CONDITION

Cherry angioma

Learn how cherry angiomas look, why these harmless blood vessel growths develop, when to seek medical review, and how they can be removed.

WHAT IT IS
Small noncancerous blood vessel skin growth

BODY SYSTEM
Skin

MAIN SYMPTOMS
Red or purple spot, smooth surface, flat or raised bump, bleeding after injury

WHAT CAUSES IT
Unknown, involving widened small blood vessels

HOW IT IS DIAGNOSED
Skin examination, dermatoscopy, biopsy if uncertain

MAIN TREATMENT
Observation or office-based removal

CAN IT BE CURED?
Yes, individual growths can be removed

IS IT AN EMERGENCY?
Sometimes, bleeding uncontrolled by firm pressure

LONG-TERM OUTLOOK
Harmless, though new growths may develop

Overview

A cherry angioma is a small, noncancerous skin growth made up of blood vessels. It usually appears as a bright red, dark red, blue-red, or purple spot. Some are flat, while others form a smooth, raised bump.

Cherry angiomas are very common in adults. They may begin appearing in early adulthood, but people often develop more as they get older. They can occur almost anywhere on the skin. The trunk, arms, shoulders, scalp, and face are common locations.

These growths are harmless and do not usually require treatment. They are not contagious, and they do not spread from one person to another. A cherry angioma does not usually turn into skin cancer.

Cherry angiomas matter mainly because they can bleed when scratched or injured. They may also look similar to other red, purple, or dark skin growths. A clinician should examine a spot if its identity is uncertain or if it changes in an unusual way.

A cherry angioma is different from an infantile hemangioma, which is a blood vessel growth that develops in babies. It is also different from a spider angioma, which has small vessels spreading outward from a central red point.

Symptoms

Cherry angiomas are usually easy to notice but do not cause physical symptoms. They may be as small as a pinhead or grow to several millimeters across. Most remain small.

Typical features include:

A cherry angioma may look nearly black if blood inside it clots. This is called thrombosis. Although clotting within the growth is usually harmless, a newly dark or changing spot may need examination because melanoma and other skin conditions can also appear dark.

The surface can bleed if it is scratched, shaved over, or rubbed by clothing or jewelry. Bleeding may seem more noticeable than expected for such a small spot because the growth contains blood vessels. In most cases, steady pressure with clean gauze stops the bleeding.

Cherry angiomas generally develop gradually. A person may notice more of them over many years. A sudden outbreak of numerous red spots is less typical and is worth discussing with a clinician, especially if it follows a new medicine or occurs with other unexplained symptoms.

Not every red spot is a cherry angioma. Pinpoint bleeding under the skin, inflamed hair follicles, insect bites, skin cancers, and other blood vessel growths can have a similar appearance.

- A round or oval shape
- A red, dark red, blue-red, or purple color
- A smooth surface
- A flat spot or slightly raised, dome-shaped bump
- One growth or many separate growths
- No pain, itching, or tenderness

Causes and risk factors

The exact cause of cherry angiomas is not fully understood. They form when small blood

vessels near the skin's surface grow or widen. This produces a concentrated red or purple spot.

Age is the clearest risk factor. Cherry angiomas become more common and often increase in number during adulthood. Some people develop only a few, while others develop dozens or more.

Family patterns have been reported, which suggests that inherited traits may affect who develops them. However, no single gene or inheritance pattern explains most cases.

Hormonal and environmental influences have also been studied. Cherry angiomas may become more noticeable during pregnancy in some people. Sudden clusters have occasionally been reported after exposure to certain medicines or chemicals or in association with medical conditions. These reports do not mean that ordinary cherry angiomas are a sign of internal disease.

There is no established way to prevent age-related cherry angiomas. They are not caused by poor hygiene, and they do not result from an infection. Picking at one does not cause new angiomas to develop elsewhere, although it can cause bleeding or irritation.

A large number of long-standing, stable cherry angiomas is usually not concerning. A clinician may look more closely at lesions that appear very suddenly, have unusual features, or occur along with other symptoms.

Diagnosis

A clinician can often recognize a cherry angioma by examining the skin. They may ask when the spot appeared, whether it has changed, and whether it bleeds, hurts, or itches.

A handheld tool called a dermatoscope may be used. This device provides magnification and special lighting that help show blood vessel patterns beneath the surface. Typical cherry angiomas have rounded red, blue, or purple areas that correspond to small collections of blood vessels.

A skin biopsy is not usually needed when the appearance is typical. During a biopsy, a clinician removes part or all of the growth so that it can be examined under a microscope. A biopsy may be recommended if the spot:

Conditions that can resemble a cherry angioma include pyogenic granuloma, melanoma, basal cell carcinoma, spider angioma, and bleeding beneath the skin. Pyogenic granuloma is a rapidly growing blood vessel growth that often bleeds easily. Melanoma is a form of skin cancer that may sometimes be red or appear dark after being mistaken for a blood vessel growth.

A new or changing spot usually calls for a routine medical or dermatology appointment rather than emergency care. Prompt review is appropriate if the change is rapid, the diagnosis is unclear, or bleeding keeps returning.

Heavy bleeding that does not stop with continuous firm pressure requires urgent medical care. Emergency help is also appropriate if bleeding is accompanied by fainting, severe weakness, difficulty breathing, or another serious symptom. These situations are unusual for a cherry angioma.

- Has an uncertain diagnosis
- Changes rapidly in size, shape, or color
- Has an irregular border or several colors
- Bleeds repeatedly without clear injury
- Develops an open sore or does not heal
- Looks different from the person's other spots

Treatment and management

Most cherry angiomas do not need treatment. After a clinician confirms the diagnosis, leaving the growth alone is often the simplest option. Routine observation is appropriate when it is stable and not causing problems.

Removal may be considered when a growth bleeds repeatedly, catches on clothing, becomes irritated during shaving, or causes cosmetic concern. The best procedure depends on the size, location, skin tone, number of lesions, and whether the diagnosis is certain.

Common office-based treatments include:

A local anesthetic may be used to numb the skin before some procedures. Patients can ask what discomfort, wound care, healing time, and cosmetic result to expect.

Removal does not prevent new cherry angiomas from developing elsewhere. A treated growth can also return if some of the blood vessel tissue remains.

Possible treatment effects include temporary soreness, scabbing, bleeding, infection, scarring, and a lighter or darker area of skin. Changes in skin color can be more noticeable or last longer in deeply pigmented skin. A clinician can discuss which technique may carry the lowest cosmetic risk for a particular location and skin type.

Creams and home remedies do not reliably remove cherry angiomas. Cutting, burning, freezing, or tying off a spot at home can cause uncontrolled bleeding, infection, or scarring. It

can also delay diagnosis if the growth is not actually a cherry angioma.

If an untreated angioma bleeds after minor injury, apply steady pressure with clean gauze or cloth. Avoid repeatedly lifting the material to check the area because this can disturb the forming clot. Once bleeding has stopped, keep the area clean and protect it from further rubbing.

- Electrosurgery: An electrical instrument heats and destroys the growth. The area may form a small scab while it heals.
- Laser treatment: A vascular laser targets color within the blood vessels. More than one session may be needed, especially for multiple lesions.
- Cryotherapy: Liquid nitrogen freezes the growth. This method may be used for selected small lesions.
- Shave removal or curettage: A clinician removes or scrapes away the raised tissue. The sample can sometimes be sent for laboratory examination.
- Surgical excision: Cutting out the entire growth is less commonly needed but may be appropriate when the diagnosis is uncertain or the lesion is larger.

Complications

Cherry angiomas themselves rarely cause medical complications. They do not usually affect organs or overall health, even when many are present.

The main complication is bleeding after scratching, shaving, or other trauma. Repeated rubbing may also cause irritation. A clot within the growth can make it turn dark, which may create uncertainty about the diagnosis.

Complications are more likely to result from removal than from the angioma. These may include a scar, a persistent change in skin color, infection, or recurrence. Following the clinician's wound-care instructions can reduce some of these risks.

The most important concern is mistaken identity. A growth assumed to be a cherry angioma may occasionally be another condition. Medical review is appropriate for an unusual, rapidly changing, repeatedly bleeding, or nonhealing spot.

Follow up

A typical cherry angioma that is not treated usually does not require scheduled follow-up. It can be checked during routine health or skin examinations.

Consider arranging a routine appointment if a spot:

Photographs taken in consistent lighting can help document change, but they do not replace an examination. Avoid using an image alone to decide that a dark or bleeding growth is harmless.

After removal, follow the specific wound-care instructions provided by the treating clinician. Contact the clinic if there is increasing redness, warmth, swelling, drainage, worsening pain, or bleeding that keeps returning. If tissue was sent to a laboratory, confirm how and when the result will be provided.

Seek urgent care for bleeding that continues despite uninterrupted firm pressure. Call emergency services for severe or uncontrolled bleeding, fainting, breathing difficulty, confusion, or other signs of a medical emergency.

- Is new and its identity is uncertain
- Starts growing or changing quickly
- Becomes irregular or develops several colors
- Bleeds often without being scratched
- Becomes painful, persistently itchy, crusted, or ulcerated
- Looks noticeably different from nearby spots
- Appears as part of a sudden crop of many new lesions

Sources

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