

Helping Hand[™]

Health Education for Patients and Families

Hemangiomas

A hemangioma (hee-**man**-jee-oh-muh) is a common, benign (not-cancer) growth made of extra blood vessels in the skin. The cause of hemangiomas isn't known, but they're not hereditary. This means they're not passed down (inherited) from parents.

Most hemangiomas go through phases of growth, then go away on their own.

- Phase 1 (first 2 to 3 months) Appear during the first weeks of life and grow fast.
- **Phase 2** (next 3 to 4 months) The growth slows down.
- **Phase 3** No change.
- **Phase 4** (next 1 to 10 years) At around 1 year of age, the hemangioma starts shrinking and fading in color slowly. Many go away during this time.
 - By age 5, most hemangiomas are flat and lighter in color.
 - By age 10, many are gone or very hard to see.

Some hemangiomas leave behind soft, wrinkly skin in areas that were stretched out by the growth. Others leave behind the look of surface blood vessels. If there are skin changes, your child may have a procedure when they're older to correct the changes.

Types of Hemangiomas

Hemangiomas may happen anywhere on the body. Picture 1 shows the 3 main types:

Superficial (on the surface of the skin) – Look flat at first, then become bright red with a raised, uneven surface.

Deep (under the skin) – Appear as a bluish-purple swelling with a smooth surface.

Combined – Have both superficial and deep components.



Picture 1 Hemangiomas can be flat or swollen on the skin.

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Diagnosis

Your child's doctor or health care provider can usually look at their skin to see a hemangioma. If they can't tell, your child may need an imaging test, like an ultrasound.

When Treatment Is Needed

The hemangioma may need to be treated if:

- The skin breaks down and forms an open sore.
- It gets infected (especially if it's in the diaper area).
- It's large or in a visible area. This may affect how your child feels about the way it looks.
- It causes problems with:
 - Vision Eating Breathing
 - Diaper changes Hearing

Treatment

If your child's hemangioma needs to be treated, their doctor or health care provider will talk to you about options. Treatment depends on the size, location, and if it's causing any problems for your child. Treatments may include:

- **Topical medicine** (cream or lotion that is rubbed on the hemangioma):
 - Topical beta blockers may help lighten the hemangioma and slow its growth. This works best on small, superficial hemangiomas.
 - Topical antibiotics are used for open sores with concern for infection.
- **Oral medicine** (taken by mouth) Your child will be watched closely for side effects. They may need to have an exam before starting these medicines.
 - Propranolol is the first oral treatment option.
 - Prednisone may be used if propranolol doesn't work or can't be used on your child's hemangioma.
- **Surgery** Your child may need surgery to remove the hemangioma. This is rare. It may be done when the hemangioma has stopped growing or other treatments have failed. Your child may also have surgery to remove markings left over from hemangiomas.
- Laser This may lighten the look of blood vessels left over from hemangiomas.

When to Call the Doctor

Call your child's doctor or health care provider right away if the area looks infected. Signs of infection include:

• Pus

- Redness
 Pain
- Skin opens or oozes
- Skin breaks down and forms a sore (ulcer)

- Fever
 - Under 3 months old over 100.4° Fahrenheit (F) or 38° Celsius (C)
 - Over 3 months old over 104° F (40° C)
 - Over 102°F (38.9°C) for more than 2 days or keeps coming back.

Also call if you have concerns about a hemangioma medicine, like:

- You run out of a prescribed medicine.
- Your child refuses to take oral medicine.
- You are concerned about possible side effects like:
 - Drowsiness
 - Fussiness
 - Wheezing or noisy breathing
 - Not eating well
 - Fever and sick while on oral medicine

Follow-up

- Your child's doctor or health care provider needs to watch the hemangioma progress.
- Keep any follow-up appointments.