

Management of Pre-auricular Skin Tags – Paediatric Full Clinical Guideline

Reference no.: WC/PN/55N

Background

This guideline is intended to direct the immediate postnatal management of neonates found to have a pre-auricular skin tag.

A pre-auricular skin tag is a protuberant, fleshy papule located anterior to the tragus or just anterior to the crus of the helix.

- These are commonly (5-10/1000 live births) found in the neonatal period.
- There is a significantly increased incidence of hearing difficulties in this group.
- There is possibly an increased incidence of renal malformations in this group but the data is not clear. 0.2-8.1% of healthy newborn infants will have mild renal pelvis dilatation compared with reported prevalence rates of between 2.2-8.6% in those with preauricular tags or pits.
- Pre-Auricular Skin tags on its own is not an indication for Renal ultrasound.

2.0 Management

2.1 Examine carefully for other anomalies. Be mindful of the syndromes associated with ear malformations when examining: CHARGE, Townes-Brocks syndrome, branchio-oto-renal syndrome, Nager syndrome, Miller syndrome and diabetic embryopathy. So look carefully for:

- a. Head
 1. Facial asymmetry
 2. Colobomas of the lid, iris or retina
 3. Choanal atresia
 4. Jaw hypoplasia
- b. Neck
 1. Branchial cysts or sinuses (congenital defect in the lateral part of the neck formed as a result of failure of obliteration of the second branchial cleft in embryological development)
- c. Heart
 1. Cardiac murmurs
- d. Gastrointestinal tract
 1. Imperforate or anterior placed anus
 2. Rectovaginal/rectourethral fistula
- e. Limbs
 1. Abnormal palmar creases
 2. Polydactyly/missing digits
 3. Bifurcated/triphalangeal thumbs
 4. Thenar hypoplasia

If any of the above anomalies are detected, request a renal ultrasound. Pre-auricular skin tag on its own is not an indication for renal ultrasound.

2.2 Arrange paediatric outpatient appointment for 2-3 months only if a renal scan is booked.

2.3 Discuss with parents about the option to refer the child to a plastic surgeons at BCH (as they prefer seeing and treating it surgically during early infancy). Alternatively, GP can directly refer the child to plastic surgeons for skin tag removal at a later date.

3.0 Suggested key review criteria for monitoring and/or audit

- Adherence to the guideline
- Associated congenital anomalies/dysmorphism

4.0 References (including any links to NICE Guidance etc.)

1. Arora RS, Pryce R. Is ultrasonography required to rule out renal malformations in babies with isolated preauricular skin tags? Archives of Disease in Childhood 2004;89:492-493
2. Kugelman A, Tubi A, Bader D et al. Pre auricular tags and pits in the newborn: the role of renal ultrasonography. J Pediatrics 2002; 141:388-91
3. Kohelet D, Arbel E. A prospective search for urinary tract abnormalities in infants with isolated preauricular skin tags. Pediatrics 2000; 105:E61
4. Deshpande SA, Watson H. Renal ultrasound not required in babies with isolated minor ear anomalies. Arc Dis Child Neonatal Ed 2006 Jan, 91(1):F29-30
5. Wang RY, Earl DL, Ruder RO et al. Syndromic ear anomalies and renal ultrasounds. Pediatrics 2001;108(2):E32
6. Alexander k, Leung C, Lane W et al. Association of preauricular sinuses and renal anomalies Urology 1992; 40:259-61
7. Kugelman A, Hadad B, Ben-David J et al. Preauricular tags and pits in the newborn: the role of hearing tests. Acta Paediatrica 1997;86(2):170-2

Documentation Controls

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Appendix 1:

