

CLINICAL POLICY ADVISORY GROUP (CPAG)

Treatment of Congenital Pigmented Lesions on the Face Policy

Statement

Derby and Derbyshire ICB has deemed that the Treatment of Congenital Pigmented Lesions of The Face should not routinely be commissioned unless **ALL** of the following criteria are met:

- The patient is a child that is under the age of 18 years at the time of referral,
AND
- The child (not just the parent/carer) expresses concern,
AND
- The lesion is located on the face,
AND
- The lesion is at least 1cm in size

NB. Clinicians should consider Gillick competence as part of the assessment process

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the ICB.

1. Background

Congenital pigmented lesions are coloured marks on the skin that are present at birth or soon afterwards. Most are harmless and disappear without treatment, but some may need to be treated. These lesions are also known as pigmented birthmarks.

Some congenital pigmented lesions can be treated using laser therapy. Laser therapy involves the use of light and heat to make the lesion smaller in size and lighter in colour. Laser therapy tends to be most effective if started between 6 months to 1 year of age. Some complications of laser therapy include burns, scarring and dyspigmentation. Medicines can also be used to reduce the blood flow to the lesion, which in turn can slow the growth and lighten the colour of the lesion. Some lesions may require surgical removal, but this carries a risk of scarring.

2. Recommendation

The treatment of congenital pigmented lesions of the face should not routinely be commissioned unless **ALL** of the following criteria are met:

- The patient is a child that is under the age of 18 at the time of referral,
AND
- The child (not just the parent/carer) expresses concern,
AND
- The lesion is located on the face,
AND
- The lesion is at least 1cm in size

NB. Clinicians should consider Gillick competence as part of the assessment process

3. Rationale for Recommendation

Most pigmented congenital lesions are harmless and do not need to be treated. Many of these types of birthmarks will not cause any issues or are likely to fade over time. There is little evidence to suggest that the treatment of congenital pigmented lesions of the face to improve appearance is beneficial due to the risks of bleeding, pain, infection and scarring.

4. Useful Resources

- Birthmarks, NHS, last reviewed 04/02/2020, <https://www.nhs.uk/conditions/birthmarks/>
- Pigmented Birthmarks, Birthmark Support Group, <http://www.birthmarksupportgroup.org.uk/types-of-birthmark/pigmented-birthmarks.aspx>

5. References

- Birthmarks, NHS, last reviewed 04/02/2020, last accessed 04/08/21, <https://www.nhs.uk/conditions/birthmarks/>
- Pigmented Birthmarks, Birthmark Support Group, accessed 04/08/21, <http://www.birthmarksupportgroup.org.uk/types-of-birthmark/pigmented-birthmarks.aspx>
- East Midlands Commissioning Policy for Cosmetic Procedures, March 2011
- Prohaska J, Hohman MH. Laser Complications. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 [cited 2021 Dec 22]. Available from: <https://academic.oup.com/asj/article/33/2/189/275419>

6. Appendices

Appendix 1 - Consultation

All relevant providers/stakeholders will be consulted via a named link consultant/specialist. Views expressed should be representative of the provider/stakeholder organisation. CPAG will consider all views to inform a consensus decision, noting that sometimes individual views and opinions will differ.

Consultee	Date
Consultant Dermatologist (UHDBFT)	July 2021
Consultant Oral and Maxillofacial Surgeon (CRHFT)	July 2021
Clinical Policy Advisory Group (CPAG)	September 2021
Clinical and Lay Commissioning Committee (CLCC)	October 2021
Clinical Policy Advisory Group (CPAG)	December 2021
Clinical and Lay Commissioning Committee (CLCC)	January 2022
Clinical Policy Advisory Group (CPAG)	February 2022
Clinical and Lay Commissioning Committee (CLCC)	March 2022
Consultant Dermatologist (CRHFT)	March 2024
Consultant Dermatologist (UHDBFT)	March 2024

Appendix 2 - Document Update

Document Update	Date Updated
<u>Version 2.0</u> <ul style="list-style-type: none">Policy has been re-worded and reformatted to reflect the DDCCG clinical policies format. This includes the addition of background information, rationale for recommendation, useful resources, references and consultation. Policy criteria reworded and reformatted for clarity	September 2021
<u>Version 2.1</u> <ul style="list-style-type: none">Addition of "Clinicians should consider Gillick competence as part of the assessment process" as footnote in Recommendation	December 2021
<u>Version 2.2.</u> <ul style="list-style-type: none">Addition of risks associated with laser therapy included in the background section of the policy	February 2022
<u>Version 2.3</u> <ul style="list-style-type: none">Review date extended by 12 months in agreement with clinical stakeholders	March 2024
<u>Version 2.4</u>	September 2024

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| <ul style="list-style-type: none"> • In line with risk profile, CPAG agreed further extension to review date | |
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Appendix 3 - OPCS Code(s)

S038 S039 S041 S042 S043 S048 S049 S051 S052 S053 S054 S055 S058 S059 S061
 S062 S063 S064 S065 S068 S069 S081 S082 S083 S088 S089 S091 S092 S093 S098
 S099 S101 S102 S103 S104 S018 S109 S111 S112 S113 S114 S118 S119