CONDITION

Telangiectasia

Telangiectasia is the visible widening of tiny blood vessels near the skin or a moist body lining.

WHAT IT IS
Visible widening of tiny blood vessels

BODY SYSTEM
Skin and blood vessels

MAIN SYMPTOMS
Fine red lines, vessel clusters, skin redness, occasional bleeding

WHAT CAUSES IT
Sun, skin conditions, hormones, medicines, or inherited disorders

HOW IT IS DIAGNOSED
Skin examination, dermoscopy, and cause-specific tests

MAIN TREATMENT
Vascular procedures and treatment of underlying causes

CAN IT BE CURED?
Sometimes - visible vessels can be closed

IS IT AN EMERGENCY?
Sometimes - uncontrolled bleeding or sudden neurological symptoms

LONG-TERM OUTLOOK
Usually harmless; underlying conditions shape long-term health

Overview

Telangiectasia means that tiny blood vessels have widened and become visible. These vessels often look like fine red, pink, purple, or blue lines. They may form branching patterns or small clusters.

Telangiectasias are most noticeable on the face, especially around the nose, cheeks, and chin. They can also appear on the legs, hands, chest, inside the mouth, or around the lips.

For many people, telangiectasia is a harmless cosmetic concern caused by sun exposure, aging, rosacea, or changes in leg veins. The vessels themselves are not cancerous or contagious.

Sometimes, widespread or frequently bleeding telangiectasias are linked to another condition.

One example is hereditary haemorrhagic telangiectasia, or HHT. This inherited condition can also cause abnormal blood vessels inside organs. The pattern of your symptoms, medical history, and family history helps determine whether further assessment is needed.

Symptoms

The appearance depends on the size, depth, and location of the vessels. On lighter skin, they may look red or pink. On darker skin, they may appear red, purple, blue, or less distinct from the surrounding skin.

Common features include:

Most skin telangiectasias do not hurt. Facial vessels associated with rosacea may occur with flushing, burning, sensitivity, or acne-like bumps. Leg vessels may appear alongside larger varicose veins, aching, swelling, itching, or skin discoloration.

Telangiectasias on moist linings, such as inside the nose or digestive tract, may bleed. Repeated nosebleeds, black stools, unusual tiredness, breathlessness, or pale skin can be signs of blood loss and iron-deficiency anaemia.

- Fine lines that branch or form a web-like pattern
- Small red or purple spots that may fade when pressed
- Persistent redness around the nose, cheeks, or chin
- Clusters of visible vessels on the thighs, ankles, or lower legs

Causes and risk factors

Telangiectasia develops when small blood vessels remain widened or when their walls become more noticeable through the skin. In some cases, there is no clear cause.

Common contributors include long-term sun exposure, aging, rosacea, pregnancy, and other hormonal changes. Fair or sun-damaged skin may make facial vessels easier to see, although telangiectasia can affect every skin tone.

On the legs, visible small vessels may be related to increased pressure in the veins. Family history, pregnancy, prolonged standing, and larger varicose veins can contribute.

Long-term use of a strong corticosteroid cream can thin the skin and make vessels more visible, especially on the face or in skin folds. Corticosteroid tablets may also contribute in some circumstances. Do not stop a prescribed steroid like prednisone or hydrocortisone

suddenly; the medicine and how it is used should be reviewed first.

Less commonly, telangiectasia can occur with:

HHT is an inherited condition that causes telangiectasias and larger abnormal vessel connections called arteriovenous malformations, or AVMs. Clues include repeated spontaneous nosebleeds, similar symptoms in close relatives, and telangiectasias on the lips, tongue, face, fingers, or inside the mouth.

Ataxia-telangiectasia is a different and very rare inherited condition. It begins in childhood and includes worsening problems with balance and movement, frequent infections, and telangiectasias, often in the eyes or on the skin.

- Connective tissue conditions such as systemic sclerosis, lupus, or dermatomyositis
- Long-term liver disease, which may cause spider-shaped blood vessels
- Previous radiation treatment or injury to the skin
- Rare inherited conditions

Diagnosis

A healthcare professional can usually identify skin telangiectasia by examining it. A dermatoscope, a handheld magnifying device with a light, may be used to see the vessel pattern more clearly.

There is no single test needed for every person. Further testing is guided by the location of the vessels and any other symptoms.

If leg swelling, aching, skin changes, or larger varicose veins are present, an ultrasound may be used to check how blood moves through the leg veins.

Blood tests may look for anaemia, liver problems, inflammation, or signs of an autoimmune condition. These tests do not confirm telangiectasia itself; they look for a possible underlying cause.

When HHT is suspected, assessment may include a detailed family history, genetic testing, and tests for abnormal vessels in organs such as the lungs, brain, or liver. The visible spots alone are not enough to determine whether someone has HHT.

A new or unusual skin mark may occasionally need closer examination to distinguish it from another type of blood-vessel growth or a skin cancer. A biopsy is not normally required for typical telangiectasia.

Treatment and management

Treatment is not always needed. Stable vessels that are not bleeding or causing distress can usually be left alone.

When another condition is contributing, managing that condition may reduce symptoms or limit new vessels. Examples include treatment for rosacea, leg-vein problems, or an autoimmune condition. Existing vessels may remain even when the underlying problem is controlled.

Vascular lasers target colour within the blood vessel. The absorbed energy heats and closes the vessel, allowing it to fade over time. Intense pulsed light, or IPL, uses a range of light wavelengths and may help areas containing both redness and visible vessels. More than one session may be needed, and new vessels can later appear.

Temporary redness, swelling, bruising, or crusting can follow light or laser treatment. Less common risks include burns, scarring, and lighter or darker skin patches. The safest device and settings are influenced by vessel depth, location, and skin tone.

Sclerotherapy is often used for telangiectasias and small veins on the legs. A substance is injected into the vessel to make it close. Temporary bruising or staining can occur, and treatment does not prevent other vessels from developing. Larger vein problems may need assessment before cosmetic treatment.

Electrosurgery uses a small electrical current to seal selected vessels. Cosmetic camouflage can also make facial redness or leg vessels less noticeable without a procedure.

Bleeding telangiectasias related to HHT need specialist management. Treatment may include measures to keep the nose moist, procedures to control bleeding, treatment of iron deficiency, and care for internal AVMs. Management is based on where the abnormal vessels are and what problems they are causing.

Complications

Most skin telangiectasias cause no physical complications. They may still affect confidence or make someone feel uncomfortable about their appearance.

Vessels inside the nose or digestive tract can bleed repeatedly. Over time, this may cause iron-deficiency anaemia. Symptoms can include tiredness, weakness, headaches, paleness, or shortness of breath.

Complications from HHT are related mainly to internal AVMs rather than the visible skin vessels. Depending on their location, AVMs can allow blood to bypass the normal small-vessel

network in the lungs, brain, liver, or digestive tract.

Treatment can cause temporary irritation, bruising, or skin-colour changes. Scarring and lasting pigment changes are less common but possible.

Prevention

Telangiectasia cannot always be prevented. Inherited forms such as HHT cannot be prevented through lifestyle changes.

Protecting your skin from strong sunlight may reduce further sun damage and facial redness. This includes seeking shade, using protective clothing, and applying suitable broad-spectrum sunscreen.

If rosacea is contributing, recognising personal triggers may help reduce flushing. Common triggers can include heat, sunlight, alcohol, spicy food, and irritating skin products, but triggers are different for each person.

Use topical corticosteroids only as directed. If you think one is thinning your skin or causing visible vessels, arrange a routine medication review rather than stopping it without advice.

There is no proven method that prevents every leg telangiectasia. Treating an underlying vein problem may help symptoms, but new small vessels can still develop.

Living with it and what to expect

Individual telangiectasias often remain visible unless they are treated, although some that develop during pregnancy may fade afterward. Others slowly become more noticeable as the skin changes or new vessels form.

Laser, IPL, sclerotherapy, and similar procedures can reduce treated vessels, but they cannot guarantee permanent clearance. Repeat treatment may be considered if vessels return or new ones appear.

When telangiectasia is an isolated skin finding, it generally does not affect physical health or life expectancy. You can usually continue normal work, exercise, travel, and daily activities.

The course is different when the vessels are part of rosacea, a vein disorder, an autoimmune condition, liver disease, or HHT. These conditions may need monitoring over months or years. In HHT, specialist follow-up focuses on preventing or treating blood loss and checking for internal AVMs, even when the visible telangiectasias are unchanged.

When to get medical help

Arrange a routine appointment if the vessels are new, spreading, repeatedly bleeding, or associated with pain, leg swelling, skin thickening, unusual fatigue, or other new symptoms. Assessment is also reasonable if you have frequent unexplained nosebleeds or close relatives with HHT.

Seek urgent medical help for:

Call emergency services for sudden facial weakness, arm weakness, difficulty speaking, loss of coordination, a seizure, or a sudden severe headache. These symptoms have many possible causes, but they require immediate assessment.

- A nosebleed that is heavy or does not stop after sustained firm pressure
- Vomiting blood or passing black, tar-like stools
- Bleeding accompanied by faintness, marked weakness, or breathlessness
- New severe shortness of breath, chest pain, or coughing up blood

Common questions

Are telangiectasias dangerous?

Most telangiectasias on the skin are harmless. Concern is greater when they bleed often, appear with other symptoms, or are part of an inherited or systemic condition. Their location and your wider medical history matter more than appearance alone.

Do telangiectasias go away by themselves?

Many remain visible. Pregnancy-related vessels may improve after pregnancy, while sun-related, rosacea-related, and inherited telangiectasias often persist. Procedures can close existing vessels, but new ones may develop.

Is telangiectasia a type of cancer?

No. It is a widening of small blood vessels, not a cancer. However, some skin cancers and other growths can resemble a red or vascular mark. A changing, crusting, ulcerated, or repeatedly bleeding mark should be examined.

Can I remove facial or leg vessels at home?

Home devices, acids, needles, and cautery products can cause burns, infection, scarring, or lasting skin-colour changes. Medical treatment allows the vessel type, skin tone, and possible underlying cause to be assessed first.

Are spider veins the same as telangiectasia?

The terms overlap. "Spider veins" usually describes small visible vessels on the legs or face, often arranged around a central point. Telangiectasia is the broader medical term for widened small vessels.

Does having telangiectasia mean I have HHT?

Usually not. HHT is more likely when telangiectasias occur with frequent spontaneous nosebleeds, a close family history, or known AVMs. A clinician familiar with HHT can assess these features and decide whether testing is appropriate.

Sources

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