



## **SPIDER ANGIOMA**

### **What are the aims of this leaflet?**

This leaflet has been written to help you understand more about a spider angioma. It tells you what this condition is, what it is caused by, what can be done about it, and where you can find out more about it.

### **What is a spider angioma?**

A spider angioma is an enlarged blood vessel in the skin (resembling the body of a spider), from which smaller blood vessels extend (resembling the spider's legs). It has also been called 'naevus araneus', 'vascular spider', 'arterial spider', 'spider telangiectasia' and 'spider naevus/nevus'.

Some of these names are Latin: 'araneus' for 'spider', 'angioma' for 'blood vessel' and 'telangiectasia' for 'enlarged blood vessel'. 'Naevus' means an increase in normal or healthy tissue within the skin

### **What causes spider angiomas?**

The cause of spider angiomas is not known. The vast majority affect healthy people, and most people have only one spider angioma or a just a few. Spider angiomas may appear when the body has increased levels of oestrogen hormones such as in pregnancy or when taking the oral contraceptive pill. They may also occasionally occur in patients with liver or thyroid disease.

Spider angiomas can develop at any age, but are more common in children.

### **Are spider angiomas hereditary?**

Spider angiomas are very common and affect at least one in ten of healthy adults and are even more common in children. They do not run in families. A spider angioma is not contagious or cancerous.

## **What are the symptoms of a spider angioma?**

Apart from its appearance, a spider angioma does not usually cause any symptoms. Bleeding from a spider angioma is unusual but may occur if picked or scratched.

## **What does a spider angioma look like?**

A spider angioma has a central red spot, which may be raised from which smaller red blood vessels radiate outwards. Pressing onto a spider angioma will make it disappear. On releasing the pressure, the blood will go back in, returning the red colour of the spider angioma. It may measure up to a centimetre in diameter.

The majority of spider angiomas are on the face, upper chest, back and upper arms. In children, the back of the hands are also often affected.

## **How is a spider angioma diagnosed?**

A spider angioma is diagnosed by its characteristic appearance.

## **Can a spider angioma be cured?**

In children and some adults, spider angiomas may go away on their own, which can take several years. Treatment is usually not necessary.

If spider angiomas are related to increased oestrogen hormones and the levels then go back to normal (after a pregnancy or on stopping an oral contraceptive pill), the spider angiomas may go away within about nine months.

A spider angioma can also completely disappear after treatment, but sometimes repeated treatments may be required. The problem may come back a few months later after treatment.

## **How can a spider angioma be treated?**

Spider angiomas are of cosmetic concern only and so are not usually treated by the National Health Service

In cosmetic clinics, the central artery can be treated with an electric current ('electrodessication'), causing it to dry up.

A vascular laser such as the pulsed dye laser or KTP laser can target the blood in the central small artery, causing it to shrink. Laser treatment may not be available on the NHS.

These treatments may hurt but do not usually need any local anaesthetic. They may leave a small permanent scar like a dent in the skin, which is less common after laser treatment than after electrodesiccation.

About a third of spider angiomas come back after treatment.

Cosmetic camouflage can be useful if there are many spider angiomas which are causing cosmetic concern. Camouflage is a type of special make-up, which is matched to the colour of the person's skin and which is water resistant.

### **Where can I get more information about a spider angioma?**

*Web links to detailed leaflets:*

<http://dermnetnz.org/vascular/angioma.html>

<http://www.patient.co.uk/doctor/spider-naevus>

*Information about skin camouflage:*

*British Association of Skin Camouflage* (NHS and private practice)

Tel: 01254 703 107

Email: [info@skin-camouflage.net](mailto:info@skin-camouflage.net)

Web: [www.skin-camouflage.net](http://www.skin-camouflage.net)

*Changing Faces*

Tel: 0300 012 0276 (for the Skin Camouflage Service)

Email: [skincam@changingfaces.org.uk](mailto:skincam@changingfaces.org.uk)

Web: [www.changingfaces.org.uk](http://www.changingfaces.org.uk)

For details of source materials used please contact the Clinical Standards Unit ([clinicalstandards@bad.org.uk](mailto:clinicalstandards@bad.org.uk)).

**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: 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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