

BRIEF REPORTS

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INCIDENCE OF MONGOLIAN SPOTS AND ITS COMMON SITES AT TWO UNIVERSITY HOSPITALS IN TEHRAN, IRAN

Abstract: A total of 2,305 consecutive newborns at Shariati Hospital, Tehran, Iran, and 1,706 at Lolagar Hospital, Tehran, Iran, were examined for 2 years (2004–2006). Mongolian spots were found in 11.4% and 37.3% of newborns at Shariati and Lolagar hospitals, respectively. The most frequent site of involvement is the sacral, followed by the gluteal area.

RESULTS

Shariati Hospital

A total of 2,305 newborns were examined. Mongolian spot was observed in 262 neonates (11.4%). The lesions were found at the sacral area (85.1%), gluteal area (39.7%), back and lumbar (3.8%), ankle (1.5%), calf (1.1%), shoulder (0.8%), arm (0.8%), forearm (0.8%), and knee (0.4%). No Mongolian spots were found on the head, neck, chest, wrist, hand, abdomen, genital area, elbow, foot, and thigh. Mongolian spot was observed in 11.5% of boys and 11.3% of girls ($p = 0.86$; Table 1). Mongolian spot was found in 11.5% of term and 10.4% of preterm (gestational age was less than 37 wks) neonates. ($p = 0.59$). Mongolian spot was observed in 11.2% of mother's age group 1 (<35 yrs) and 12% of mother's age group 2 (≥ 35 yrs) ($p = 0.78$). Mongolian spot was found in 5.8% of birth weight group 1 (<2500 g) and 12% of birth weight group 2 (≥ 2500 g). Mongolian spot was observed in 9.7% of vaginally delivered and 12% of cesarean section delivered neonates ($p = 0.13$).

Lolagar Hospital

A total of 1,706 newborns were examined. Mongolian spot was observed in 637 neonates (37.3%). The lesions were found at the sacral area (80.8%), gluteal area (36.9%), back and lumbar (14.1%), ankle (5.8%), thigh (3.3%), arm (1.9%), knee (0.9%), calf (0.6%), hand (0.6%), shoulder (0.3%), abdomen (0.3%), and foot (0.2%). No Mongolian spots were found on the head, neck, chest, forearm, wrist, elbow and genital areas. Mongolian spot was observed in 35.7% of boys and

TABLE 1. Relation of Mongolian Spot to Different Factors at Shariati Hospital

Factors	Frequency N (%)	With Mongolian spot (%)	p-Value
Sex			
Boy	1,197 (52)	11.5	0.86
Girl	1,103 (48)	11.3	
Gestational age			
Term	2,008 (87.1)	11.5	0.59
Preterm	297 (12.9)	10.4	
Mother age groups			
< 35 y	1,396 (88.7)	11.2	0.78
≥ 35 y	178 (11.3)	12.0	
Birthweight groups			
< 2500 g	240 (10.4)	5.8	0.004
≥ 2500 g	2,062 (89.6)	12.0	
Delivery type			
Vaginally delivered	648 (28.6)	9.7	0.13
Cesarean section	1,615 (71.4)	12.0	

TABLE 2. Relation of Mongolian Spot to Different Factors at Lolagar Hospital

Factors	Frequency N (%)	With Mongolian spot (%)	p-value
Sex			
Boy	856 (50.2)	35.7	0.18
Girl	849 (49.8)	38.9	
Gestational age			
Term	1,667 (97.9)	37.3	0.74
Preterm	35 (2.1)	40.0	
Mother age groups			
< 35 y	1,548 (91.4)	32.4	0.21
≥ 35 y	145 (8.6)	37.7	
Birthweight groups			
< 2500 g	46 (2.7)	41.3	0.57
≥ 2500 g	1,655 (97.3)	37.2	
Delivery type			
Vaginally delivered	898 (52.8)	38.3	0.35
Cesarean section	803 (47.2)	36.1	

38.9% of girls ($p = 0.18$; Table 2). Mongolian spot was found in 37.3% of term and 40% of preterm neonates ($p = 0.74$). Mongolian spot was observed in 32.4% of mother's age group 1 (<35 yrs) and 37.7% of mother's age group 2 (≥ 35 yrs) ($p = 0.21$). Mongolian spot was found in 41.3% of birth weight group 1 (<2500 g) and 37.2% of birth weight group 2 (≥ 2500 g) ($p = 0.57$). Mongolian spot was observed in 38.3% of vaginally delivered and 36.1% of cesarean section delivered neonates ($p = 0.35$).

DISCUSSION

In 1975 Vali Zadeh examined 5,337 Iranian neonates in the first 3 days of life in Tehran, Iran. Mongolian

spots were found in 2320 (43%) neonates (1). During the year 2002–2003, Moosavi and Hosseini examined 1,000 consecutive newborns delivered at two university hospitals in Ahvaz, Iran. The most commonly observed skin lesion was Mongolian spot (71.3%) (2). In the previous studies in Iran, frequency of Mongolian spot was variable, which may be the result of racial diversity. Leung examined 92 Chinese Canadian newborn infants and 1,633 Chinese Canadian children for the presence of Mongolian spots. Mongolian spots were present in all newborns (3,4). Tsai and Tsai examined 3,345 Chinese infants under 48 hours of age and found Mongolian spots in 86.3% of them (3).

We found that the incidence of Mongolian spot was not significantly associated with sex, gestational age, mother's age groups and delivery type at two hospitals ($p > 0.05$) which was similar to other previous studies from Iran (1,2). The incidence of Mongolian spot in neonates born in Shariati Hospital was shown to be significantly associated with birth weight, a finding that is not documented in Lolagar Hospital.

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PIGMENTED FUNGIFORM PAPILLAE OF THE TONGUE

Abstract: Pigmented fungiform papillae of the tongue is a benign condition characterized by localized hyperpigmentation confined to fungiform papillae. Although the condition is not rare and might be easily diagnosed in dark-skinned adults and children, it is seldom mentioned in the medical literature. Here, we describe an 11-year-old boy presenting typical features of pigmented fungiform papillae of the tongue.

CASE REPORT

An 11-year-old black Brazilian boy, the only child of a nonconsanguineous marriage, reported to our department because of an infected epidermal cyst on the face. On physical examination, apart from a swollen erythematous nodule on the right malar region, multiple asymptomatic darkly pigmented fungiform papillae could be observed affecting the anterior and lateral sides of the tongue (Fig. 1). Complete physical examination was normal including eyes, nails, and genitals. Laboratory values (basic metabolic panel, complete blood count, iron test, and anti-nuclear antibodies) showed no alterations. The parents did not present similar pigmentation of the mucosae.



Figure 1. Pigmentation of the fungiform papillae of the tongue.