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Author: Vanessa Ngan, staff writer, 2003. Piogen granuloma is a relatively common, reactive spread of capillary blood vessels. It is a shiny red lump with crimson or mince-like surface. Although they are benign, piogenic granulomas can cause discomfort and heavy bleeding. The pegenic granuloma is also called lobular capillary hemangioma, pululoma piogenicum and telangiectaticum granuloma. The cause of the piogen granuloma is unknown. The following factors have been identified that may play a role in their development. Injury: Some cases develop at the site of a recent minor injury, such as a pin. Infection: Staphylococcus aureus is often present in the lesions. Hormonal effects: they occur in up to 5% of pregnancies and are sometimes associated with oral contraceptives. Drug-induced; multiple lesions sometimes develop in patients with oral retinoid (acetyrin or isotretinoin) or protease inhibitor. Viral infection is possible, but not proven. Who gets the piogen pellet? The pegenic granuloma affects people of all races. Because of the relationship with pregnancy, women suffer more often than men. It is rare in children under 6 months of age, but is common in children and young adults. What are the signs and symptoms of piogen granuloma? Piogenic granuloma usually appears for the first time as a non-painful red, brown-red or blue-black spot. It grows rapidly for a few days to a few weeks before the final size of 1-2 cm (rarely up to 5 cm). It is usually bleeding easily and can ulcers to form crust sores. Usually one lesion is present, but in rare cases multiple lesions can develop. Most often they are on the head, neck, upper torso, hands (especially fingers) and legs. Pregnancy variant of piogen granuloma is most commonly found on the mucous surfaces of the lip or mouth. How is the piogen granuloma diagnosed? Piogenic granuloma is usually diagnosed clinically because of its typical course time and appearance. Histology confirms the diagnosis, especially if a form of skin cancer such as amelanotic melanoma is in differential diagnosis. Piogen granuloma shows a lobcular collection of blood vessels in inflamed tissue. What treatment is available for piogen granuloma? Piogenic granulomas can go away on their own, especially those that are associated with pregnancy. If due to drugs, they usually disappear when the drug is stopped. There are several methods used to remove piogen granuloma. Surgical excision and burning: The lesion is scraped with the help of a jacket and feeding blood vessels is burned to reduce the chances of re-growth. Laser surgery can be used to remove and burn the base, or pulse the dye laser can be used to reduce small lesions. Cryotherapy can be suitable for small lesions. Chemical burning using silver silver nitrate for small defeats. Imiquimod cream is reportedly effective and can be especially beneficial in children. Experimentally, the topical 1% pranolol ointment proved effective when used at an early age in children with piogenic granuloma. Repetition after treatment is common because the feeding of blood vessels spreads deep into the dermis in a cone-shaped 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. Neri I, Baraldi C, Balestri R, Piraccini BM, Patrizi A. Topical 1% propranolol ointment with occlusion in the treatment of piogenic granuloma: an open study label in 22 children. Pediatrician Dermatol. 2017 Dec 20. doi: 10.1111/pde.13372. (Epub ahead of print) PubMed PMID: 29266656. Pubmed. Book: Textbook of Dermatology. Ed Rooke A, Wilkinson DS, Ebling FJB, Champion RH, Burton JL. Fourth edition. Blackwell's scientific publications. Skin-lesions vascular skin prolems See DermNet New zealand bookstore. Mills SE, Cooper PH, Fechner RE. 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