

Fact Sheet

Haemangiomas



What are haemangiomas of infancy?

Haemangiomas of infancy are common birthmarks consisting of the production of a large number of small blood vessels. They usually appear in the first three weeks of life.

What do they look like and what happens to them?

1. The appearance of a haemangioma of infancy depends on whether the production of small blood vessels occurs close to the skin surface or deeper in the skin. When the overgrowth of blood vessels occurs close to the skin surface, the earliest sign is the appearance of dilated capillaries and small red dots on an area of paleness. These dots enlarge, and join together to form a solid red (strawberry like) lump. When the overgrowth of blood vessels occurs deeper in the skin, a blue or skin coloured swelling develops. Infants can have either a superficial (strawberry like) lesion, a deeper lesion or a mixture of the two.
2. Haemangiomas of infancy can grow for 3-6 months. Deeper lesions usually grow for longer than superficial lesions.
3. Within 6 months of the end of growth, the blood vessels within the haemangioma of infancy start to close, resulting in a gradual shrinking of the lesion during infancy and childhood. The appearance of greyish areas on the surface of the haemangioma of infancy means that the blood vessels are starting to shrink. About 50% of haemangiomas of infancy have gone by 5 yrs of age. An additional 10% resolve every year thereafter (ie; 60% have gone by 6 yrs, 70% have gone by 7 yrs).

What is the cause of haemangiomas?

The cause of haemangiomas of infancy is not fully understood. The cell of origin seems to be a CD133 stem cell.

There are some myths, especially among Mediterranean peoples, that these birthmarks are caused by the mother wishing for something red and then touching a part of her body, with the mark appearing in this area of the baby. There is no truth in this.

Do haemangiomas always disappear without a trace?

Although most haemangiomas of infancy completely resolve, some may resolve leaving lasting skin changes. Haemangiomas of infancy that can leave lasting skin changes are those that ulcerate during the period of rapid growth or very large lesions. Ulceration often leaves scarring particularly on the lip, eyelid and nose. Large haemangiomas of infancy can leave stretched, wrinkled fibrofatty skin.

Do haemangiomas bleed badly if they are injured?

Significant bleeding is very unusual because they are composed of very small blood vessels. Deep ulceration can expose a larger deeply placed blood vessel.

Are there any more serious complications?

Sometimes haemangiomas of infancy can interfere with the function of vital structures.

Eyes

A haemangioma that closes the eye or presses on the eye in the early weeks of life can produce a permanent visual impairment.

Mouth

Large haemangiomas around the mouth may interfere with sucking and feeding.

Nose

Lesions blocking both nostrils will interfere with feeding.

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Breathing passages

The breathing passages may be directly involved with a haemangioma of infancy. The possibility of this should be considered whenever there is an extensive lower facial or neck haemangioma especially if there is also haemangioma inside the mouth. If a baby with a haemangioma in this area becomes hoarse (croaky) **urgent medical attention** should be sought.

What is the treatment for haemangiomas?

Wait and watch: Usually no treatment is required because they are often uncomplicated and disappear slowly. Your doctor may be able to show you photographs of disappearing haemangiomas in other children to give you encouragement.

Corticosteroids

This is used in certain situations where complications could happen. Cortisone medicine is given to slow the growth and prevent the haemangioma from growing to full size. This treatment is rarely useful after the haemangioma is fully grown (usually at 24 weeks). The earlier cortisone is used the better the outcome. Doctors try to pick which haemangiomas could lead to serious scarring if they ulcerate (remember ulceration is most likely when the growth is fastest), or which could lead to serious obstruction and start cortisone treatment to prevent these complications. The use of high doses of corticosteroids in young children is best managed by a paediatric specialist.

Specialised dressings

A range of new dressings are now available which help heal ulcerated haemangiomas.

Surgery

This may be required to deal with a loose sac of tissue or a fatty deposit that remains.

Laser

Lasers have very little place in the management of haemangiomas. They are used mainly for port wine stains which are another type of blood vessel birthmark. Occasionally they are useful in speeding the healing of a very bad ulcer.

Potential new treatments

Plans are underway to trial a new treatment for haemangiomas which have failed treatment with oral corticosteroids.

Conclusion

In most cases haemangiomas are uncomplicated and go away completely. It is often difficult for parents to cope with the look of haemangiomas as they view it as a disfigurement. Reassurance and counselling of parents towards acceptance of the condition is needed. The appearance is usually much improved by the time the child is old enough to be really aware of it.

Some haemangiomas are potentially very serious or can lead to results that are far from perfect. Seek specialist attention if you feel that your baby's haemangioma may be a troublesome or dangerous one.

Remember

- In most cases haemangiomas are uncomplicated and go away. However, if your baby's haemangioma is growing rapidly, is forming an ulcer, is on the lip, near the eye or on the tip of the nose - or if your baby is having difficulty breathing - please seek immediate medical attention.

This fact sheet is for education purposes only.
Please consult with your doctor or other health professional to make sure this information is right for your child.

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