



Infantile Hemangiomas: About Strawberry Baby Birthmarks

Hemangiomas are clusters of extra blood vessels on a baby's skin. They may be there when a baby is born, or form within a few weeks or months of birth. Some may look like rubbery, bumpy red "strawberry" patches while others resemble deep bruises. Seeing a hemangioma develop can be worrisome for new parents.

The American Academy of Pediatrics (AAP) guidelines (<http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2018-3475>) say it's important to identify and begin monitoring infantile hemangiomas right after they appear – when they tend to change most quickly.



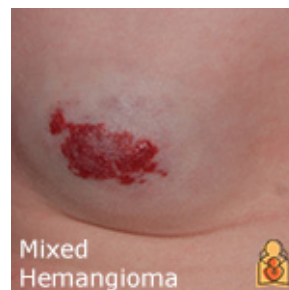
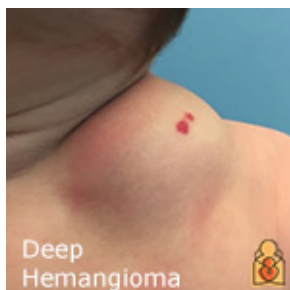
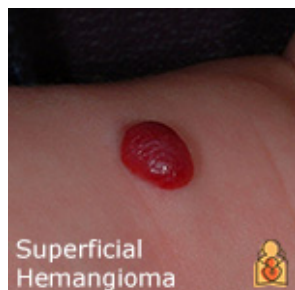
While hemangiomas can vary a lot in size, appearance, and placement, they are universally benign (non-cancerous). Most will go away on their own without causing any problems. Some hemangiomas—particularly those on the face or those that are very large—need treatment early to prevent them from interfering with body functions or causing permanent scars. Thankfully, there are excellent treatments available today to can prevent these problems if treated early on.

About Infantile Hemangiomas:

Infantile hemangiomas appear after a baby is born, typically within a month. Roughly 4% to 5% of all infants get them, although they are more common in Caucasians, girls, twins, and preterm or low-birth-weight babies. Infantile hemangiomas typically go through a period of rapid growth, followed by more gradual fading and flattening.

There are different types of infantile hemangiomas:

- **Superficial hemangiomas** have been called "strawberry marks," because they can resemble the surface of berries. They may begin as small white, pink, or red areas on the skin that quickly change into brighter red, raised lesions. Superficial hemangiomas may be focused in one spot or spread out over a larger area.
- **Deep hemangiomas** have a smooth surface and form under the skin. They may have a bluish tint and resemble bruises. Some cause the skin to look swollen.
- **Mixed hemangiomas** are a combination of superficial and deep growths.



Are there other birthmarks like it?

Of the other marks that can show up on a baby's skin include port wine stains ([/English/ages-stages/baby/bathing-skin-care/Pages/Your-Newborns-Skin-Birthmarks-and-Rashes.aspx](https://www.healthychildren.org/English/ages-stages/baby/bathing-skin-care/Pages/Your-Newborns-Skin-Birthmarks-and-Rashes.aspx)) and "stork bites" ([/English/ages-stages/baby/bathing-skin-care/Pages/Your-Newborns-Skin-Birthmarks-and-Rashes.aspx](https://www.healthychildren.org/English/ages-stages/baby/bathing-skin-care/Pages/Your-Newborns-Skin-Birthmarks-and-Rashes.aspx)). These also

are caused when more blood than usual floods the capillaries under the skin. Port wine stains turn a reddish-purple and are often permanent; like hemangiomas, stork bites usually disappear, but can remain if they're on the back of the neck. [Back to Top](#)

What to do if you think your baby has an infantile hemangioma:

Infantile hemangiomas usually become noticeable by 4 weeks of age. They may start out looking like a tiny bump or scratch. But many then grow especially fast between 5 and 7 weeks old. **If you think your baby might have a hemangioma, it's best to contact your baby's pediatrician right away.** He or she probably will want to see your baby within a short timeframe. According to the AAP, the best "window of opportunity" to be evaluated and start treatment if needed is about 1 month of age.

Your pediatrician will want to know:

- **Size:** Is the hemangioma small (3/4" or less across) or larger?
- **Location:** Is it located on the face or in the diaper area, or in a different area?
- **Number:** Is there one or more than one? If more than one, how many?

If your doctor can't see you in the office right away, they may ask you to send photos or recommend a telemedicine (</English/tips-tools/ask-the-pediatrician/Pages/Can-video-visits-be-good-for-my-child.aspx>) visit to have a look without delay.

What to expect next:

It's important to continue monitoring the hemangioma until it stops growing. **Superficial hemangiomas** typically reach their full size by 5 months of age, although **deep hemangiomas** sometimes keep growing a while longer. In some cases, your pediatrician may give a referral to an infantile hemangioma specialist with expertise in pediatric dermatology (</English/family-life/health-management/pediatric-specialists/Pages/What-is-a-Pediatric-Dermatologist.aspx>), hematology-oncology, otolaryngology, or plastic surgery (</English/family-life/health-management/pediatric-specialists/Pages/What-is-a-Pediatric-Plastic-Surgeon.aspx>).

By the time a baby is 6-18 months old, most hemangiomas begin to slowly improve. In a process called "involution," the hemangioma will become less red and more grey or whitish and gradually flatten and shrink from the center outward.

Each case is different. Most hemangiomas have finished or almost finished flattening and shrinking by 4 to 5 years of age.

When does a hemangioma need to be treated?

Whether a hemangioma needs treatment depends on the age of the baby, where the hemangioma is located and how fast it is growing, whether it becomes sore or scabby, and the risk of it causing medical complications with a child's health and well-being.

There are 3 main reasons for treatment:

- **Medical problems.** In rare cases and depending where they are located and how fast they are growing, hemangioma may begin to interfere with vital functions. Hemangiomas near the child's eyes, nose or mouth, for example, can affect the child's ability to see, eat, breath or hear well. In rare cases, hemangiomas grow inside the body, which may need to be monitored with imaging tests (</English/health-issues/conditions/treatments/Pages/Imaging-Tests.aspx>).
- **Skin breakdown.** Sometimes, skin on the hemangioma's surface breaks down and becomes an open sore (called an ulcer) that could lead to bleeding, infection, or scarring.
- **Permanent skin changes.** Changes in the skin's texture or color can remain even after the hemangioma has gone away. This can be a concern, especially for hemangiomas on the child's face. Large hemangiomas on facial features such as the nose or lip can also distort growth.

What kinds of treatments are available for hemangiomas? [Back to Top](#)

If a baby's hemangioma risks causing problems, medications can be applied directly to the skin or taken by mouth. The goal is to keep them from getting any bigger during their period of rapid growth, or to make them shrink more quickly. Laser procedures or surgery may be an option in some cases, although it generally is avoided during early infancy to avoid increased anesthesia risks.

Systemic treatments

- **Propranolol**, a beta blocker medication used for many years to treat high blood pressure, is now commonly given by mouth as an effective treatment for problem hemangiomas. To avoid a growth rebound, the pediatrician may recommend therapy continue until your child's first birthday. The drug must be used with close observation by your healthcare provider to watch for possible side effects and complications.
- **Oral steroids** have been largely replaced by safer and more effective options, but are still used in select cases, determined by the healthcare provider.

Localized treatments

- **Topical medications** applied directly on the skin may be used for small, superficial hemangiomas. Prescription creams or ointments containing beta-blockers are the most effective topical treatment option to help stop growth and sometimes shrink and fade hemangiomas. In some cases, steroid creams may be prescribed for smaller, thinner hemangiomas.
- **Steroid injections** can be given directly into the hemangioma to help slow its growth. This works best for smaller, localized hemangiomas.

Other treatments

- **Surgery** is usually only considered for smaller hemangiomas in areas where they may cause problems, or for small hemangiomas with broken skin. Because surgery will always leave a scar itself--and because most hemangiomas get better with time--early surgery is only recommended for a small minority of cases. Surgery can also repair extra skin or scars left by a hemangioma, but usually is delayed until a child is between 3 and 5 years old.
- **Laser treatment** may be helpful in some cases to stop bleeding or to help heal hemangiomas with open sores (ulcers). They can also help to remove some of the redness or texture changes that may be left behind after the hemangioma improves.

Remember:

Contact your pediatrician if you notice anything developing on your baby's skin. Your baby's first few well-child visits ([/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx](#)) are also a great time to bring it up. Few hemangiomas cause any trouble, and most go away on their own. But prompt evaluation, monitoring and treatment, when needed, can help ensure problem hemangiomas have as little impact as possible on your child.

Additional Information:

- Baby Birthmarks & Rashes ([/English/ages-stages/baby/bathing-skin-care/Pages/Your-Newborns-Skin-Birthmarks-and-Rashes.aspx](#))
- Management of Infantile Hemangiomas (<http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2018-3475>) (AAP Clinical Practice Guideline)
- HemangiomaEducation.org (<http://www.hemangiomaeducation.org/>)

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Information contained on this Web site should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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