

Angioma

Angioma or hemangioma describes a benign vascular skin lesion. An angioma is due to proliferating endothelial cells; these are the cells that line the inside of a blood vessel.

Angiomas can arise in early life (infantile proliferative hemangioma) or later in life. The most common type of angioma is a cherry angioma. A cherry angioma is a small papular angioma. It is also called a senile angioma but can occur in young people too.

Who gets cherry angioma?

Cherry angiomas are very common in males and females of any age or race. They are more noticeable in white skin than in skin of colour. They markedly increase in number from about the age of 40. There may be a family history of similar lesions. Eruptive cherry angiomas have been rarely reported to be associated with internal malignancy.

What is the cause of cherry angioma?

Their cause is unknown. Genetic analysis of cherry angiomas has shown that they frequently carry specific somatic missense mutations in the GNAQ and GNA11 (Q209H) genes, which are involved in other vascular and melanocytic proliferations.

What are the clinical features of cherry angioma?

Cherry angioma is a firm red, blue or purple papule, 0.1–1 cm in diameter. When thrombosed, they can appear black in colour until evaluated with a dermatoscope when the red or purple colour is more easily seen. Cherry angioma may develop on any part of the body but most often appear on the scalp, face, lips and trunk.

What investigations should be done for angioma?

Cherry angioma is usually diagnosed clinically and no investigations are necessary for the majority of lesions. When there is uncertainty about the diagnosis, a biopsy may be performed.

What is the treatment for cherry angioma?

Cherry angiomas are harmless, so do not have to be treated. Occasionally, they are removed to exclude a malignant skin lesion such as nodular melanoma. If desired for cosmetic reasons, a cherry angioma can be removed by laser surgery or electrocauterization.