Texas Children's Hospital  
Dermatology Service  
PCP Referral Guidelines- Vascular Birthmarks

Diagnosis/symptom: **VASCULAR BIRTHMARKS**  
HEMANGIOMAS  
PORT-WINE STAINS  
PYOGENIC GRANULOMAS

When to initiate referral:

- If diagnosis of any congenital or acquired vascular growth is in question  
- All (especially facial) **port-wine stains** may be appropriate for consultation regarding diagnosis, potential risks and potential laser treatment  
  --Laser treatments are probably most effective when started early, and are often initiated at 6 months of age  
- **Hemangiomas** if:  
  --Ulcerated and/or bleeding  
  --Large, facial  
  --Rapidly growing  
  --Concern about visual or other organ compromise  
  --Concern about potential disfigurement  
  --Significant parental anxiety  
- All **pyogenic granulomas** may be appropriate for consultation regarding diagnosis and treatment options (a vascular papule suddenly appearing on the skin of an older child is NOT a hemangioma)
Treatment Recommendations for Ulcerated Hemangiomas

Ulceration most commonly occurs during the hemangioma growth phase (e.g. first several months of life). Large, superficial (red) and raised hemangiomas in trauma-prone locations (lip, diaper area, back) are particularly susceptible to ulceration.

Treatment is recommended as soon as ulceration is suspected or noted. Do not wait for dermatology appointment to begin treatment.

1. **Preventative care** for dry, flaky, or dark skin that is intact (no opening, bleeding or drainage) but showing signs of potential ulceration, or for high-risk hemangiomas as noted above, even without signs of ulceration:
   1. Gently cleanse affected area once daily. (via immersion, spray bottle or running soapy water over area). Gently pat dry.
   2. Apply a thick area of petrolatum and repeat throughout the day (reapplication with each diaper change is a good rule of thumb)

2. **Initial wound care for ulceration**:
   1. Gently cleanse affected area once daily (via immersion, spray bottle, or running soapy water over area). Gently pat dry.
   2. Apply thick layer of mupirocin* twice daily followed by thick layer or petrolatum. Repeat application of petrolatum throughout the day (reapplication with each diaper change is a good rule of thumb).
   3. For hemangioma ulceration in **diaper area**:
      Same instructions as above, but alternate mupirocin* with metronidazole gel (Metrogel) qam/qhs or gentamicin ointment bid
   4. Cover with Vaseline gauze

3. **For pain, any or all of the below can be considered, especially prior to cleansing/wound care**:
   1. Lidocaine 5% ointment: apply pea-sized amount no more than 3 times daily. Most effective when applied 20-30 minutes prior to cleansing/wound care.
   2. Children’s Tylenol
   3. Oral sucrose