**Early Years:**

Success is new at your setting. She is 6 months old, but not yet starting to crawl.

When changing her you notice bruising to her lower leg.

You contact mum who reports she has not seen it before and can give no explanation.

You have no other concerns about the family. They have recently moved to this country from South Africa and appear to have settled well here.

- **What would you do immediately?**
- **Would you record any of this, and if so where?**
- **What actions would you take in the longer term?**
- **If you felt that you needed to take further advice who would you speak to?**

This is bruising in a non-mobile child so should be referred through to ChECS:

**Bruising Protocol**

Complete a record of concern, also completing the body map, marking where the injury was seen, the approximate size, shape and colour.

**To note:**

Whilst this is of concern and is not for you to investigate or make judgements on the cause there is the potential for this bruise to be as a result of the below due to her age and cultural background.

**Mongolian blue spots**

Mongolian blue spots are a type of birthmark that is present at birth or appear afterwards, either single or multiple in number. It is flat, blue-grey in colour and can vary from a very dark blue to a lighter grey. The colour is usually the same over the whole birthmark, with no lighter or darker areas as is sometimes seen in brown birthmarks.

Mongolian blue spots are can vary in size, but most are a few centimetres across. They can appear anywhere on the body, but are most common at the base of the spine, the buttocks or on the lower back. Occasionally they are present on the back of the shoulder. It is very unusual for a child to have a Mongolian blue spot on the scalp or face.
What are the signs of a Mongolian blue spot and how are they diagnosed?

Mongolian blue spots are quite characteristic in appearance so do not need any special tests for diagnosis. However, because of their colour and location, they can wrongly be confused with bruising. The difference between them is that bruises change colour and shape over a period of days, whereas Mongolian blue spots take many years to fade. They are not painful to the touch and do not need any special care.

Some cases have been reported in the medical literature where children with widespread and multiple Mongolian blue spots also had metabolic disorders. This is very rare, and more research is needed to discover about this potential link. If your doctor has any suspicion that the birthmarks are linked to another condition, he or she will order various tests to make a firm diagnosis of a metabolic disorder as soon as possible. Initially, this is usually a urine test to check for specific proteins or sugars.

How common are Mongolian blue spots?

Mongolian blue spots are rare in children of white European background, but very common in children of African, Middle Eastern, Mediterranean or Asian background. As many as three-quarters of children from these ethnic groups have Mongolian blue spots. As they are so common, it is likely that they are inherited but we do not yet know how. They can occur in both boys and girls, but are slightly more common in boys, although we do not yet know why.

How are Mongolian blue spots treated?

The vast majority of them do not require any treatment as they disappear on their own by the time a child enters puberty. If the birthmark has not faded by this time and is causing distress, it can be covered using cosmetic camouflage.
Primary School:

Charity is 7 years old. She has moved from Nigeria with her mum and dad and baby sister, Success, who is 12 weeks old and is not yet moving.

You meet with mum for an admissions meeting to show them round the school and you note bruising on Success’ leg whilst she is in her pram.

You query this with mum who reports she has not seen it before and can give no explanation.

- What would you do immediately?
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