage on and dry for **24 hours** (unless told otherwise).
- Then daily: gentle soap + water, pat dry, apply ointment if instructed, cover with a clean bandage.
- Avoid soaking (pools/hot tubs/baths) until healed.
- Call for increasing redness, warmth, swelling, pus, fever, or bleeding that won't stop with pressure.

After surgical excision (if performed)

- Follow your surgeon’s wound care and activity instructions.
 - Watch for infection signs and attend scheduled follow-ups.
 - Long-term monitoring may still be recommended, especially for larger lesions.
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When to Contact Us Promptly

Schedule evaluation sooner if a congenital nevus:

- Develops a **new fast-growing bump** within it
- Starts **bleeding**, crusting, or ulcerating without clear injury
- Changes rapidly in **color, shape, or thickness**
- Becomes persistently painful

For large/giant CMN, also call if there are new neurologic symptoms (unusual headaches, vomiting, seizures, developmental changes)—these may warrant urgent medical evaluation given NCM associations.

Congenital Nevi FAQ

Are congenital nevi cancer?

No—CMN are usually benign moles. Some types (especially **large/giant**) have a higher melanoma risk, which is why follow-up matters.

Should every congenital nevus be removed?

Not always. Many small/medium CMN can be safely monitored. Decisions depend on size, location, changes, and patient preference.

Can a congenital nevus change as a child grows?

Yes. Color, thickness, and hair growth can evolve over time and still be benign. We focus on **rapid, asymmetric, or worrisome** changes.

What is neurocutaneous melanosis (NCM)?

NCM is a rare condition where melanocytic cells involve the brain/spinal coverings and is more associated with **large/giant CMN** and multiple satellites; estimates for NCM risk in large/giant CMN are about **10–33%**.

What follow-up schedule do you recommend?

It depends on size and risk factors. Many patients benefit from periodic skin checks and home monitoring (photos can help consistency).

What's the best way to monitor at home?

- Take photos every few months in the same lighting and distance.
- Watch for the “new bump,” bleeding, or rapid change signs listed above.