

# TELANGIECTASIA (VASCULAR BLEMISHES)

## SHOULD WE TREAT THEM?

BY LINDA C. EDSSELL



*Before a car accident confined her to a wheelchair three years ago, Linda Edsell had 20 years of practical experience in electrolysis. She is one of only 30 teachers in the USA holding a Certificate Of Teaching In Electrolysis (COTIE), from Shelby State Community College in Memphis, Tennessee, and was the founder of the St. Louis Institute of Electrology in St. Louis, Missouri, in 1983. Her well-known book, Female Hirsutism: An Enigma, was published in 1984, and since 1986 she has served as Educational Editor to International Hair Route and contributed more than 30 feature articles to the Magazine.*

**T**ELANGIECTASIA means end-vessel dilatation. These are the unsightly lesions usually found on the face and legs that lay persons refer to as spider veins or “broken capillaries.” The capillaries are not really “broken,” they are merely enlarged, and many of them are in fact tiny veins.

These lesions result when superficial dermal capillaries become visible as individual, fine, bright-red or blue lines under the skin. They may be divided into two groups: a primary group of unknown origin, and a secondary group resulting from or associated with a known disease.

Actinic damage (beware sun-worshipers) on the face is most prominent on the malar prominences (cheek bones), nose and ears. In Caucasians, this results from ineffectual pigmentary protection from the sun. In some persons these lesions may be intense enough to give the appearance of a red face. The mucous membranes of the nose and lips may also be involved.

In adults they are often associated with pregnancy, cirrhosis and metastatic carcinoma of the liver. In pregnancy they usually appear during the first few months and usually disappear within six weeks after delivery. These lesions are also common on lupus erythematosus patients.

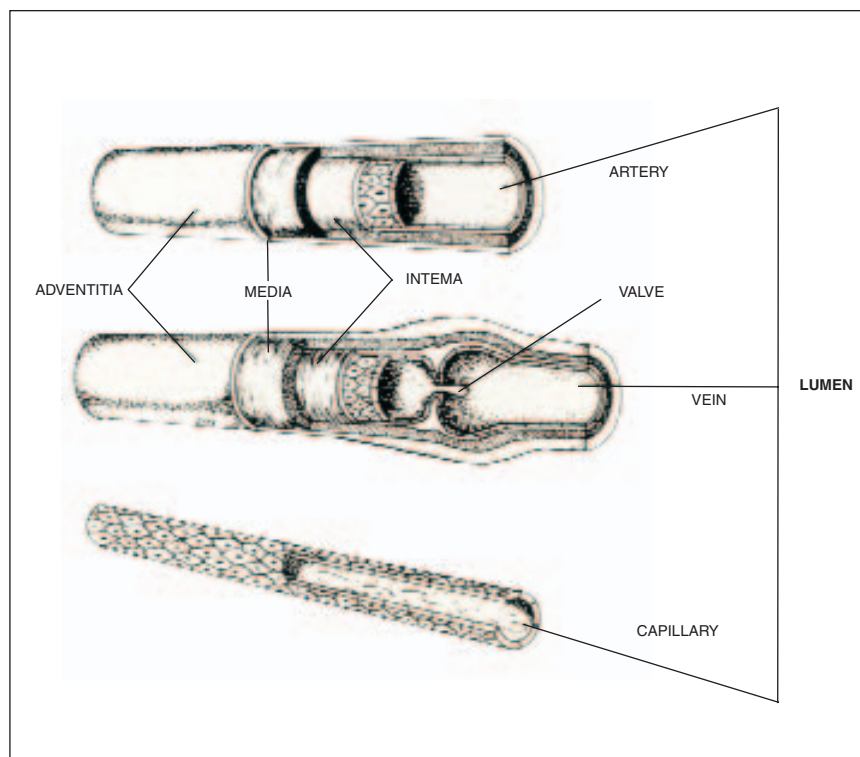
Estrogen also causes them — naturally or in the form of oral contraceptives. This familiar hormone causes the blood vessels to enlarge and reproduce. Alcohol causes a like reaction, by unfavorably affecting the liver’s ability to detoxify the body’s natural estrogen levels. (We have all heard of or seen the alcoholic’s red, bulbous “drinker’s nose.”)

Another offender is constant and/or overzealous exertion. The extra blood our heart pumps if we run too hard or swim too hard can stretch out these small blood vessels.

Dermatologists are usually taught to sclerose (harden) the lesions by repeatedly touching or puncturing the epidermis (at intervals of a few millimeters) over the course of the dilated vessels, with the desiccation (dry-up) or coagulation (curdle) needle. They recommend the use of the spark-gap unit.

Some physicians perform sclerotherapy, whereby they inject a chemical sclerosing solution into the vein. This irritates the lining of the vein and sets up a clot. Sotradecol (sodium tetradecyl sul-

*Blood vessels are composed of three distinct coats, The outer layer (adventita), middle layer (media), and inner layer (intema). Capillaries are usually only one cell thick. The lumen is the inner space through which the blood flows — like water flowing through a garden hose.*



fate) is most commonly used in my area (St. Louis, MO) in a 1 % or 3% solution.

Although the veins do fade and usually disappear, bruise marks usually show for quite some time. If the physician should miss the vein and inject the solution directly into the skin, an “injection necrosis” may result. This is a small sloughing ulcer-type lesion that takes a long time to heal and almost always leaves a scar. Yellow-brown hemosiderin deposits may occur causing a permanent discoloration along the whole length of the vein being injected. This may be objectionable from a cosmetic point of view. The client would be trading little red lines for little brown ones.

Electrolysis is the treatment of choice for most localized forms of telangiectasia found on the face and legs. I use galvanic direct-current electricity of one milliamper or less and use the smallest flexible needle that will puncture the skin without bending. After the skin has been well cleaned with 70% alcohol or Betadine solution, the needle (sterile of course) is inserted into the lumen of the vessel and free hydrogen is liberated from the needle, which is wired to serve as the negative-pole electrode. This obliterates the tiny vessel.

The procedure is repeated at intervals along the whole length of the vessel. I try to start at a bifurcation where the vein branches out. You can see the vessel blanch and disappear as you work.

Local destruction of these lesions can be carried out with high-frequency current also. In this case I use the manual setting on my machine and the same needle as above. Great care is needed to ensure the insertions are accurate and that the current is on only long enough to seal the blood vessel without causing unnecessary damage to the epidermis. Insertions must necessarily have to be much closer together along the course of the vein than when using galvanic current.

It is essential that we inform the client that there will be tiny red eschars at every point of entry, which will last several weeks after treatment with either method.

I advise my clients who are being treated for dilated capillaries on their face not to wash or rinse with very hot water, because the hot water will cause the blood vessels to expand slightly. It is also best not to use ice for pain control, because the cold will cause the blood vessels to constrict, making insertion difficult if not impossible.

I further advise my clients that thin skin and capillary elasticity are inherited characteristics. Therefore, new lesions can and probably will appear. These will have to be treated as they occur. It’s also a good thing to remind clients that spicy food and alcohol increase blood flow, and that they should be moderate when enjoying such food and beverage. At this stage the client must be gentle with the skin and avoid harsh treatment with brushes, beauty grains, loofa, washcloth and harsh soaps.

Without exception, I never treat blood vessels without a written order from the client’s attending physician. Even with this order, if something goes wrong, the electrologist will probably still be held responsible. Whether or not the electrologist wants this burden of responsibility is up to each individual practitioner.

Not all insurance companies offer coverage for telangiectasia work. But for electrologists who have learned how to do this treatment and wish to incorporate it into their practice, there are a few companies that include it in their malpractice coverage, but only if (and it’s a big IF) it is legal in the practitioner’s state for a non-physician to perform the procedure. State laws on “practicing medicine without a license” vary from state to state and can be very strict — and “ignorance of the law is no excuse.” *HR*