



## **PYOGENIC GRANULOMAS (also called 'lobular capillary haemangioma')**

### **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, is not contagious (cannot be spread to another person) and is not due to an infection.

### **What causes a pyogenic granuloma?**

The cause is unknown. Most pyogenic granulomas come up for no obvious reason, but some appear to follow minor damage to the skin, such as a cut that does not heal properly or a prick from a thorn. They can also occur after starting certain medications, such as retinoids (which are sometimes used for the treatment of acne). They pose no long-term risks. 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 on the scalp. They can occur on birthmarks, in the mouth, most commonly on the gums (especially in pregnant women), or rarely elsewhere.

### **Are they hereditary?**

No. There doesn't appear to be an increased risk in other family members.

### **What are the symptoms of a pyogenic granuloma?**

Pyogenic granuloma is often recognised as a red, rapidly-growing skin lump. Growth usually takes place over weeks to months and then stabilises, rarely getting bigger than 1 centimetre. There is usually only one pyogenic granuloma, but there can be more than one.

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 usually 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.

### **How is a pyogenic granuloma diagnosed?**

Most pyogenic granulomas can be recognised by their appearance. Examination with a type of magnifying glass (dermatoscope) may also be helpful. 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 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 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 (cauterised).

A gel containing timolol or topical steroids have also been used successfully to treat pyogenic granulomas. Although the evidence for this is still limited, it is growing. This maybe especially useful in children as it avoids more invasive procedures. Other non-surgical 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, 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 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.nlm.nih.gov/medlineplus/ency/article/001464.htm](http://www.nlm.nih.gov/medlineplus/ency/article/001464.htm)

<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](mailto: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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