Pyogenic granuloma is a relatively common skin growth. It is usually a small red, oozing and bleeding bump that looks like raw hamburger meat. It often seems to follow a minor injury and grows rapidly over a period of a few weeks to an average size of a half an inch. The head, neck, upper trunk and hands and feet are the most commonly sites.

Pyogenic granuloma can occur at any age, but is least common in the very young and the very old. It is seen most often in children, pregnant women ("pregnancy tumor") and those taking the drugs Indinavir, Soriatane, Accutane and oral contraceptives.

Pyogenic granulomas are always benign growths. Still there is always a concern that they could be cancerous, and rarely a cancer can mimic pyogenic granuloma. A sample is usually obtained for biopsy analysis. This is particularly important since as many as half of treated cases will recur (grow back) and need a second treatment.

Those that appear on the upper back in young adults are more prone to recur. At times multiple smaller pyogenic granulomas form following a treatment (these are known as "satellites"). It appears that pieces of pyogenic granuloma may spread through local blood vessels. Pyogenic granulomas in pregnant women may go away after delivery on their own, and sometimes waiting is the best strategy in those cases.

Most pyogenic granulomas are scraped off with an instrument called a curette and lightly cauterized to decrease the chance they will re-grow. An injection of local anesthesia is required (lidocaine is used-similar to Novocaine). Some doctors prefer to treat with chemicals (TCA, podophyllin, phenol, silver nitrate). Laser surgery can also be done but has not been proven to be superior. The highest cure rates are obtained when the growth is removed by full thickness surgical excision, and closed with stitches.