



PYOGENIC GRANULOMA

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 tiny blood vessels on the skin. It is also known as "lobular capillary haemangioma". It carries no risk of cancer, is not contagious (cannot be spread to another person) and is not due to an infection. They pose no long-term risks.

WHAT CAUSES PYOGENIC GRANULOMAS?

The cause is unknown. Most pyogenic granulomas come up for no reason, but some appear after minor damage to the skin. They can also occur with certain medications, such as retinoids (which are sometimes used for acne) and the oral contraceptive pill. They can occur at any age but are most common in children and young adults. They are also more common in pregnancy.

WHERE DO PYOGENIC GRANULOMAS OCCUR?

The most common sites on the skin are the fingers, face, and scalp. They can occur on birthmarks, in the mouth, most commonly on the gums (especially in pregnant women), or rarely elsewhere.

IS PYOGENIC GRANULOMA HEREDITARY?

No. There does not appear to be an increased risk in other family members.

WHAT ARE THE SYMPTOMS OF A PYOGENIC GRANULOMA?

A pyogenic granuloma appears as a red, rapidly-growing skin lump. It grows over weeks to months and then stops, rarely getting bigger than 1 cm. There is usually only one, but there can be more.

The main problems with pyogenic granulomas are oozing and bleeding. They are usually not painful.

People often worry that they might have a skin cancer, so you should always see your doctor if you have a rapidly growing skin lump.

Pyogenic granulomas can bleed profusely so applying constant pressure to the affected area is helpful to stop the bleeding.

WHAT DO PYOGENIC GRANULOMAS LOOK LIKE?

They are commonly bright red; later they may turn darker. Their surface is shiny and moist but may become crusty after they have bled. They can have pus-like material around them. They stick out from the surface of the skin. They are usually less than 1 cm across. Some are bumpy and look like a raspberry, while others are narrower and look as if they are on a stalk.

HOW IS A PYOGENIC GRANULOMA DIAGNOSED?

Most pyogenic granulomas are diagnosed by their look and the story of how they appeared. A type of magnifying glass (dermatoscope) can help. If in doubt your

doctor may remove it under local anaesthesia and send it to the laboratory for testing.

CAN A PYOGENIC GRANULOMA BE CURED?

Yes, by removing it or treating it with a cream (see below).

HOW CAN A PYOGENIC GRANULOMA BE TREATED?

A few pyogenic granulomas lose their colour and shrivel with time, but most need to be treated. Freezing a pyogenic granuloma with liquid nitrogen can work but the usual treatment is to scrape it off 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 (cauterised).

Creams containing timolol or [topical corticosteroids](#) can also help some people. This is especially useful in children as it avoids surgery.

Other non-surgical treatments that are rarely used, unless you have multiple pyogenic granulomas, are [steroid injections](#), [imiquimod cream](#) (usually used to treat warts and sun damage), silver nitrate, and lasers.

IS THERE A RISK OF THE PYOGENIC GRANULOMA COMING BACK?

There is a risk of up to 15% of the pyogenic granuloma coming back. In these cases, the area is sometimes cut out and the wound closed with stitches.

SELF-CARE (WHAT CAN I DO?)

You should seek medical advice if you have any marks on your skin that are growing or bleeding. If a pyogenic granuloma is confirmed and you want to avoid medical treatment, then there are reports of salt treatment working. You apply petroleum jelly (for example, Vaseline®) around the pyogenic granuloma to protect your skin

and then sprinkle table salt on to the lump. You can then cover the area with a plaster and repeat every day until the salt dries out the lump and makes it shrink down. This will need to be repeated until the pyogenic granuloma resolves. You may get a burning sensation after the first application.

WHERE CAN I GET MORE INFORMATION ABOUT PYOGENIC GRANULOMAS?

Web links to detailed leaflets:

<https://www.dermnetnz.org/topics/pyogenic-granuloma/>

<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

BRITISH ASSOCIATION OF
DERMATOLOGISTS
PATIENT INFORMATION LEAFLET
PRODUCED | APRIL 2011
UPDATED | APRIL 2014, MARCH 2017,
JULY 2020, OCTOBER 2022
NEXT REVIEW DATE | OCTOBER
2025

