



Pyogenic granuloma

What is pyogenic granuloma?

Pyogenic granuloma is a relatively common skin growth that presents as a shiny red mass. It is sometimes called 'granuloma telangiectaticum'. The surface has a raspberry-like or raw minced meat appearance. Although they are benign (non-cancerous), pyogenic granulomas can cause problems of discomfort and profuse bleeding.

What causes pyogenic granuloma?

The cause of pyogenic granuloma is unknown. The following factors have been identified as having a possible role to play in their development:

- Trauma: some cases develop at the site of a recent minor injury, such as a pinprick.
- Infection: *Staphylococcus aureus* is frequently present in the lesion
- Hormonal influences: they occur in up to 5% of pregnancies and are rarely associated with oral contraceptives.
- Drug-induced; multiple lesions sometimes develop in patients on systemic retinoids (acitretin or isotretinoin) or protease inhibitors
- Viral infection is possible but not proven
- Underlying microscopic blood vessel malformations

Who gets pyogenic granuloma?

Pyogenic granuloma affects people of all races. Women are affected more often than men because of the relationship with pregnancy. It rarely occurs in children less than 6 months old but is common in children and young adults.

What are the signs and symptoms?

Lesions usually first appear as a small pinhead-sized red, brownish-red or blue-black spot that grows rapidly over a period of a few days to weeks to anywhere between 2mm and 2cm in diameter. Occasionally they may reach up to 5cm. They bleed easily and may ulcerate and form crusted sores. Usually a single lesion is present but in rare cases groups of multiple lesions may develop.

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Lesions most frequently appear on the head, neck, upper trunk and hands (especially fingers) and feet. The pregnancy variant of pyogenic granuloma most often occurs on the mucosal surfaces inside the mouth.

The condition is usually painless with most patients mainly complaining of recurrent bleeding from the lesion.

What treatment is available?

Pyogenic granulomas in pregnant women may go away on their own after delivery so waiting is the best strategy in these cases. If due to a drug, they usually disappear when the drug is stopped.

Pyogenic granulomas in other cases tend to persist. There are several methods used to remove them.

- [Curettage and cauterisation](#): the lesion is scraped off with a curette and the feeding blood vessel cauterised to reduce the chances of re-growth
- Laser surgery can be used to remove the lesion and burn the base, or a pulse dye laser may be used to shrink small lesions
- [Cryotherapy](#) may be suitable for small lesions
- Chemical cauterisation using silver nitrate is convenient
- [Imiquimod](#) has been reported to be effective and may be particularly useful in children

Recurrence after treatment is common because feeding blood vessels extend deep into the dermis in a cone-like manner. In these cases, the most effective method of removal is to completely cut out the affected area ([excision](#)), which is then closed with stitches.

Related information

References:

Book: Textbook of Dermatology. Ed Rook A, Wilkinson DS, Ebling FJB, Champion RH, Burton JL. Fourth edition. Blackwell Scientific Publications.

On DermNet NZ:

- [Skin lesions](#)

Other websites:

- [Pyogenic Granuloma \(Lobular Capillary Hemangioma\)](#) – emedicine dermatology, the online textbook
- [Pyogenic Granuloma](#) – British Association of Dermatologists

Books:

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Author: Vanessa Ngan, staff writer

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