Cherry-Red Papules

Benjamin Barankin, MD, FRCPC

A 48-year-old male patient presents with asymptomatic, small, red papules scattered on his trunk. He had a mild stroke last year and currently takes a daily low-dose acetylsalicylic acid. He is bothered by these lesions as new ones continually appear and he is worried that there “may be something wrong on the inside.”

What is your diagnosis?

This patient has cherry angiomas or Campbell de Morgan spots which are the most common cutaneous vascular proliferation, often widespread and appearing as tiny cherry-red papules. These are benign lesions due to a proliferation of dilated venules. They are increasingly common with age and do not resolve on their own.

These lesions may be found on most body sites, excluding mucous membranes; palmo-plantar involvement is rare. They can have a variable appearance, ranging from a small red macule to a larger dome-topped papule with colours ranging from bright, cherry-red to violaceous and sometimes dark brown or black. The diagnosis is made clinically, although dark brown or black lesions (thought to be infarcted vessels) may need a skin biopsy to rule out melanoma.

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Figure 1. Scattered papules on trunk of middle-aged male.

Patients should be reassured that these lesions are benign and that with advancing age, newer lesions are likely to show up. Treatment for cherry angiomas is recommended only in situations of irritation or bleeding, or more commonly, performed electively for cosmetic appearance. Lesions are typically managed by electrodessication, although other successful treatment options include:

• shave excision,
• curettage,
• pulsed dye laser and
cryotherapy.

Dr. Benjamin Barankin is a Dermatologist in Toronto, Ontario.