

Visible Facial Veins

Visible facial veins, which have many different names, are actually dilated blood vessels. Also known as benign vascular lesions, visible facial veins stem from different sources. Telangiectasias, which often appear on the cheeks and nose are groups of dilated capillaries. Spider angiomas are dilated capillaries fed directly by an arteriole. They can be solitary or multiple and can occur anywhere on the body. They are usually found on the forehead, nose, cheeks, eyelids, neck, and upper chest. Visible veins are most commonly seen in fair-skinned women and usually appear in the fourth or fifth decade. Blood vessel dilation is due to weakening of the elastic fibers in the walls of the blood vessel.

Although the exact mechanisms leading to blood vessel dilation are not understood, visible veins are associated with excessive sun exposure, normal aging, steroid use, liver disease, genetics, radiation therapy,

and trauma. On the face, visible veins can range in size from the tip of a pencil to bigger than a pencil eraser. Visible veins may be even larger on sites other than the face.

Visible veins are often considered to be a cosmetic issue. However, they can be found in people with rosacea (see rosacea section on this site), liver disease, and more rarely, autoimmune disease. Hormonal changes can be associated with visible veins as well.

Your physician can help to determine the cause of your visible veins.

Causes of Facial Veins

Telangiectasias are most commonly found in people with excessive sun exposure, rosacea, and with topical steroid use. Spider angiomas can occur spontaneously or in pregnancy, with oral contraceptive use, or in liver disease. Spider angiomas are sometimes seen in childhood.

Symptoms of Visible Facial Veins

Usually, facial veins are asymptomatic. However, in the context of rosacea, telangiectasias can be associated with a burning sensation. As mentioned above, spider angiomas can be seen in people with liver disease, such as cirrhosis of the liver from alcohol. Some autoimmune diseases, including lupus, may be associated with facial telangiectasias. Furthermore, there are a few very rare genetics diseases that are associated with visible veins. Your physician can help distinguish between the different causes of facial veins.

What Facial Veins Look Like

Telangiectasias look like thin red lines in the skin. In some cases, however, the vessels might be so tiny that the only sign is generalized redness of the skin. Spider angiomas have a spider-like appearance because the arteriole appears as a central red dot (body) with telangiectasias radiating out from the center (legs).

Diagnosis of Visible Facial Veins

Physicians can usually diagnose facial veins based on their appearance but in some cases, a detailed interview and exam is needed to evaluate for the more rare causes (see above).

Facial Vein Treatment

There are many different treatments options available for visible veins:

1. Electrosurgery is a classic treatment, especially for small facial telangiectasias and spider angiomas. In this treatment, an electric current from a hand held probe is used to destroy the superficial aspect of the skin overlying the lesion. Because these vessels are very superficial, they are usually easily destroyed. The procedure is quick, relatively inexpensive and requires little recovery time.

This method is somewhat painful, but is usually tolerated because it is quick. After the procedure, a tiny scab forms which usually heals quickly and with minimal scarring. For a tiny, solitary vessel, no anesthesia is needed. However, for larger areas, local anesthetic is required. Rarely, bleeding, scarring and discoloration can occur at the treated site.

2. Lasers are sources of high energy focused light. Certain lasers, called vascular lasers, are designed to target a component of blood called hemoglobin. Most of the vascular lasers used today are called "pulsed dye lasers" and specifically target the blood cells in dilated vessels. Vascular lasers destroy the blood vessel and leaving the surrounding tissue unharmed. Lasers are quite effective, especially for conditions such as rosacea. Usually one to three treatments is required, 4-8 weeks apart.

The side effects of laser therapy can include pain (similar to a rubber band snap) and temporary purpura or purple pigmentation of the skin similar to bruising. The purpura usually resolves in a day or two. The risk of scarring is low. The most common side effect- darkening of the treated area- occurs in less than 10% of patients and fades gradually.

3. Intense Pulse Light (IPL) is one of the newer forms of facial rejuvenation. Unlike lasers, which use intense, focused light, IPL is intense broadband light. Although IPL delivers energy to both the superficial and deep layers of the skin, the epidermis is spared from damage. Thus, there is virtually no recovery time.

The procedure itself is similar to lasers, but there is usually less purpura. In the studies that have been performed so far, IPL can smooth the skin and fade age spots, freckles, melasma, and even broken blood vessels. Improvements usually last for about a year with good sun protection. Laser treatments and intense pulsed light are typically done at four to eight week intervals. Several treatments may be required. When new vessels appear, patients return for more treatments. There may be some pain during the procedure but no recovery time.