Moorfields
Eye Hospital
NHS Foundation Trust

Paediatric information – for parents

Haemangioma

A haemangioma is a lump or flat mark on or under the skin made of a group of small blood vessels. Haemangiomas can be superficial, just under the top layer of the skin, or deeper underneath, or a mixture of the two. Superficial haemangiomas are often called 'strawberry marks', because they are bright red in colour. Deeper haemangiomas look blue-purple in colour.

Why does my child have a haemangioma?

Haemangiomas develop before birth and are a small area where too many blood vessels have grown. They are often not visible at birth, but become noticeable within the first few weeks after birth. They can increase in size, sometimes quite rapidly, over the first three to six months of life. After the age of six to ten months, haemangiomas usually begin to gradually shrink and fade over a few years.

Does my child need any treatment?

As a haemangioma tends to disappear with time, many do not need any treatment as long as it is not affecting the vision. Your child's eye care team will check whether a haemangioma in the eyelid or the eye socket affects your child's vision or the ability to use their eye. A test for glasses (refraction) tells us whether the haemangioma is pressing on the eyeball and affecting the focus, which can lead to poor development of the vision (amblyopia or lazy eye).

How is a haemangioma treated?

If a haemangioma does affect your child's vision, then the doctor may prescribe a beta-blocker eye gel called Timolol (Timoptol^{TM} 0.5% long-acting). This makes blood vessels smaller. We will ask you to apply a small amount of the Timolol gel to the skin over the haemangioma two to three times a day for six to twelve months. The team will regularly check your child to make sure the treatment is working. If it does not have the desired effect, we will refer your child to a specialist team, as a beta-blocker taken by mouth may be the next step in treatment.

Can either treatment have side-effects?

When using a beta-blocker on the skin, side-effects are extremely rare, but they are possible with beta blockers by mouth. If you notice any of the following, please contact your child's eye care team or your GP:

- wheezing or coughing, which can be a sign of a narrowing of the airways (bronchospasm)
- a slow heart rate or pulse
- cold and blueish fingers, hands, toes or feet
- weakness and fatigue, showing as floppiness and the child not being interested in their surroundings
- increased sleepiness or restlessness

Other rare side effects include low blood pressure and low blood sugar levels.

Does my child need any tests before starting treatment?

If the haemangioma is superficial, then usually no other tests are needed. Sometimes, particularly if a child has multiple haemangiomas on different parts of the body, the doctor may refer your child to a paediatrician to arrange an ultrasound scan of the tummy, or other tests, to see whether there are any more, deeper haemangiomas elsewhere in the body.

How successful is the treatment?

By the age of 2-7 years, 70% of haemangiomas will have disappeared completely. This depends on their size and location.

Are there any support groups for families available outside Moorfields?

Yes, you can contact the Birthmark Support Group, and Changing Faces.

This leaflet has been adapted from an earlier one written by the Birthmark Team at Great Ormond Street Hospital.

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Moorfields Direct telephone helpline

Phone: 020 7566 2345
Monday-Friday, 8.30am-9pm
Saturday, 9am-5pm
Information and advice on eye conditions and treatments from experienced ophthalmic-trained nurses.

Patient advice and liaison service (PALS)

Phone: 020 7566 2324/ 020 7566 2325
Email: moorfields.pals@nhs.net
Moorfields' PALS team provides confidential advice and support to help you with any concerns you may have about the care we provide, guiding you through the different services available at Moorfields. The PALS team can also advise you on how to make a complaint.