

# The use of lasers and light-based therapies in the management of vascular birthmarks.

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## Introduction

Vascular birthmarks are common congenital anomalies caused by abnormal blood vessel development during fetal development. These birthmarks can manifest as port-wine stains, hemangiomas, or other vascular malformations. While some birthmarks fade over time, others may persist and cause cosmetic or functional concerns. In recent years, lasers and light-based therapies have emerged as effective treatment options for managing vascular birthmarks. This article explores the use of lasers and light-based therapies in the management of vascular birthmarks, highlighting their mechanisms of action, benefits, and considerations [1].

Lasers and light-based therapies are utilized in the management of vascular birthmarks due to their selective targeting of blood vessels. These treatments work by delivering specific wavelengths of light that are preferentially absorbed by the blood vessels within the birthmark. The absorbed light converts into heat, causing damage to the targeted blood vessels while sparing the surrounding healthy skin [2].

Pulsed dye lasers (PDL) are commonly employed to treat superficial vascular birthmarks, such as port-wine stains. PDL emits a yellow light that is absorbed by hemoglobin in the blood vessels, leading to vessel constriction, coagulation, and eventual destruction. For deeper vascular birthmarks, such as hemangiomas, longer-wavelength lasers like Nd:YAG (neodymium-doped yttrium aluminum garnet) lasers are often used. Lasers and light-based therapies offer several advantages in the management of vascular birthmarks. They provide a non-invasive or minimally invasive treatment option, reducing the need for surgical interventions and associated risks. Additionally, these therapies can be performed on an outpatient basis, minimizing the disruption to a patient's daily routine [3].

The effectiveness of lasers and light-based therapies varies depending on the type and severity of the birthmark. For port-wine stains, multiple treatment sessions are typically required

to achieve significant lightening or complete removal. Hemangiomas, on the other hand, may respond more rapidly to laser treatment, with visible improvement often seen after a few sessions. The success of these therapies is influenced by factors such as the age of the patient, the size and location of the birthmark, and the experience of the treating physician [4].

Although lasers and light-based therapies are generally safe and well-tolerated, there are some considerations and potential risks to be aware of. The treatments may cause temporary side effects such as redness, swelling, bruising, or crusting of the skin, which typically subside within a few days or weeks. In rare cases, more serious complications such as scarring, pigment changes, or skin texture abnormalities may occur [5].

## Conclusion

Lasers and light-based therapies have revolutionized the management of vascular birthmarks. By selectively targeting blood vessels, these treatments offer a safe and effective way to improve the appearance and function of vascular birthmarks. With proper evaluation and individualized treatment plans, patients can experience remarkable results and enhanced quality of life.

## References

1. Willenberg T, Baumgartner I. Vascular birthmarks. *VASA. Zeitschrift für Gefasskrankheiten*. 2008;37(1):5-17.
2. Hand JL, Frieden IJ. Vascular birthmarks of infancy: resolving nosologic confusion. *Am J Med Genet*. 2002;108(4):257-64.
3. Enjolras O, Mulliken JB. The current management of vascular birthmarks. *Pediatr Dermatol*. 1993;10(4):311-33.
4. Mahajan P, Bergstrom KL, Phung TL, et al. The genetics of vascular birthmarks. *Clin Dermatol*. 2022;40(4):313-21.
5. Sandler G, Adams S, Taylor C. Paediatric vascular birthmarks-the psychological impact and the role of the GP. *Australian family physician*. 2009;38(3):169-71.

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