glabella, or nape of the neck and usually fades over several months but may be prominent with crying or environmental temperature changes (Morelli, 2011).

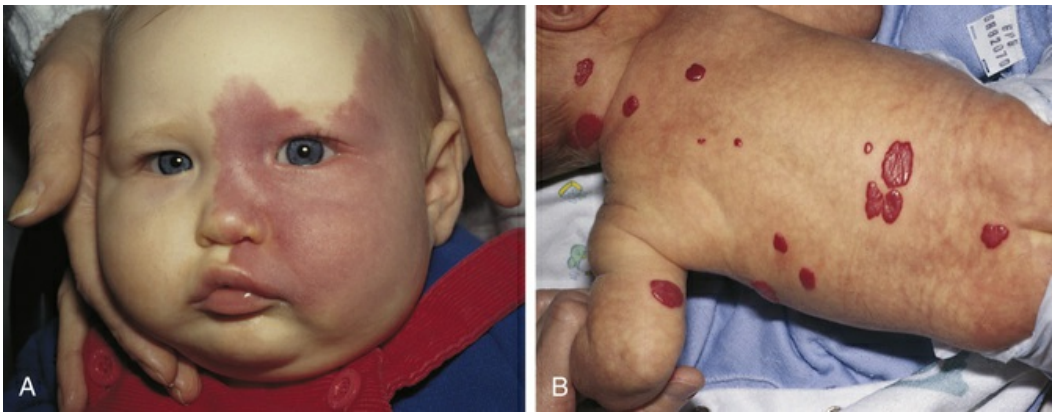

FIG 8-5 **A,** Port-wine stain. **B,** Strawberry hemangioma. (From Zitelli BJ, McIntire SC, Nowalk AJ: *Zitelli and Davis' atlas of pediatric physical diagnosis,* ed 6, St Louis, 2012, Saunders/Elsevier.)

Port-wine stains may also be associated with structural malformations, such as glaucoma or leptomeningeal angiomatosis (tumor of blood or lymph vessels in the pia-arachnoid) (**Sturge-Weber syndrome**) or bony or muscular overgrowth (**Klippel-Trenaunay-Weber syndrome**). Children with port-wine stains on the eyelids, forehead, or cheeks should be monitored for these syndromes with periodic ophthalmologic examination, neurologic imaging, and measurement of extremities.

The treatment of choice for port-wine stains is the use of the flashlamp-pumped pulsed-dye laser. A series of treatments is usually needed. The treatments can significantly lighten or completely clear the lesions with almost no scarring or pigment change.

Capillary hemangiomas, sometimes referred to as **strawberry hemangiomas**, are benign cutaneous tumors that involve only capillaries. These hemangiomas are bright red, rubbery nodules with a rough surface and a well-defined margin (see Fig. 8-5, *B*). Strawberry hemangiomas may not be apparent at birth but may appear within a few weeks and enlarge considerably during the first year of life and then begin to involute spontaneously. It may take 5 to 12 years for complete resolution, and a significant number