

Pyogenic Granuloma

also known as “Lobular Capillary Haemangioma”

A pyogenic granuloma is a common benign (non-cancerous) growth of blood vessels on the skin. It usually appears as a fast growing red nodule and commonly bleeds. Whilst benign, pyogenic granulomas can be cosmetically distressing.

What causes Pyogenic Granuloma?

The exact cause of pyogenic granuloma is unknown. Minor trauma is thought to play a role. Hormones are also thought to play a role with pregnant women more likely to develop a pyogenic granuloma in the oral mucosa (eg. gums). In general, pyogenic granulomas can occur in anyone but are more common in young children and in females. They can occur anywhere on the body but are more common on the head and neck, upper trunk and hands, especially on the fingers.

Clinical Features

Pyogenic granulomas usually appear and grow very quickly (days to weeks). They are usually bright red and have a shiny surface. They grow out of the skin and can have a stalk. They tend to bleed very easily, even with a minor bump. They can form a crust over the top and become darker red in colour with time. They can sometimes be lumpy on the surface like a raspberry. They do not turn into cancers. They are not contagious and cannot be spread to other people.

This information leaflet was written by Dr Eleni Yiasemides of SouthDerm.

Treatment

In general, a pyogenic granuloma will not resolve without treatment. In some cases, such as if they occur during pregnancy, they can resolve on their own once the pregnancy is over, although sometimes they persist. Whilst benign, they tend to be a nuisance because they bleed easily. Pyogenic granulomas are often cosmetically undesirable.

There are several ways to get rid of them. They are most commonly treated by surgically scraping (with a curette or shave) the nodule and sealing the bleeding with cautery (eg. Hyfrecator). Sometimes chemical cautery is used eg. Silver nitrate. Pyogenic granulomas have a high risk of regrowing and occasionally need to be formally excised (cut out with stitches) which gives the best chance of them not growing back. Other techniques to treat them include vascular laser, cryosurgery (liquid nitrogen) and imiquimod.