

## TYPES OF FACE VEINS

### Telangiectasiae

These are the commonest type of face vein that people present with. They appear as a network (or sometimes single) fine veins often in the upper cheek and below the eye area. They can involve the nose, cheek in front of the ear, chin etc.

### *Why Do They Occur?*

They tend to be hereditary and relate to fairer skin types. The commonest cause is in relations to changes in temperature and exposure to the elements such as with sailing, or being raised in a colder climate and walking outside, hanging out washing and the like. Occupational groups such as those that work in freezers and chefs (going from cool rooms to hot stoves) tend to acquire them. They can also be associated with a rash-like reaction of the face, called rosacea. This can present as a red raised rash over the cheek and other areas. Veins become involved which will flush with coffee, alcohol and other changes.

### Spider Telangiectasiae

These usually arise from a central fine arteriole (small artery), which is visible as a central, sometimes raised, portion with fine veins branching away from this (like legs from a spider – hence the name). These can occur for no particular reason at any time including childhood. When they are more than a few in number involving the upper shoulders and face, they can be associated with an increased alcohol intake or liver disease.

### Reticular Veins

These blue, wider veins, which can be rather prominent, are deeper than telangiectasiae, below the superficial skin structure. It is important to ensure there is no anatomical reason why these are so prominent possibly acting as an alternative

route for blood drainage of segments of the face. If they are redundant, they can be treated quite readily.

### Port Wine Stains

These arise as initially flat, red to purplish lesions, present at birth, occurring anywhere on the body, but usually a problem on the face. They are composed of a dense network of fine vessels. If left into adult life they can become thicker and raised in portions and are more difficult to treat. Best results for these lesions are achieved by laser.

### Strawberry Naevi

These are usually not present at birth but appear some weeks later as a bright red mark that grows rapidly sideways and out from the skin, enlarging up to about eighteen months of age. From three years onwards they begin shrinking and usually disappear spontaneously by the age of five to six years. Often afterwards there is little evidence that there ever was a problem there. At times some indentation of the underlying fatty tissue occurs. As these do regress spontaneously and completely, treatment is usually not necessary unless one occurs about the eye, threatening to close it and interfering with developing vision. Laser treatment will work but may need a specialist assessment.

### Cherry Angiomata

Also called Campbell de Morgan spots, these occur as small well-defined red, flat to slightly raised lesions. Treatment for these is usually best undertaken with cautery or laser.

### Venous Lakes

These blue looking lesions, occurring commonly in the lips, are made from a large dilated blood vessel, or collection of them, below the surface of the skin. Therefore they tend to have a blue appearance, as well as feeling softer than the

surrounding tissue on pressing them. These respond to laser treatment.

## TYPES OF TREATMENT

### **Make Up**

Covering up involved areas with make up does help. The green based foundations are excellent for this.

### **Sclerotherapy**

This is one of the treatments we currently offer. More on this is detailed below.

### **Cautery**

This technique uses heat created either by a hot electrode heated by electric current or by radio frequency application. We have a radio frequency Surgitron machine. As heat non-specifically injures tissues, careful use is required to prevent scarring the surrounding skin and underlying tissues.

### **Laser**

Lasers also work by generating heat through specific light colours (or frequencies) ideally specifically absorbed by the red blood cell pigment. A number of different machines have been used. The yellow light continuous wave lasers work well in this application, usually tracing out the veins requiring treatment. Larger and smaller vessels often need sclerotherapy to effectively treat them in this application. Pulsed dye lasers treat a defined area at a time, meaning a large area can be treated. Usually several sessions are required over time to effectively clear the problem. Until recently these lasers created significant bruising which would persist for a couple of weeks each time. The latest generation has a pulsed cooling device that seems to prevent this problem. Our Cool Glide Xeo Laser is the latest addition for these problems.

### **When Should Treatment Be Undertaken?**

For most conditions when the problem is bothering the patient. This could be, in children, when peers are annoying them about it. Port wine stains respond best to treatment when the patient is youngest (the first year or two of life). With the Cool Glide Xeo Laser treatments are successful in mature lesions in adults.

### **SCLEROTHERAPY TREATMENT**

This is the modality we used in the early days of Springdale Clinic. It is ideal for telangiectasiae, both arborising and spider, and reticular veins. A treatment solution is introduced into the vein by means of a very fine needle. Closure occurs through the body's natural healing response to local damage within the vein. We use a detergent based solution that has been around for many years (since 1940s). By keeping the solution strength at the weakest possible to achieve the effect, it tends to cause minimal irritation. Even the needles cause minimal discomfort as the vessels are located at very shallow depth within the skin. For young children we usually apply a topical anaesthetic cream an hour before the procedure. This will not stop all sensation, leaving a sense of pressure still possible. But any pain is eliminated.

#### **Post Sclerotherapy Effects**

Some slight skin puffiness and redness usually occurs, the amount varying with the extent of the veins treated. Usually clearing in 48 hours, this can be reduced by two to three times daily application of hydrocortisone cream. Sometimes a little blood gets trapped in a few vessels, resulting in a moderately strong darker purple line. This clears in five to seven days and can be concealed with make up.

### **LASER TREATMENT**

With the Cool Glide Xeo laser the water-cooled copper foot cools the skin before and after each shot. This controls discomfort, although a little may be felt. Usually, though, there is no need for any anaesthetic. The power and size of the beam used are adjusted according to the size and flow within the vessel. Protective glasses that block out your vision need to be worn to protect your eyesight. If lesions are near the eye socket special internal eye-shields may need to be used. In this case the eye surface can be numbed and an ointment applied over the eye to ease the placement.

#### **Post Laser Effects**

Some vessel darkening can occur. Also swelling and pinkness, lasting a couple of days, will occur about the area treated. Usually hydrocortisone is not required to settle this. Sometimes a little crusting may occur over the vessel(s). This can be softened, if needed, with an antibiotic ointment. It will disappear in a few days.

#### **How Many Sessions Are Required?**

For most types usually a couple, though for some, only one. Rosacea may well require some more. Port wine stains need a series of sessions.

#### **Will They Recur?**

The more common scattered fine telangiectasiae can recur, as they seem to arise from a genetic predisposition. Obviously if the irritant cause, such as exposure to temperature extremes, can be avoided recurrence is less likely. Other lesions tend to occur only spontaneously, occasionally.



## **FACE VEIN TREATMENT By SCLEROTHERAPY & LASER**

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