SYMPTOM

Bleeding into the skin

Bleeding into the skin causes red, purple, or brown spots when blood leaks from small vessels

WHAT IT FEELS LIKE
I see painless red, purple, or brown marks

WHERE IT IS FELT
Anywhere on the skin, often arms or legs

MOST COMMON CAUSES
Minor bumps, pressure, fragile skin

WHEN IT IS URGENT
Rapidly spreading spots with fever or feeling very unwell

USUALLY LASTS
Days to weeks, based on size and cause

SEE A DOCTOR IF
Marks are unexplained, recurring, increasing, or slow to fade

Overview

Bleeding into the skin happens when blood leaks from small blood vessels into nearby tissue. It may look like tiny dots, larger flat patches, or a bruise. Because the blood is trapped beneath the skin, the colour does not disappear when pressed.

A single bruise after a bump is usually not concerning. New marks without an injury, widespread pinpoint spots, or bleeding elsewhere may need medical assessment.

Possible causes range from minor pressure to medicines, low platelet levels, clotting problems, or illnesses affecting blood vessels.

What it may feel or look like

The marks are often painless and flat. Depending on your skin tone and how long the blood has been present, they may look red, purple, blue, brown, yellow, or nearly black. On darker skin, clusters of new spots may be easier to see in good light.

Terms describing their size include:

These marks usually do not become pale when pressed, known as non-blanching . Pressing a drinking glass firmly against the area may show whether a mark fades, but this cannot identify the cause or rule out serious illness.

Other symptoms may include nosebleeds, bleeding gums, unusually heavy periods, blood in urine or stool, or prolonged bleeding from small cuts.

- Petechiae: tiny pinpoint spots, often in clusters
- Purpura: larger red or purple areas beneath the skin
- Ecchymoses: broad patches commonly called bruises

Common causes

Common causes include bumps, falls, firm pressure, blood tests, injections, or tight clothing. You may not remember a minor injury, especially if the mark appears later.

Age and long-term sun exposure can make skin and blood vessels fragile, particularly on the hands and forearms.

Anticoagulants like warfarin or apixaban , antiplatelet medicines, corticosteroids like prednisone or hydrocortisone , some non-prescription pain medicines, and certain supplements can make bruising or bleeding easier.

Less common causes include low or abnormal platelets, shortages of clotting proteins, liver disease, vitamin deficiencies, bone marrow disorders, and inherited bleeding conditions.

Inflammation of blood vessels, called vasculitis , may cause raised or tender purple spots, often on the legs. Some infections can also produce petechiae or purpura.

Urgent causes include severe infection or a major clotting disturbance, particularly when spots spread quickly with fever, confusion, breathing difficulty, severe weakness, or significant bleeding elsewhere.

When to seek medical care

Call emergency services if you have a new non-blanching rash and are very unwell, especially with fever, confusion, unusual sleepiness, a stiff neck, breathing difficulty, fainting, or rapidly spreading spots. Do not wait for every symptom to appear.

Emergency care is also appropriate for:

Seek same-day medical advice for new, unexplained, or widespread pinpoint spots, even if you

otherwise feel well. Get prompt advice if marks occur with repeated nosebleeds, bleeding gums, blood in urine or stool, unusually heavy periods, or large unexplained bruises.

Book a routine appointment if bruising keeps returning, becomes more frequent, or takes longer than expected to fade. Mention any family history of unusual bleeding.

If you take medicine that affects clotting, ask for advice about unexpected or increasing bruising. Do not stop prescribed medicine on your own.

- Bleeding that will not stop with firm pressure
- Vomiting blood or passing a large amount of blood
- Severe headache, vomiting, confusion, or weakness after a head injury
- Extensive bruising after a serious injury
- Signs of severe blood loss, such as fainting or marked breathlessness

How the cause is found

A clinician will ask when the marks appeared, whether they followed an injury, and whether you have bleeding elsewhere. They may ask about infections, alcohol use, menstrual bleeding, family history, medicines, and supplements.

They may check whether spots fade under pressure and look for swelling, tenderness, or marks inside the mouth.

Tests are not always needed for a typical bruise. For unexplained or widespread bleeding, blood tests may check:

Further testing depends on the results and other symptoms. Occasionally, a skin sample is examined if blood-vessel inflammation is suspected.

- Blood cells and platelet levels
- How long the blood takes to clot
- Liver or kidney function

Treatment and self-care

Treatment depends on the cause. An ordinary bruise usually needs no medical treatment. During the first day or two, apply a wrapped cold pack to a recent injury for short periods. Resting and raising the area may reduce swelling.

Protect fragile skin by wearing long sleeves during tasks likely to cause knocks, keeping walkways clear, and improving lighting to reduce falls.

Do not start aspirin or anti-inflammatory pain medicines for unexplained bruising without checking whether they are suitable. A clinician can review any prescribed medicine that may be contributing. Never change or stop an anticoagulant or antiplatelet medicine without medical advice.

If an illness, platelet problem, or clotting disorder is responsible, treatment focuses on that condition.

What to expect

A simple bruise often changes colour and fades over days to a few weeks. Larger or deeper bruises may last longer.

Petechiae and purpura improve when the underlying trigger settles or is treated. New marks appearing while older ones fade may mean bleeding is continuing and should be assessed.

Brown staining can sometimes remain after inflammation or repeated bleeding into the skin.

Common questions

Is bleeding into the skin the same as a rash?

Not always. Many inflammatory rashes become paler when pressed, while blood beneath the skin usually does not. Appearance alone cannot always distinguish them.

Does unexplained bruising mean cancer?

Usually there is a less serious explanation. However, repeated unexplained bruises or pinpoint spots can sometimes be linked to blood or bone marrow conditions. A clinician can decide whether tests are needed.

Can coughing or vomiting cause petechiae?

Strong coughing, vomiting, crying, or straining can break tiny vessels, often around the eyes, face, or upper chest. Seek advice if spots are widespread, recur, or occur with illness or other bleeding.

Should I use the glass test?

It may show that spots do not fade under pressure, but it cannot explain their cause. Do not use it to delay urgent care if you have fever or feel very unwell.

Sources

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