HAEMANGIOMA OF INFANCY

What are the aims of this leaflet?

This leaflet has been written to help you understand more about haemangioma of infancy (infantile haemangiomas). 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 haemangioma of the skin?

A ‘haemangioma’ (Greek for blood-vessel-growth) of Infancy is a benign overgrowth of blood vessel cells in the skin. The term 'strawberry naevus' or 'strawberry haemangioma' is used for a haemangioma that looks like a strawberry.

What causes haemangiomas of Infancy?

The cause of haemangiomas is not fully understood. The cells lining blood vessels (endothelial cells) start to grow either when the baby is still in the mother’s womb, or soon after birth. Haemangiomas of infancy are more common in white children, girls, premature babies and twin/multiple pregnancies.

Are haemangiomas of Infancy hereditary?

Haemangiomas of infancy do not usually run in families, but occasionally may be inherited. They are relatively common, affecting about 5% (1 in 20) of babies. They are not contagious or cancerous.

What do haemangiomas of Infancy look like?

The majority affect the face, but any part of the skin can be involved. The appearance changes rapidly during early life. A small red mark or swelling may be present at birth or develop in the first weeks of life. This may increase
in size quite quickly over a number of months. Usually after 6-9 months the increase in size slows and the haemangioma slowly shrinks over several years. However, some haemangiomas don’t grow much at all, and others carry on growing for longer.

The haemangiomas may be mostly on the surface when they appear quite red or they may have a deeper component which appears as a swelling under the skin and may have a bluish colour. Occasionally haemangiomas can be multiple or they can be quite large and cover a segment of skin (segmental haemangioma).

After a haemangioma has shrunk, it may leave no mark behind. However, there may be residual blood vessels visible, a scar (particularly if there has been ulceration), a pale area or some loose skin or thickening.

What are the symptoms of haemangiomas of the skin?

Most often haemangiomas of the skin do not cause any physical symptoms, but can be very alarming to the parents and carers of the child, especially during the phase of rapid growth. Rarely the skin over the haemangioma breaks down (this is called ulceration) and is most often found in the nappy area. This can be very painful. Bleeding may occur with the ulceration but this is rarely severe.

Haemangiomas near the airways (nose, mouth, throat) may cause some breathing or feeding problems. Haemangiomas growing too close to the eye may interfere with the development of normal vision, especially if the eye is closed due to the swelling or if the swelling is pressing on the eye.

Most haemangiomas gradually shrink in size but larger or deeper areas may not fully clear and leave some residual mark or looseness of the skin which can cause some psychological concern in older children.

Children with more than 5-10 haemangiomas of the skin may be at greater risk of haemangiomas in inner organs, most commonly the liver. An ultrasound scan or other investigation may be recommended.

Segmental haemangiomas may very rarely be part of more widespread problems and your doctor may organise tests to check for other problems.

How is a haemangioma of infancy of the skin diagnosed?

The diagnosis can be made by the appearance of the haemangioma and its history of rapid growth, followed by slow improvement. Sometimes scans
will be organised to help confirm the diagnosis or to get further information about the extent of the haemangioma.

Can haemangiomas of infancy be cured?

Most haemangiomas will gradually shrink or even fully disappear without leaving a very obvious mark. Although many small haemangiomas clear up completely, with or without treatment, some permanent skin change can sometimes remain.

How can haemangiomas of infancy be treated?

Most haemangiomas do not require treatment except in the following situations:

- If the haemangioma is particularly large or affects areas where resolution may be incomplete such as around the nose, lips or ears.
- If the haemangioma is ulcerating (the surface of the skin is broken)
- If the haemangioma is interfering with important functions or development of the senses: e.g. feeding, breathing, hearing or vision.

Treatment can consist of one or a combination of the following:
- A solution or cream applied directly to the haemangioma
- Medicines (orally by mouth or by injection)
- Laser therapy
- Surgery

For growing haemangioma topical or oral treatments are most often used.

**Steroid creams and emollients are the most frequently used topical treatments.** Timolol (a beta-blocker) is a new treatment and can be applied as a solution or gel to the haemangioma, and it has been proven to be safe and effective. It can help the colour/redness return to normal but is likely not to reduce the size of the haemangioma.

Propranolol (another beta-blocker) given by mouth is now often the first choice when treatment is needed to stop haemangiomas at critical sites from enlarging and encourage them to shrink. During treatment, the heart rate, blood pressure and blood sugar need to be monitored. Your baby may need to be admitted to hospital for this treatment to be given.

Oral steroids may be prescribed, or rarely given as an injection into the haemangioma or injected into a vein (intravenous). Systemic steroid treatment (oral or intravenous) has been used with good results, but possible side
effects include: weight gain, growth delay, high blood pressure, diabetes and suppression of the immune defences.

An ulcerating haemangioma needs additional treatment with non-adherent dressings and pain relief. Antibiotics may also be required as frequently they become infected and laser therapy may sometimes be required.

After the haemangioma has stopped shrinking, lasers or surgery can be useful in certain cases. A dermatologist will be able to advise exactly what treatment is recommended.

If laser therapy is advised, the Pulsed Dye Laser is most commonly used. It produces a beam of specially formed light that reacts with the red colour in blood. In adults usually no anaesthetic is needed. However, in children, the treatment may require use of a general anaesthetic as the laser treatment can be quite painful. After treatment there is dark purple bruising in the treated area, and the skin is more sensitive to rubbing. Other possible temporary side effects include blistering and crusting. Rarely, a small scar may develop.

Surgical treatment of haemangiomas will leave a scar and is therefore not advised for uncomplicated haemangiomas, which may resolve without leaving a mark. Surgery may rarely be required to treat ulceration, obstruction or residual skin deformity caused by a haemangioma.

Cosmetic Camouflage can be useful to cover skin discolouration. Cosmetic camouflage uses special make-up that is matched to the colour of the skin and is water resistant. The Charity ‘Changing Faces’ may offer camouflage advice in your area (see below for further information).

**Where can I get more information about a haemangioma of infancy?**

*Web links to detailed leaflets:*


http://dermnetnz.org/vascular/haemangioma.html

http://www.patient.co.uk/doctor/Strawberry-Naevus.htm

*Links to patient support groups:*

*Birthmark Support Group*
Tel: 07825 855 888
Email: info@birthmarksupportgroup.org.uk
Changing Faces
Tel: 0300 012 0275 (for support and advice)
Tel: 0300 012 0276 (for the Skin Camouflage Service)
Email: skincam@changingfaces.org.uk
Web: www.changingfaces.org.uk

British Association of Skin Camouflage (NHS and private practice)
Tel: 01254 703 107
Email: info@skin-camouflage.net
Web: www.skin-camouflage.net

Skin Camouflage Network (NHS and private practice)
56 Princes Meadow
Newcastle Upon Tyne, NE3 4RZ
Email: enquiries@skincamouflagenetwork.org.uk
Web: www.skincamouflagenetwork.org.uk

For details of source materials used please contact the Clinical Standards Unit (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: its contents, however, may occasionally differ from the advice 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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Certified member
This organisation has been certified as a producer of reliable health and social care information.
www.theinformationstandard.org

Web: http://www.birthmarksupportgroup.org.uk/

Changing Faces
Tel: 0300 012 0275 (for support and advice)
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