

Hemangioma of Infancy

What is a Hemangioma? Sometimes called “strawberry mark,” 10% of infants develop a hemangioma. It is a non-cancerous tumor made of tiny blood vessels. If the hemangioma grows within the skin it appears bright red. If it grows under the skin it causes a bulge that may be purple, bluish or flesh-colored. Hemangiomas can vary in size and location, anywhere from a tiny dot to covering an entire body part.

How are hemangiomas diagnosed? Hemangiomas can usually be diagnosed by their appearance and growth pattern. The great majority of hemangiomas are not apparent on the first day of life, but appear within the first month as a faint pink discoloration, an area of pallor, or a web of fine blood vessels. Over the next 3 months, most hemangiomas will grow, and some grow very rapidly. Growth slows by 6-9 months, and usually stops by 12 months. Then they start to shrink, with maximal flattening and fading by 5-10 years of age. There are other, less common, birthmarks and skin lesions that can be mistaken for hemangiomas. A skin biopsy or imaging study can help clarify the diagnosis if the lesion is not typical in its appearance or behavior.

What causes hemangiomas? The cause is currently not well understood. It is known that hemangiomas are more common in girls, premature infants, twins or triplets and infants with low birth weight. They are not inherited.

Do they hurt? Should I be concerned? Hemangiomas look like they could bleed easily, but bleeding is very uncommon. Pain is also uncommon, and usually happens when the skin breaks down over a rapidly enlarging hemangioma, causing ulceration. Ulcers can be very painful, but significant bleeding is rare. Other problems are related to the location of the hemangioma. Lesions around the eye can cause vision changes. Hemangiomas that occur in a "beard" distribution can also involve the throat and obstruct breathing. Infants with multiple hemangiomas on the skin can also have them internally. Hemangiomas on the middle of the lower back can mark a spinal cord defect.

Are there treatments? Because most hemangiomas eventually fade away, there is usually no need to interfere. Observation is the most common treatment for hemangiomas, to monitor for rapid growth or complications. Hemangiomas that usually benefit from treatment include: those on a cosmetically sensitive area, interfering with vision or breathing or those that ulcerate. There are a several options for hemangiomas that need treatment: oral corticosteroids are most often used first. Surgical excision is an option for hemangiomas that are in a site where a scar can be hidden, or for non-healing ulcerated hemangiomas. Laser treatments are not very effective. A newer treatment is an oral medication called propranolol.

Will hemangiomas leave a scar? 50% of all hemangiomas are completely gone by age 5, 90% by age 9. Those that begin to fade by age 2 are likely to be gone before kindergarten. The skin appearance after the hemangioma fades depends on its size and location. Ulceration always heals with a scar. The best time to treat leftover hemangioma or scar is between age 3 and 5.