LUMPS, BUMPS AND LESIONS

The Division of Plastic, Reconstructive and Oral Surgery at Children's Hospital of Philadelphia (CHOP) has vast experience treating the full spectrum of plastic surgical conditions. Our pediatric plastic surgeons can determine the best treatment option for your child, reducing the risk of complications such as recurrence or scarring.

Below are photos and descriptions of the most common lesions, how we treat them and starting when.

TYPE OF LESION	DESCRIPTION	TREATMENT OPTIONS	AGE/TIMING
Spitz nevus	 Benign, fast-growing tumor (resembling melanoma) Varies in color, usually red, black or gray 	Biopsy and surgical excision (elective) Dermatology referral, depending on severity	Approximately 9 months or older
Congenital nevus	A type of pigmented birthmark, or mole, present at birth (or shortly after) with varying size/diameter: • Smaller lesions are generally benign. • Larger lesions, however, may carry a high risk of melanoma and be linked to neurocutaneous melanosis.	For small (less than 1.5 cm) or medium (1.5 to 20 cm) lesions, surgical excision may be elective. For large lesions (more than 20 cm), surgical reconstruction may be discussed.	Approximately 9 months or older 1.5 years or older



Branchial remnant	Benign, congenital anomaly in which skin or cartilage may attach deeply to ear (preauricular) Can also occur on cheeks and/or neck Grows proportionately with child	Surgical excision (elective)	Approximately 9 months or older
Branchial cysts and sinuses	Benign congenital anomalies Can occur on the side of the neck and/or face	Surgical excision and tissue rearrangement (elective) Complete sinus removal, if there is a tract infection	Approximately 9 to 12 months old
Pyogenic granuloma, also known as lobular capillary hemangioma	Benign, fast-growing vascular lesion (in the blood vessels) Fragile and bleeds easily	 Surgical excision Laser treatment Biopsy and cautery, if recurrent or symptomatic 	Any age

Dermoid cyst	Benign, slow-growing congenital tumor Can occur on the side of the face and/or scalp, often adhering to the bone	MRI, if midline Surgical excision (elective)	Approximately 9 months or older
Epidermal inclusion cyst	Benign bump that may exude a thick white discharge	Surgical excision (elective) Cyst lining removal, if recurring	Approximately 9 months or older
Lipoma	Benign slow-growing fat cell tumor Can occur under skin or inside muscles Soft, squishy and mobile	Surgical excision (elective)	1 year or older

*Scar revision	 Treatment to improve the appearance of scars Most common for enlarged scars 	Surgical excision (elective)	One or more years post-injury at any age
Pilomatrixoma, also known as calcifying epithelioma of Malherbe	 Benign, slow-growing tumor from hair follicle matrix cells Blue in color with a calcified texture May be painless or tender to the touch 	Surgical excision (elective)	Approximately 9 months or older
Sebaceous nevus	 Benign birthmark with cobblestone-like texture that thickens and become cauliflower-like during puberty Tan to orange in Caucasians, darkly pigmented in darker-skinned individuals Common on scalp Poses a 10 to 15% risk of basal cell carcinoma transformation 	Surgical excision (elective)	Approximately 9 months or older

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Benign skin growths, often birthmarks, with a wart-like appearance

- Shave excision
- Surgical excision
- CO₂ laser treatment

Any age

CHOP LOCATIONS

Main Hospital: 215-590-1000

Specialty Care & Surgery Center, Bucks County: 215-997-5730

Specialty Care & Surgery Center, Voorhees: 856-435-1300

 $\textbf{Specialty Care, Abington:}\ 215\text{-}885\text{-}2790$

Specialty Care, King of Prussia: 610-337-3232

Specialty Care, Princeton at Plainsboro: 609-520-1717



QUESTIONS?

Contact the CHOP Plastic Surgery team at 215-590-2208 or online at **info.chop.edu/plastics-contact**



^{*}For scar care instructions for your patient, please visit www.chop.edu/scar-care for more information.