

INFANTILE HAEMANGIOMA

WHAT ARE THE AIMS OF THIS LEAFLET?

This leaflet has been written to help you better understand infantile haemangioma (haemangioma of infancy or just 'haemangioma' for short). This leaflet tells you what this condition is, what causes it, what can be done about it, and where you can find more information.

WHAT IS A HAEMANGIOMA OF THE SKIN?

A haemangioma is a harmless growth caused by a collection of small blood vessels under the skin. Haemangiomas are benign (non-cancerous) growths. Haemangiomas are sometimes called 'strawberry marks' because they can look red and raised like the surface of a strawberry.

WHEN DO INFANTILE HAEMANGIOMAS APPEAR?

Haemangiomas are not usually present at birth. They often appear within the first few weeks of life.

They normally go through two stages:

1. Growth/Proliferative phase - the haemangioma grows quickly for the first 6-9 weeks of life.
2. Shrinking phase - the haemangioma then slowly becomes smaller and fades. This can take several years.

ARE THERE OTHER TYPES OF HAEMANGIOMA?

Rarely, some babies are born with a haemangioma already present. This is called a congenital haemangioma. These can look very similar to an infantile haemangioma, but they behave differently.

WHAT CAUSES INFANTILE HAEMANGIOMAS?

The exact cause is not known.

Haemangiomas happen when the cells that line blood vessels grow more than usual. This can start when the baby is still in the womb or soon after birth.

Haemangiomas are more common in babies who are:

- Female
- Born early (premature birth)
- Born with a low birthweight
- Part of a multiple birth (twin, triplet or more)
- Born after pregnancy complications such as the mother having pre-eclampsia

They are also more common in white children.

ARE INFANTILE HAEMANGIOMAS HEREDITARY?

No, haemangiomas are usually not inherited. They happen by chance and are described as *sporadic*.

As haemangiomas are quite common and affect 4 out of every 100 babies, families may notice that another relative has had one.

Haemangiomas are not contagious and cannot be passed from one person to another.

WHERE DO INFANTILE HAEMANGIOMAS OCCUR?

Haemangiomas can appear anywhere on the skin, but most develop on the head or neck. Rarely, haemangiomas can also occur inside the body on internal organs, most often in the liver.

Most children only develop one haemangioma. Occasionally, a child may have several haemangiomas or larger ones covering a wide area (called segmental haemangiomas).

WHAT DO INFANTILE HAEMANGIOMAS LOOK LIKE?

Haemangiomas can be superficial (on the skin surface) or deep (under the skin), or a combination of both.

Superficial haemangiomas appear near to the outer layer of the skin. They usually appear as a raised, bright red area of skin, which may feel warm to touch.

Deep haemangiomas may appear as a bluish swelling, because the abnormal blood vessels are deeper in the skin. Sometimes they are not noticeable until as late as three months of age, if there is no superficial component.

HOW IS AN INFANTILE HAEMANGIOMA OF THE SKIN DIAGNOSED?

A doctor can usually diagnose a haemangioma by looking at the skin.

Special tests are rarely needed. Sometimes, scans such as an ultrasound and/or MRI scan might be recommended.

WILL MY CHILD'S HAEMANGIOMA NEED TO BE TREATED?

Most haemangiomas do not need treatment and improve on their own over time.

However, treatment may be recommended if the haemangioma:

- becomes ulcerated (develops an open sore),
- is large,
- occurs in important areas such as the eyes, mouth, nose, or nappy/genital area,
- interferes with feeding, breathing, vision, or normal development and function.

WHAT IS AN ULCERATED HAEMANGIOMA?

Sometimes the skin over a haemangioma breaks down, causing a painful open sore. This may bleed slightly and needs extra care.

Care may include:

- Non-stick dressings
- Pain relief
- Antibiotic treatment if infection occurs
- Laser treatment to help healing

Bleeding is usually mild and can often be stopped by applying gentle pressure with a clean cloth for **15 minutes**. Medical help should be sought if bleeding continues.

Bleeding is usually mild because the blood vessels affected are small.

Haemangiomas near the mouth, in the nappy area or in skin folds, are most at risk of ulceration.

WHAT ARE THE TREATMENT OPTIONS FOR HAEMANGIOMA?

Treatment will depend on the location, size and stage of the haemangioma. Treatment options are summarised below.

1. Medicines

For haemangiomas that are still growing, a group of medicines called beta-blockers are most often used as they can make the blood vessels stop growing and encourage shrinking of the haemangioma. These can be used on the skin or taken by mouth.

Examples of these are:

- **Timolol** (gel or drops applied to the skin) – often used for small, surface haemangiomas.
- **Propranolol** (taken by mouth) – first choice treatment for haemangiomas affecting important areas. Children require regular monitoring of heart rate, blood pressure, and blood sugar. Common side effects include constipation, diarrhoea, cold arms and legs, and sleep disturbance. Propranolol can lower blood sugar, so it should be given during the day



around feeding time and discontinued if the child is unwell or not feeding. Almost all haemangiomas respond to propranolol. Treatment usually continues until the child is about one year old.

- **Atenolol** may sometimes be used instead of propranolol.

Rarely, **oral** or **topical** corticosteroids may be used when a child cannot take beta-blockers due to possible side effects.

2. Laser treatment

Laser treatment can be considered to help remove any blood vessels that remain after the haemangioma has finished shrinking or sometimes it is considered to treat ulceration. A pulsed dye laser is most commonly used. It targets the abnormal blood vessels and destroys them. Usually, no anaesthetic is required. However, young children may require general anaesthetic, as the treatment can be painful. After treatment, dark purple bruising appears in the treated area. It usually clears within 3-10 days. Other possible temporary side effects include blistering and crusting. Scarring is rare.

3. Surgery

Because many haemangioma improve well on their own, surgery is rarely needed to treat haemangioma. It is considered sometimes to remove leftover loose skin after the haemangioma has finished shrinking. Surgical treatment of haemangiomas leaves a scar.

4. Other supportive options

- **Skin camouflage** or makeup can help cover colour changes.
- Makeup can be used to cover colour changes. The charity *Changing Faces* can give advice on skin camouflage.

CAN HAEMANGIOMAS BE CURED?

Most infantile haemangiomas slowly shrink naturally, and many disappear completely without treatment.

However, some children may be left with:

- Small visible blood vessels
- Mild scarring (especially after ulceration)
- Pale skin patches
- Loose or thickened skin

Even when marks remain, the haemangioma itself usually stops growing and is no longer active.

WHERE CAN I GET MORE INFORMATION ABOUT A HAEMANGIOMA?

Patient support groups providing information:

Birthmark Support Group

Tel: 07825 855 888

Email: info@birthmarksupportgroup.org.uk

Web: www.birthmarksupportgroup.org.uk/

Changing Faces

Tel: 0300 012 0275

Email: info@changingfaces.org.uk

Web: www.changingfaces.org.uk

Weblinks to other relevant sources:

DermNetNZ: dermnetnz.org/topics/infantile-haemangioma-definition-and-pathogenesis

Jargon Buster:

www.skinhealthinfo.org.uk/support-resources/jargon-buster/

Please note that the British Association of Dermatologists (BAD) provides web links to additional resources to help people access a range of information about their treatment or skin condition. The views expressed in these external resources may not be shared by the BAD or its members. The BAD has no control of and does not endorse the content of external links.



This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists and the British Society of Paediatric and Adolescent Dermatology: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

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