

Capillary haemangioma

Dear [Dr ____],

Advice and guidance response pertaining to [Patient name].

The mainstay of treatment in primary care will be reassuring parents.

Photography of lesions is helpful for monitoring.

Parents should be given safety net advice to return for review if meeting any of the referral criteria below.

A capillary haemangioma's surface is often dry and fragile, parents should avoid using bubble bath/soap on lesions and can apply a layer of petroleum jelly (e.g. Vaseline) twice daily to prevent drying out. Ulcerated lesions require referral (see below), but a non-adhesive dressing can be applied in the interim - however these will require close monitoring.

Patient Information: <https://www.bad.org.uk/pils/haemangioma-of-infancy/>

Refer (to either dermatology or plastic surgery according to your local pathway) if:

- large haemangioma (>5cms)
- ulceration (often occurs in nappy area or areas of friction)
- bleeding or infection; more common if ulcerated lesion
- haemangiomas in a location with potential to cause functional impairment
- close to or on eye – can cause visual impairment/impair development of orbit structures
- nose or mouth – if any suggestion of impaired breathing or feeding
- base of spine – can imply underlying spinal pathology
- scalp – possible underlying cranial pathology if large/multiple
- midline on neck – possible underlying laryngeal pathology
- anogenital areas or
- 5 or more haemangiomas may indicate internal lesions/underlying condition and requires further investigation

A capillary haemangioma is a benign self-limiting overgrowth of blood vessels. They are common and affect up to 1 in 10 infants. Most occur on the face but can affect any part of the body internally or externally.

Capillary haemangiomas develop over the first few weeks of life. Usually, the most rapid growth is over the first 3 months. They may start as a pale spot with a red centre. Deeper lesions may appear blue/purple initially. They can continue to grow until approximately 12 months of age. Following this, capillary haemangiomas shrink and fade, this is often slow recession but usually complete by 5-7 years. They may disappear completely or leave a permanent mark.

Mostly they are asymptomatic and do not require treatment, but parents are often concerned during the rapid phase of growth.

Treatment is very rarely required and would only be commenced after secondary care review – this could include beta blockers or laser treatment/surgery.

If referring, please state that the referral has already been through Advice and Guidance and include previous correspondence, so we don't duplicate advice.

With kind regards,

[Responding clinician name and role]