Haemangioma Treatment Melbourne - Me Clinic

Canonical: https://www.meclinic.com.au/skin/skin-conditions/haemangiomas/

Details:

A haemangioma is a benign growth made of blood vessels. They can appear anywhere on the body, ranging from a small red dot to a large lesion involving a wide area and extending beneath the skin. Colour varies from bright red to deep purple depending on how deep the vessels sit.

Some are present at birth or appear in the first weeks of life; others develop later.

The types, and why the distinction matters

Infantile haemangioma (strawberry mark)

Appears in the first weeks of life, grows for several months, then involutes slowly over years. Most need no treatment at all - the natural history is resolution, and intervening on one that would have resolved is over-treatment.

Some do need early specialist assessment : those near the eye (which can affect vision development), near the airway, on the nose or lip, those that are very large, those ulcerating, and multiple lesions. That is paediatric territory, and we will refer rather than treat.

Congenital haemangioma

Fully formed at birth. Some resolve rapidly; some do not change at all.

Cherry angioma (Campbell de Morgan spot)

Small bright red domed spots that appear in adulthood and increase in number with age. Extremely common, entirely benign, and the type most adults are asking about. They do not resolve on their own.

Vascular malformations

Including port wine stains. These are not tumours - they are abnormally formed vessels present from birth that grow with the person and do not involute. They behave quite differently from haemangiomas and are treated differently. See birthmarks .

Which one are you here about?

Description	Likely	What usually happens
Small bright red dome on an adult's trunk or arms	Cherry angioma	Benign; treated only if you want it gone

Raised red lesion on a baby, appeared after birth and growing	Infantile haemangioma	Usually observation; specialist referral for certain sites
Fully formed vascular lesion present at birth	Congenital haemangioma	Assessment; behaviour varies
Flat red or purple patch present since birth, growing with the child	Vascular malformation	Different condition, different treatment
Rapidly growing red lump that bleeds easily, in an adult	Needs assessment	Could be a pyogenic granuloma or something else

Assessment first

A lesion is examined before treatment. The reasons:

Infantile haemangiomas that will resolve on their own should generally be left alone

Certain sites and presentations need paediatric or specialist referral rather than cosmetic treatment

Vascular malformations need a different approach from haemangiomas

A few pigmented and vascular lesions can be confused with each other, and some with more serious lesions - an amelanotic melanoma or a pyogenic granuloma can look like a vascular lump

Where there is doubt about what a lesion is, it is excised whole and sent to pathology rather than destroyed with laser. See skin cancers .

Have a lesion checked promptly if it bleeds repeatedly, ulcerates, grows quickly in an adult, or changes in colour or texture.

Why "leave it alone" is often the right answer for a baby

This is worth stating plainly because the instinct of any parent looking at a growing red mark on their child is to want it treated.

An infantile haemangioma follows a predictable course: it appears in the first weeks, grows for several months, then shrinks slowly over years. The great majority resolve without any intervention , and treating one that would have resolved exposes a child to risk and cost for no benefit.

The exceptions are about function and site, not appearance - near the eye, near the airway, on the nose or lip, very large, ulcerating, or multiple. Those warrant early specialist assessment and they warrant it quickly, because the window where intervention helps is early.

So the right question at a first appointment is not "how do we remove this" but "is this one of the ones that needs watching, or one of the ones that needs a specialist now?"

Treatment

Vascular laser

Nd:YAG and other vascular wavelengths are absorbed by haemoglobin, heating and closing the vessels. This is the usual treatment for cherry angiomas, small superficial haemangiomas and residual redness. Cherry angiomas often clear in one or two sessions.

IPL

Suits flatter, more diffuse vascular lesions.

Radiofrequency (electrosurgery)

For small raised vascular lesions. See electrosurgery .

Surgical excision

For larger or deeper lesions, or where a diagnosis is needed. Leaves a scar.

Observation

A legitimate plan , and the right one for most infantile haemangiomas and for any benign lesion that is not bothering you.

See laser treatments .

The process, start to finish

Assessment - what type of lesion this is, and whether treatment is indicated at all.

Referral where a paediatric or specialist opinion is the right next step.

A plan and a quote , or a decision to observe.

Treatment , usually short - often minutes for a few small lesions.

Healing over one to three weeks, with the lesion darkening or crusting first.

Review , and a second session where needed.

Return as new cherry angiomas appear , which they will with age.

What to expect

Laser sessions are short - often minutes for a few small lesions. Expect redness and swelling for a day or two; treated lesions commonly darken or form a small crust before clearing over one to three weeks. Do not pick the crust.

Protect the area from sun while it heals, then use sunscreen.

Expected, and not expected

Expected: redness and swelling for a day or two, the treated lesion darkening or crusting, and clearing over one to three weeks leaving a pink mark that fades.

Call us for increasing rather than settling pain, spreading redness or heat, pus, a fever, bleeding that does not stop with gentle pressure, or a site not healed after four weeks.

What results are realistic

Cherry angiomas and small superficial haemangiomas usually clear well. Deeper lesions respond partially - the surface component lightens while the deeper part remains. Larger lesions may need several sessions and may still leave a visible mark or slight texture change.

New cherry angiomas continue to appear with age; treatment does not prevent that. Individual results vary with lesion type, size and depth, and with skin type.

The depth point, stated properly

Vascular laser reaches a limited depth. A lesion whose vessels sit deep will lose its surface colour and keep its bulk, which can be a genuinely disappointing result if nobody explained it beforehand.

Colour is the clue: bright red usually means superficial and treatable; deep purple or blue often means the vessels sit deeper. Ask directly what proportion of your lesion is likely to respond, and whether a partial result is worth the sessions.

Cost

Cost depends on the number, size, depth and site of the lesions, and is quoted at consultation. As at September 2024 and including GST, a consultation with a Cosmetic Doctor is $150 and a skin assessment is $50.

Treatment of benign vascular lesions for cosmetic reasons is not covered by Medicare; treatment of a lesion that is bleeding, ulcerating or otherwise medically indicated may attract a rebate. We are not a no-gap provider.

If you have several cherry angiomas, ask for a price for the group - and bear in mind new ones appear with age, so this is periodic rather than final.

What you should leave with

What type of lesion you have, and whether treatment is indicated at all

Whether observation is the appropriate plan

Whether anything needs referral, and to whom

How much of your lesion is likely to respond, if it is a deeper one

Whether anything was or should be sent to pathology

Written aftercare and a number to call

What mark to expect

Risks

Redness, swelling and bruising after treatment

Blistering and crusting

Changes in pigmentation, lighter or darker, which can persist - more likely in darker skin types

Scarring, including a small depressed or textural mark at the site

Bleeding

Infection

Incomplete clearance, particularly of deeper lesions

Recurrence, and new lesions over time

Missed diagnosis where a lesion is destroyed rather than examined

See risks and complications .

Booking

Me Clinic, 4 Burke Road, Malvern East VIC 3145. Phone 1300 852 050 or (03) 9569 3511, or use the online consultation form .

Common questions about haemangiomas

What is a haemangioma?

A benign growth made of blood vessels. They range from a small red dot to a large lesion extending beneath the skin, and colour varies from bright red to deep purple depending on how deep the vessels sit.

What is a cherry angioma?

A small bright red domed spot that appears in adulthood and increases in number with age. Extremely common, entirely benign, and the type most adults are asking about. They do not resolve on their own.

What is an infantile haemangioma?

One that appears in the first weeks of life, grows for several months, then involutes slowly over years. Most need no treatment at all.

My baby has one - should it be treated?

Usually not. The natural history is resolution, and treating one that would have resolved exposes a child to risk and cost for no benefit.

Which ones do need attention?

Those near the eye, which can affect vision development; near the airway; on the nose or lip; very large ones; ulcerating ones; and multiple lesions. Those need early specialist assessment, and quickly - the window where intervention helps is early.

What should I actually ask at a first appointment for a child?

Not "how do we remove this" but whether it is one that needs watching or one that needs a specialist now.

What is a vascular malformation?

Abnormally formed vessels present from birth that grow with the person and do not involute - including port wine stains. Not tumours, and treated differently from haemangiomas.

Why is assessment needed before treatment?

Because lesions that would resolve should be left alone, certain sites need referral, malformations need a different approach, and a few lesions can be confused with more serious ones.

What can look like a vascular lump but is not?

An amelanotic melanoma or a pyogenic granuloma.

When should a lesion be checked promptly?

If it bleeds repeatedly, ulcerates, grows quickly in an adult, or changes in colour or texture.

How are they treated?

Vascular laser for cherry angiomas, small superficial haemangiomas and residual redness; IPL for flatter diffuse lesions; radiofrequency for small raised ones; surgical excision for larger or deeper lesions or where a diagnosis is needed; and observation, which is a legitimate plan.

How many sessions for a cherry angioma?

They often clear in one or two.

Will a deep lesion clear completely?

Usually not. Vascular laser reaches a limited depth, so a deep lesion loses its surface colour and keeps its bulk.

How can I tell whether mine is deep?

Colour is the clue - bright red usually means superficial and treatable; deep purple or blue often means the vessels sit deeper. Ask what proportion of your lesion is likely to respond.

What happens during and after a session?

Sessions are short, often minutes for a few small lesions. Expect redness and swelling for a day or two, with treated lesions darkening or crusting before clearing over one to three weeks. Do not pick the crust.

What aftercare is needed?

Protect the area from sun while it heals, then use sunscreen.

Will new ones appear?

New cherry angiomas continue to appear with age, and treatment does not prevent that.

What are the risks?

Redness, swelling and bruising; blistering and crusting; pigment change that can persist and is more likely in darker skin; scarring including a small depressed or textural mark; bleeding; infection; incomplete clearance particularly of deeper lesions; recurrence and new lesions; and missed diagnosis where a lesion is destroyed rather than examined.

When should I call us?

For increasing rather than settling pain, spreading redness or heat, pus, a fever, bleeding that does not stop with gentle pressure, or a site not healed after four weeks.

What does it cost?

It depends on the number, size, depth and site, and is quoted at consultation. A Cosmetic Doctor consultation is $150 and a skin assessment $50, both including GST as at September 2024.

Is it covered by Medicare?

Cosmetic treatment of benign vascular lesions is not; treatment of a lesion that is bleeding, ulcerating or otherwise medically indicated may attract a rebate. We are not a no-gap provider.

Individual results may vary. Any surgical or invasive procedure carries risks. Before proceeding you should seek a second opinion from an appropriately qualified health practitioner.