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Do vascular birthmarks go away

Is there any correlation with blood pressure and vascular dementia? Many babies have birthmarks when they are born. Some birthmarks appear in the first few weeks of life. These marks can be red, pink, brown, tan or blue. There is no way to prevent birthmarks. They are not inherited, and very little is known about how they occur. Most are benign and fade in early childhood. Some birthmarks, however, may be more dramatic and cause cosmetic problems, or even be precursors to cancer. There are two major categories of birthmarks: pigmented and red. Red birthmarks can range from tiny, pink dots to large, deep-red marks. Red birthmarks are caused by blood vessels very close to the surface of the skin, and are also called vascular birthmarks. There are two types of vascular birthmarks: macular and hemangioma. Macular Macular birthmarks or stains are sometimes known as stork bites or angel's kisses. They are extremely common in newborns and are caused by capillaries (small blood vessels) that are visible through the skin. These tiny, pink marks are most often found on the forehead, eyelids and back of the neck. They require no treatment and usually fade as the baby grows. Hemangiomas Hemangiomas, known as strawberry birthmarks, are also very common. Most are small and harmless. The red color and slightly raised appearance are caused by a large number of blood vessels that are closely packed at the surface of the skin. They usually appear around the face, neck, scalp or chest, and are more common in females. Nearly all strawberry birthmarks disappear by age 9. Larger hemangiomas are known as a cavernous hemangiomas. They appear as a red or blue mass of tissue filled with blood. Some of these lesions will disappear as a child grows. The birthmark commonly known as a port-wine stain is a flat hemangioma or nevus flammeus. It occurs in 3 out of every 1,000 infants. Port-wine stains are purplish discolorations and are caused by dilated blood capillaries. Port-wine stains often occur on the face, and are usually permanent. Birthmarks are not usually treated medically, but large port-wine stains sometimes are. Aside from concealing cosmetics, treatment options include cryotherapy (freezing) surgery, surgical removal or laser surgery. Pigmented Pigmented birthmarks are areas of skin where the color is different from the color of the rest of the skin. Commonly called café-au-lait (since they are usually light tan spots), these are normal birthmarks and are usually not indicative of other problems. However, if you have several café-au-lait spots that are larger than the size of an American quarter, they might indicate neurofibromatosis — a genetic disease that causes abnormal cell growth of nerve tissues — and should be examined by a doctor. Sometimes, moles called nevi appear after birth, and they're no problem. But nevi that are present at birth could indicate an increased risk of skin cancer (melanoma), especially if the moles are very large. This is a type of birthmark that should be carefully observed over time by a doctor. Children with darker skin coloration may have a birthmark called Mongolian spots. These are bluish spots, usually on the lower back or buttocks, that look like (and are sometimes mistaken for) bruises. They usually fade over time. For more information, see the links below. Related Articles All About Birthmarks Fact or Fiction: Hemangiomas How to Identify a Skin Rash American Academy of Dermatology: Vascular Birthmarks URL of this page: Glossary (Vascular Cures) The information on this site should not be used as a substitute for professional medical care or advice. Contact a health care provider if you have questions about your health. Advertisement Advertisement Advertisement Advertisement Advertisement Advertisement Advertisement Advertisement Advertisement Advertisement Thanks for visiting. Don't miss your FREE gift. The Best Diets for Cognitive Fitness, is yours absolutely FREE when you sign up to receive Health Alerts from Harvard Medical School Sign up to get tips for living a healthy lifestyle, with ways to fight inflammation and improve cognitive health, plus the latest advances in preventative medicine, diet and exercise, pain relief, blood pressure and cholesterol management, and more. Facebook Twitter LinkedIn Pinterest Skin Birthmarks are areas of discolored and/or raised skin that are apparent at birth or within a few weeks of birth. Birthmarks are made up of malformed pigment cells or blood vessels. Although the cause of birthmarks is not known, most of them are benign (noncancerous) and do not require treatment. Babies with birthmarks should be examined and diagnosed by a health care provider. What are the most common types of vascular birthmarks? The following are the most common types of vascular birthmarks: Macular stains or salmon patches. These are characterized by pink to red marks that may appear anywhere on the body. Angel kisses and stork bites are the most common type of vascular birthmark: Angel's kisses. Marks located on the forehead, nose, upper lip, and eyelids that usually disappear with age. Stork bites. Marks on the back of the neck that usually disappear with age. Hemangioma. A common vascular birthmark. Hemangiomas become visible within the first few weeks or months of life and continue to grow rapidly for about 6 to 9 months. Then, they gradually lose this red color and also shrink. They are called strawberry patch hemangiomas. By age 5, 50% resolve and 90% resolve by age 9 without any treatment. Hemangiomas that grow into other organs or structures or become ulcerated should be evaluated by your health care provider. Port-wine stain (also called nevus flammeus). A port-wine stain is a flat, pink, red, or purple mark that appears at birth, often on the face, arms, and legs, and continues to grow as the child grows. Port-wine stains do not go away and often need treatment if located on the eyelid or forehead. Port-wine stains involving the face may cause eye problems and be associated with other developmental disorders. What are the most common types of pigmented birthmarks? The following are the most common types of pigmented birthmarks: Moles (also known as congenital nevi). These can be skin-colored, brown, or black, flat or raised and small or large. They can happen anywhere on the body. Moles can also happen in adulthood, but only moles that are present at birth are considered birthmarks. Other nevi that behave like congenital nevi can appear within the first 2 years of life. Congenital nevi can develop into cancer later in life, with larger nevi having a higher risk of becoming cancerous. Café-au-lait spots. This is French for coffee with milk. These are usually oval-shaped and light brown or black. Typically these fade with age and are not a problem. However, many of them grouped together can be a sign of other health issues and should be examined by a health care provider. Mongolian spots. These are blue or blue-gray spots on the lower back or buttocks. They are most common in babies with darker skin, like African-American or Asian babies. They can be mistaken for bruises and they usually fade with age. Johns Hopkins Interventional Radiology Center (IRC) team of interventionalists has dedicated their professional lives to advancing interventional radiology services for the highest level of patient care. Vascular Disease: Why Choose Johns Hopkins? We offer highly specialized interventional services using state-of-the-art equipment in a compassionate, caring environment. Our minimally invasive image-guided treatments allow patients care with less risk, pain and recovery time. At Johns Hopkins, we commit to continuously advancing radiological services for vascular conditions. Therapeutic Procedures A nurse, physician assistant or medical affairs coordinator will work closely with your referring physician to coordinate your care and will provide instructions before your appointment. Gastrointestinal bleeding Hemoptysis - bronchial artery embolization Preoperative vessel occlusion Aneurysms Carotid Artery Disease Chronic Venous Insufficiency Claudication Deep Vein Thrombosis (DVT) / Thrombophlebitis Mesenteric Ischemia Peripheral Vascular Disease Pulmonary Embolism Raynaud's Phenomenon Renal Vascular Disease Varicose Veins Our Experts When Nicholas Barinaga was 3 days old, his parents noticed a small, salmon-colored spot on his cheek. But instead of fading, it started getting redder. At his two-week checkup, the pediatrician told them it was a hemangioma -- a type of birthmark that could continue to grow. "It got worse quickly -- within a couple of weeks, the hemangioma was 6 inches long and 3 inches wide, and it had become bright red and thick like jelly," says his mother, Corinne, of Vancouver, Washington. He took oral steroids for several months and then had a series of laser treatments over the course of a few years. The results were truly amazing. "There's still some minor color distortion on Nicholas's cheek, but most people don't even notice it," says Barinaga. An estimated 4 to 10 percent of infants will develop a hemangioma in the first weeks after birth. They're more likely in Caucasians, girls, twins, infants born to older moms, and preemies -- 20 percent of whom may have one. Unlike moles, which are caused by pigmentation on the skin, hemangiomas are caused by an abnormal cluster of blood vessels beneath the skin, and they're usually found on the head or neck. Most hemangiomas are relatively small lumps of pink- or red-colored tissue, sometimes called strawberry marks. "There's a tremendous range -- from teeny tiny ones that are completely innocuous to huge ones that take up half a baby's face," says Ilona Frieden, MD, clinical professor of dermatology and pediatrics at University of California, San Francisco School of Medicine, and a leading researcher. Once hemangiomas appear, they grow rapidly for several weeks to months, and then they flatten, fade, and grow smaller over the next five to 10 years. Since most hemangiomas eventually shrink, pediatricians have traditionally recommended simply waiting for them to go away. (In fact, this conservative approach was in part a reaction to past aggressive treatment: In the 1930s and 1940s, children with hemangiomas were often treated with radiation, and doctors later realized this could cause cancer.) However, five or 10 years can be a long time to wait -- and some children may still be left with a scar or loose, stretched skin that looks like a deflated balloon, says Dr. Frieden. That's why experts are increasingly recommending treatment or surgery for big hemangiomas sooner rather than later -- for both medical and psychological reasons. Milton Waner, MD, a hemangioma specialist at Roosevelt Hospital, in New York City, is an outspoken advocate for earlier intervention because he thinks that having a scar is much less traumatic for a child than walking around with a large hemangioma. "Children develop their sense of self by age 3, so we want to help them look normal by then -- certainly by age 5, when they're in school," says Dr. Waner. As many as one in 10 hemangiomas are serious enough that parents should consult a specialist as soon as possible. These include protruding ones near the nose, eyes, lips, or diaper area; ones that cover a wide territory of skin; and those that ulcerate and bleed. Children who have five or more hemangiomas of any size should have more evaluation because they have a higher risk of also having internal hemangiomas, especially in the liver. Steroid medication (either oral or injected) is one of the main treatments to reduce the size of a large hemangioma. Parents may worry about side effects, such as suppression of the immune system or slowed growth, but doctors say that the benefits outweigh them -- and that there's a limited window of time to intervene while a child's hemangioma is still enlarging. "Steroids are extremely effective, and they rarely cause any complications," says Parents advisor Amy Paller, MD, chief of dermatology at Northwestern University Feinberg School of Medicine, in Chicago. When steroids don't work, doctors may also use two cancer drugs -- interferon or vincristin -- or laser treatments. Lasers are often used to "mop up" leftover blood vessels or to fade the red color on flat hemangiomas that are on the face. Doctors may recommend surgery for large hemangiomas whose removal won't leave prominent scars or when a hemangioma's growth is endangering a child's eyesight or breathing. By the time Amber Bergeron was 3 months old, the hemangioma on the side of her nose had grown from a tiny scratch to the size of a grape -- and an ophthalmologist worried that it was obstructing her vision. Her father, Peter, a center fielder for the Philadelphia Phillies, happened to meet another player whose daughter had a similar growth on her face. He suggested that the Bergerons contact the Vascular Birthmark Foundation, which referred them to Dr. Waner, in New York City. Dr. Waner recommended that Amber have the growth removed because it was so close to her eye, and she had the surgery when she was 4 months old. "She's now 21 months and looks beautiful," says her mother, Jennifer. "She healed faster than we ever thought she would." Often it's parents who are most troubled by the birthmarks. After all, everyone envisions having a perfect baby, and other people's reactions can be upsetting. "When we went out in public, strangers would stare and make comments like, 'What happened to your baby?'" says Lisa Aires, of Berkeley Township, New Jersey, whose daughter, Kristen, had a birthmark the size of a quarter on her scalp. After consulting with different doctors, she and her husband decided not to treat the hemangioma, and when Kristen was 11 months old, it began to shrink. By the time she was 2, her hair had grown enough to cover it. Fortunately, there are multidisciplinary medical groups springing up at major children's hospitals focused on these sorts of birthmarks, and more pediatricians are updating their attitudes about them. "While the Internet can provide useful information, many Web sites scare parents because they focus on the most severe cases," says Dr. Frieden. "It's actually reassuring to remember that most hemangiomas don't grow large and won't need any treatment." Café-au-lait spots What they look like: Flat patches that are tan or brown. How common: Ten to 20 percent of newborns have one. Should you treat or remove? No, they're generally too innocuous, even though they can grow as a child gets older. Having six or more café-au-lait spots larger than a quarter may be a sign of neurofibromatosis (a genetic disorder that causes abnormal growth of certain tissues). Congenital nevi (moles) What they look like: They may be brown or black, flat or raised, smooth or hairy. How common: Most kids develop moles as they age, but only 1 percent of children have them at birth. Should you treat or remove? Possibly. Dermatologists usually recommend removing large ones during the first years of life because there is a 5 to 10 percent risk that they will become cancerous. Mongolian spots What they look like: Blue or gray flat patches, often found on the lower back or buttocks. How common: Most Asian babies and many African-American and Hispanic babies have them. Should you treat or remove? No. They usually fade with time. Macular stains What they look like: Faint red patches on the forehead, eyelids, nose, or upper lip ("angel's kisses"), or on the back of the neck ("stork bites"). How common: Thirty to 50 percent of babies have one. Should you treat or remove? No. These usually disappear by age 2, although ones on the neck may last longer. Port-wine stains What they look like: Flat pink, red, or purple spots. They grow, and often darken, with age. Ones on the forehead, eyelids, or both sides of the face can be linked to glaucoma and seizures, and they must be evaluated. How common: Three out of 1,000 people have one. Should you remove? Possibly. Laser therapy lightens marks on the face. Find online support groups and referrals to specialists near you with these resources. The Hemangioma Treatment Foundation HemangiomaTreatment.org National Organization of Vascular Anomalies Novanews.org Vascular Birthmarks Foundation Birthmark.org Copyright © 2007. Reprinted with permission from the July 2007 issue of Parents magazine.

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