PYOGENIC GRANULOMAS

What are the aims of this leaflet?

This leaflet has been written to help you understand more about pyogenic granulomas. It tells you what they are, what causes them, what can be done about them, and where you can find out more about them.

What is a pyogenic granuloma?

A pyogenic granuloma is a harmless overgrowth of large numbers of tiny blood vessels on the skin. It carries no risk of cancer; they are not an infection.

What causes a pyogenic granuloma?

Most pyogenic granulomas come up for no obvious reason, but some seem to follow minor damage to the skin, such as a cut that does not heal properly or a prick from a thorn. They can occur at any age, but are most common in children and young adults. During pregnancy they can come up inside the mouth. Some medications can induce multiple of these lesions, they can appear on skin vascular malformations (birth marks).

Pyogenic granulomas are not contagious.

Are they hereditary?

No.

What are the symptoms of a pyogenic granuloma?

The main problem with pyogenic granulomas is the way that they ooze and bleed so easily after minor knocks. This can be of great nuisance but they are not painful.
People often worry that their rapid growth and bleeding mean that they are cancerous, even though they are not; however you should always see your doctor if you have a rapidly growing skin lump.

What do pyogenic granulomas look like?

As they are made up of small blood vessels, they are bright red; later they may turn a darker shade. Their surface is shiny and moist but may become crusty after they have bled.

They stick out from the surface of the skin. They are seldom more than 1 cm across. Some have a bumpy surface and look rather like a raspberry, while others are narrower where they come out from the skin and look as if they are on a stalk. They come up quickly over a few days, but tend to stop growing after a few weeks.

They are usually single and can appear anywhere, but are most common on head, neck, fingers and on the upper torso.

How is a pyogenic granuloma diagnosed?

Most pyogenic granulomas can be recognised by their appearance; but if in doubt your doctor may remove it under local anaesthesia and send it to the laboratory for analysis.

Can a pyogenic granuloma be cured?

Yes, by removing it.

How can a pyogenic granuloma be treated?

A few pyogenic granulomas lose their colour and shrivel with time, but most are such a nuisance that they need to be treated before then. Freezing a pyogenic granuloma with liquid nitrogen can get rid of it but does not provide a specimen that can be checked in the laboratory. The usual treatment is to scrape pyogenic granulomas off with a sharp spoon-like instrument (a curette) after the area has been made numb by an injection of a local anaesthetic. The bleeding area left behind is then sealed with a hot point (cauterized). Sometimes a pyogenic granuloma does come back after it has been removed in this way, and it is then best to cut the area out and to close the wound with stitches.

Other treatments that have been used with variable success on these lesions, mostly when they are multiple or recurrent are steroid injections, Imiquimod...
(medication cream used to treat warts and sun damage, works by stimulating the immune system), silver nitrate, lasers, topical phenol and photodynamic therapy.

Self Care (What can I do?)

You should always go straight to your doctor if you have any marks on your skin that are growing or bleeding.

Where can I get more information about pyogenic granulomas?

Web links to detailed leaflets:

www.dermnetnz.org/dna.implecito/pyo-gran.html
http://www.patient.co.uk/doctor/pyogenic-granuloma

For details of source materials used please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists’ Patient Information Lay Review Panel

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