

Hemangiomas

(Common vascular growths—most often in infants;

“cherry angiomas” in adults are different)

What is a Hemangioma?

A **hemangioma** is a **benign (non-cancerous) growth made of blood vessels**.

There are two common situations people mean when they say “hemangioma”:

1. **Infantile hemangioma** (“strawberry birthmark”) — appears in babies, often grows early, then slowly fades.
2. **Cherry angiomas** — tiny bright red bumps in adults (very common and harmless).

This page focuses mainly on **infantile hemangiomas**, since those can sometimes require treatment.



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Infantile Hemangiomas: What to Expect

Typical timeline

- **Appear** in the first weeks of life (sometimes present at birth as a faint mark)
- **Grow** fastest during early infancy (often the first few months)
- **Stabilize**, then **gradually shrink/fade** over years

Common locations

- Face/scalp
- Trunk
- Arms/legs
- Diaper area

Most infantile hemangiomas are harmless and improve over time—but some need closer monitoring or treatment.

When Hemangiomas Need Prompt Evaluation

Please contact us promptly if a hemangioma:

- Is **near the eye, nose, or lips** (risk of vision/feeding issues or scarring)
 - Is in the **diaper area** (higher risk of ulceration)
 - Is **ulcerating** (open sore), bleeding repeatedly, or very painful
 - Is growing very rapidly or is very large
 - Is associated with multiple similar lesions (sometimes requires additional evaluation)
 - Seems to affect breathing/feeding (rare, urgent)
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How We Diagnose Hemangiomas

Diagnosis is usually made with a **clinical exam**.

If needed (based on size, location, or number), we may coordinate:

- Imaging (ultrasound) or specialty referral
 - Additional evaluation to ensure the hemangioma is uncomplicated
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Treatment Options

Treatment depends on **age, location, size**, and whether there are complications.

1) Observation (“watchful waiting”)

Many hemangiomas can be safely monitored, especially when they are small, not in a high-risk location, and not ulcerating.

2) Medications (commonly used for higher-risk hemangiomas)

- **Topical therapy** for selected small/superficial lesions
- **Oral beta-blocker therapy** for hemangiomas that threaten function, ulcerate, or risk scarring
(*Medication decisions are individualized and coordinated carefully, especially in infants.*)

3) Laser treatment (selected cases)

Laser may be used for:

- Certain superficial components
- Residual redness after involution
- Ulcer care support in specific cases

4) Surgery (uncommon)

Sometimes considered for:

- Residual bulky tissue after hemangioma involution
- Specific lesions where surgery offers the best functional/cosmetic result

Cherry Angiomas (Adults)

Cherry angiomas are small, bright red “dots” that commonly develop in adulthood. They are **benign** and do not require treatment unless they bleed easily or bother you cosmetically. Removal can be done with simple in-office techniques.

Pre-Op Instructions

(*Not surgery—these are “before your visit/treatment” tips.*)

Before your hemangioma evaluation

- Bring baby’s health history (birth history, feeding, breathing concerns)
- Take **photos weekly** in the same lighting to track growth (especially during the first months)
- Note:
 - When it first appeared
 - How quickly it’s changing
 - Any bleeding, crusting, pain, or open areas

If medication therapy may be considered

- Bring a list of all medications
- Be ready to discuss:
 - Feeding patterns
 - Any breathing issues (wheezing)
 - Any heart history (rare but important)

If laser is scheduled

- Avoid sunburn/tanning of the area when applicable
 - Arrive with clean skin (no thick ointments unless directed)
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Post-Op Instructions

After starting observation/at-home care

- Avoid friction and scratching (keep nails short, consider mittens for infants if needed)
- Use gentle skincare and protect the area from rubbing straps/clothing
- If near diaper area: frequent diaper changes and barrier protection can help prevent breakdown

After starting medication (if prescribed)

- Follow dosing exactly as directed
- Keep follow-up visits to monitor response and side effects
- Call promptly if you notice:
 - Poor feeding
 - Unusual sleepiness
 - Breathing changes
 - Cold hands/feet or concerning color changes

After laser or in-office treatment

- Mild redness/swelling can be normal
- Use gentle cleansing and moisturizer as directed
- Avoid picking any crusting
- Call if blistering, increasing pain, pus, fever, or rapidly worsening redness occurs

If ulceration occurs

Ulceration can be painful and needs prompt care. Contact us for a treatment plan to:

- Control pain
- Prevent infection
- Support faster healing and minimize scarring

Hemangiomas FAQ

Are hemangiomas cancer?

No. Hemangiomas are **benign** growths of blood vessels.

Will my baby's hemangioma go away?

Many infantile hemangiomas **shrink and fade over time**, though some leave residual skin changes (extra skin, faint redness).

Why is the location important?

Hemangiomas near the **eye, nose, lips, airway region, or diaper area** are more likely to cause complications (ulceration, scarring, or functional issues), so they're evaluated more urgently.

Can a hemangioma bleed?

Yes—especially if it's rubbed or ulcerated. Most bleeding can be stopped with gentle pressure, but repeated bleeding or ulceration should be evaluated.

What is ulceration?

Ulceration means the hemangioma develops an **open sore**. This can be painful and increases infection risk—prompt treatment helps healing.

Is treatment always necessary?

No. Many can be monitored. Treatment is recommended when there's risk to **vision, breathing, feeding**, significant ulceration, or risk of scarring/disfigurement.

Do adults get "hemangiomas" too?

Adults commonly get **cherry angiomas**, which are harmless red bumps. They're not the same as infantile hemangiomas and usually don't require treatment.

When should I call the office right away?

- Rapid growth in a high-risk area (especially around the eye)
- Any **ulceration**, significant pain, or infection signs
- Breathing or feeding concerns