Campbell de Morgan Spot

Synonyms: cherry haemangiomas, senile angiomas

Campbell de Morgan spots, also known as cherry angiomas, are common, benign skin lesions of middle to older age, formed by proliferating, dilated capillaries and postcapillary venules. They are named after an English surgeon, Campbell de Morgan (1811-76).

Aetiology

Their cause remains unknown:

- Chemical exposure (mustard gas, 2-butoxyethanol) causes multiple lesions to develop.
- Pregnancy and prolactinomas are associated with the development of lesions, implicating hormonal mediators.
- Numbers increase with age, so factors associated with the ageing process may be relevant.
- Single studies have reported increased incidence in tropical climates, diabetes, transplant patients and those who are immunocompromised.

Epidemiology

- These are the most common cutaneous vascular proliferation. Few reports have been published recently but it is thought as many as 75% of those over 75 years old may have them.
- They increase in frequency and size with age.
- They increase in frequency from the age of 40.
- They may occur anywhere but are most commonly found on the trunk.
- They are seen across all races and sexes.

Visual appearance

- 1-3 mm diameter macules which may become larger papules over time.
- Typical bright cherry red colour but can appear blue or purple.
- They are non-blanching.

Presentation

- They usually occur on the trunk and upper extremities.
- They can be found at any skin site except the mucous membranes. The scalp has been reported. [1]
- Lesions may be widespread, especially in the elderly.
- They are usually asymptomatic.

Differential diagnosis

The diagnosis is usually clear clinically. Differential diagnosis may include:
• Malignant melanoma.
• Spider naevi.
• Pyogenic granuloma.
• Kaposi's sarcoma.
• Insect bite.
• Angiokeratoma.
• Congenital haemangioma.
• Venous lakes (blue angiomas most often on the lips).

Management

• Reassure - these lesions usually require no treatment.
• Very occasionally removal may be required if the lesions catch, or for cosmetic reasons.
• If removal is desired, treatment options include curettage, pulsed dye laser, electrocautery and excision.
• Sclerotherapy has also been found to be effective.\[3\]

When to refer

• When there is diagnostic uncertainty.
• When assistance with removal is required.

Prognosis

• Campbell de Morgan spots are benign lesions.
• Problems only arise when lesions are frequently traumatised, continue to enlarge or are of cosmetic concern to a patient.

Further reading & references

• Senile Angioma; DermIS (Dermatology Information System)
• Angioma (acquired) - including cherry angioma / Campbell de Morgan spots; Primary Care Dermatology Society (PCDS)

2. Angiomas; DermNet NZ

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