CONDITION

Bruise

Learn what causes bruises, how they normally heal, when unexplained bruising needs medical review, and which symptoms require urgent care.

WHAT IT IS
Bleeding beneath the skin

BODY SYSTEM
Skin and soft tissues

MAIN SYMPTOMS
Skin discoloration, tenderness, swelling, soreness with movement

WHAT CAUSES IT
Injury damaging small blood vessels

HOW IT IS DIAGNOSED
Clinical examination

MAIN TREATMENT
Supportive self-care

CAN IT BE CURED?
Yes, most fade without treatment

IS IT AN EMERGENCY?
Sometimes, with severe or rapidly increasing pain

LONG-TERM OUTLOOK
Most heal without complications

Overview

A bruise is an area of bleeding beneath the skin. It usually forms when a bump, fall, or other injury damages small blood vessels called capillaries. Blood leaks into nearby tissue, but the skin remains unbroken.

The medical term for a typical bruise is ecchymosis . A contusion is a bruise caused by an impact and may involve skin, fat, or muscle. A hematoma is a more concentrated collection of blood that may cause a firm or swollen lump.

Most bruises are minor and fade without treatment. Their color changes as the body breaks down and removes the trapped blood. Healing may take longer when a bruise is large, deep, or on the lower leg.

Bruising matters because frequent, severe, or unexplained bruises can sometimes be related to a medicine, a low platelet count, or a condition affecting blood clotting. A bruise after a significant injury may also be a visible sign of deeper damage.

Tiny red, purple, or brown spots called petechiae are different from ordinary bruises. They are caused by pinpoint bleeding under the skin and often appear in groups. New petechiae, especially with fever or illness, should be assessed promptly.

Symptoms

A bruise often starts as a tender area with red, blue, purple, or dark discoloration. On darker skin, early color changes may be less obvious. Tenderness or swelling may be easier to notice.

As the bruise heals, it may become green, yellow, or brown before fading. The exact color and timing vary, so color alone cannot reliably show when an injury happened.

Common features include:

Deep muscle bruises may cause more pain, swelling, stiffness, or weakness than a surface bruise. A bruise around a joint can make movement uncomfortable.

Seek emergency care after an injury if bruising occurs with severe or rapidly increasing pain, major swelling, numbness, weakness, pale or cool skin beyond the injured area, or an inability to move or bear weight. These symptoms may indicate a fracture, impaired blood flow, or dangerous pressure within a muscle compartment.

Emergency assessment is also appropriate after a head injury if there is loss of consciousness, repeated vomiting, worsening headache, confusion, unusual drowsiness, seizure, weakness, trouble speaking, or fluid or blood coming from the nose or ears.

- Skin discoloration that does not disappear when pressed
- Mild pain or tenderness
- Limited swelling
- Soreness when the nearby muscle or joint moves
- A lump if a hematoma has formed

Causes and risk factors

Most bruises result from everyday injuries, such as bumping into furniture, falling, playing sports, or having blood drawn. A person may not remember a minor impact, especially if the

bruise appears later.

Skin becomes thinner with age and loses some of the fatty tissue that cushions blood vessels. Older adults may therefore bruise more easily, particularly on the hands and forearms. Sun-related skin damage can add to this effect.

Medicines and supplements may increase bruising. These include anticoagulants like warfarin or apixaban , often called blood thinners; antiplatelet medicines, which reduce the ability of platelets to stick together; corticosteroids like prednisone or hydrocortisone ; and some nonsteroidal anti-inflammatory drugs like ibuprofen or naproxen , or NSAIDs. Certain supplements can also affect bleeding. A medicine-related bruise does not necessarily mean the treatment is unsafe, but new or increasing bruising should be discussed with the prescriber.

Do not stop a prescribed anticoagulant or antiplatelet medicine on your own. Suddenly stopping it may increase the risk of a blood clot, stroke, or other serious problem.

Less common causes of easy bruising include:

A bleeding disorder is more likely to be considered when bruising is frequent or extensive, occurs without a clear injury, began in childhood, or appears with repeated nosebleeds, heavy menstrual bleeding, prolonged bleeding after dental work, or a family history of unusual bleeding.

Bruising in a child who is not yet independently mobile, or bruises with unusual patterns or locations, needs careful medical assessment. Clinicians should consider accidental injury, medical causes, and the possibility that someone has caused harm.

- A low number of platelets, which are blood cells involved in clot formation
- Platelets that do not work normally
- Inherited bleeding conditions, such as von Willebrand disease or hemophilia
- Liver disease, which can reduce the production of clotting proteins
- Vitamin deficiencies related to poor nutrition or difficulty absorbing nutrients
- Bone marrow or blood disorders
- Some infections, inflammatory conditions, or cancers

Diagnosis

A routine bruise after a minor injury usually does not require testing. A clinician may evaluate bruising that is unexplained, recurrent, unusually large, slow to improve, or associated with

other bleeding.

The evaluation begins with questions about when the bruises started, where they occur, and whether there have been nosebleeds, gum bleeding, heavy periods, blood in urine or stool, or prolonged bleeding after procedures. The clinician will also ask about injuries, illnesses, alcohol use, nutrition, family history, and all medicines and supplements.

During the examination, the clinician may look at the size, location, and pattern of bruises. They may check for petechiae, joint swelling, enlarged lymph nodes, or signs of liver disease. Tenderness, movement, sensation, and circulation may be assessed after an injury.

When testing is needed, it may include:

Normal initial tests do not rule out every bleeding disorder. If the history strongly suggests abnormal bleeding, a clinician may order more specific tests or refer the person to a hematologist, a doctor who specializes in blood conditions.

Imaging is not needed for most bruises. An X-ray, ultrasound, CT scan, or MRI may be used if there is concern about a fracture, deep hematoma, muscle injury, or internal bleeding.

- A complete blood count to measure red cells, white cells, and platelets
- A blood smear to examine blood cells under a microscope
- Prothrombin time and INR to assess part of the clotting process
- Activated partial thromboplastin time to assess another part of clotting
- Liver or kidney tests when the history suggests a related problem

Treatment and management

Most uncomplicated bruises improve with time. Early care aims to limit swelling and ease discomfort.

During the first day or two, it may help to rest the injured area and apply a cold pack wrapped in a thin cloth for short periods. Do not place ice directly on the skin. Elevating the area above heart level, when practical, can reduce swelling. Gentle compression may help some limb injuries, but it should not cause increasing pain, numbness, tingling, or color change.

After the first couple of days, gentle movement can help prevent stiffness. A warm compress may feel soothing once active swelling has settled. Avoid forceful massage, strenuous exercise, or repeated impact while the area remains painful.

Do not puncture or drain a bruise or hematoma at home. This can introduce infection or cause more bleeding.

For pain, a clinician or pharmacist can help identify an appropriate nonprescription option. Acetaminophen is often considered because it does not have the same effect on platelets as aspirin and many NSAIDs. However, it may not be suitable for everyone. People taking blood thinners, those with liver or kidney disease, and those with a history of stomach bleeding should ask before using pain medicine.

Treatment for persistent or unexplained bruising depends on the cause. A clinician may review medicines, treat a nutritional deficiency, manage an underlying illness, or arrange specialist care for a clotting or platelet disorder. Medicine changes should be made only with the prescribing clinician.

A large or painful hematoma sometimes needs monitoring, imaging, or drainage by a healthcare professional. This is more likely when the collection of blood presses on nearby nerves or tissues, limits movement, or does not resolve as expected.

Complications

Most bruises heal without complications. A large hematoma may remain tender or firm for several weeks and can occasionally place pressure on nearby structures.

A deep muscle injury can rarely lead to compartment syndrome , in which swelling raises pressure inside a closed group of muscles. Severe worsening pain, tight swelling, numbness, weakness, or a pale or cool limb requires emergency care.

After a severe muscle contusion, bone-like tissue can rarely form within the injured muscle. This is called myositis ossificans . It may cause lasting pain, stiffness, or a firm mass and should be medically assessed.

Bruising after a major injury can occur with internal bleeding even when the skin is intact. New abdominal swelling, severe abdominal or chest pain, fainting, breathing difficulty, vomiting blood, or black or bloody stools requires emergency evaluation.

Skin infection is not typical in a closed bruise. Increasing warmth, spreading redness, drainage, or fever may suggest infection or another problem, especially if the skin was also cut.

Follow up

A small bruise that steadily becomes less painful and begins to fade can usually be watched at home. Depending on its size and location, complete fading may take several weeks.

Arrange routine medical follow-up if bruises:

Contact a healthcare professional promptly for a large new bruise while taking an anticoagulant, particularly if there is ongoing swelling or other bleeding. Follow the care plan given by the anticoagulant prescriber.

Seek urgent same-day assessment for new widespread bruising or petechiae, especially with fever or feeling unwell. Blood in urine, red or black stools, vomiting blood, or bleeding that does not stop also needs urgent care.

Call emergency services for symptoms of severe blood loss, such as fainting, confusion, marked weakness, difficulty breathing, or cold and clammy skin. Emergency care is also needed for serious head-injury symptoms or signs of compartment syndrome.

- Appear often without a remembered injury
- Are becoming larger, more numerous, or more painful
- Develop after starting a medicine or supplement
- Do not show gradual improvement
- Occur with frequent nosebleeds, gum bleeding, heavy periods, or prolonged bleeding from small cuts
- Are accompanied by unusual tiredness, weight loss, or recurrent fever
- Interfere with walking, work, sleep, or joint movement

Sources

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