

What is an ulcerated infantile hemangioma?

Hemangiomas are common birthmarks, sometimes referred to as “strawberry” birthmarks. Sometimes, the skin on a hemangioma can break open, causing a sore. This is called an ulcerated hemangioma. Ulceration is one of the most common problems in hemangiomas. It can be painful.

WHO IS AT RISK FOR GETTING AN ULCERATED HEMANGIOMA?

Any baby with a hemangioma could get an ulceration, but it is more likely with larger or thicker hemangiomas.

Ulcerations usually happen in areas where the skin is easily irritated. This can be from pressure, rubbing, or moisture. Hemangiomas on certain areas of the body are more likely to develop ulcerations:

- » Diaper area
- » Neck
- » Near the mouth
- » Ears
- » Scalp

WHAT DOES AN ULCERATED HEMANGIOMA LOOK LIKE?

You may see a raw, open sore inside of the birthmark. It may also look like a dark spot or scab. The sore might bleed or hurt, especially if it rubs on clothing or the diaper.

HOW IS AN ULCERATED HEMANGIOMA DIAGNOSED?

Doctors can usually diagnose an ulcerated hemangioma by looking at it. No special tests are needed. If the doctor thinks the ulceration might be infected, they may test the surface to check for bacteria.

IS BLEEDING COMMON IN ULCERATED HEMANGIOMAS?

A little bleeding is common. Serious bleeding is very rare. A little blood can look like a lot, especially on a diaper or bandage.

To stop bleeding, press firmly on the area for 10–15 minutes straight, without peeking. If this doesn't stop the bleeding, you should get medical help right away.

HOW LONG DO ULCERATIONS TAKE TO HEAL?

The time it takes to heal can depend on the size and location. It usually takes a few weeks.

Treatment can help ulcerations to heal as quickly as possible. If the ulceration is worsening, call your doctor.

HOW IS AN ULCERATED HEMANGIOMA TREATED?

Treatment helps ease pain and heal the sore. Treatments might include:

1 Pain Control:

Pain medicine like acetaminophen or ibuprofen may be helpful. Babies younger than 6 months should not take ibuprofen unless directed by a doctor.

A small amount of numbing ointment (like lidocaine) may help your baby feel more comfortable. Some families use this before baths or bandage changes. Talk to your doctor about exactly how much numbing ointment is safe to use for your baby.

Keeping the ulcer covered can also help reduce pain.

2 Wound Care:

It's important to keep the ulcer clean and protected.

Your doctor may recommend ointments to apply to the wound. These can prevent infection and aid healing.

When possible, the ulcer should be covered with a non-stick bandage. Non-stick means the bandage will not stick to the healing skin. Avoid gauze touching the wound, as it can stick and peel off the freshly healed skin. Petroleum jelly or other ointments can also help keep bandages from sticking to the wound.

3 Avoiding Irritation:

It's important to avoid irritation, especially in the diaper area. Change diapers often and clean gently to help the wound heal faster.

In other areas, try to avoid rubbing or pressure.

4 Medications:

Some babies may need oral medication to help heal the ulcer.

Medications called beta-blockers (such as propranolol) may be given. These can reduce the size of the hemangioma and help heal the wound.

Steroids may also be given to help ulcerations heal more quickly.

5 Laser Treatment:

For some babies, laser treatment can speed up healing. The goal of laser treatment is not to remove the hemangioma but to help the ulcer heal. This may need several sessions, and treatments can be painful.



The Society for Pediatric Dermatology
8365 Keystone Crossing, Suite 107
Indianapolis, IN 46240
(317) 202-0224
www.pedsderm.net

Authors:
Ilona Frieden, MD
Elizabeth Nieman, MD

Reviewers:
Leslie Castello-Soccio, MD
Lacey Kruse, MD
Keri Wallace, MD

The Society for Pediatric Dermatology and Wiley Publishing cannot be held responsible for any errors or for any consequences arising from the use of the information contained in this handout. Handout originally published in *Pediatric Dermatology*; Vol. 42, No. 3 (2025).

© 2025 The Society for Pediatric Dermatology