

# What's On His Palm?

Catherine Lagacé, MD

A 10-year-old boy was diagnosed with a “palmar wart”. However, his parents are concerned because of mild bleeding from the lesion (Figure 1). The nodule grew over a period of a few weeks. A previous treatment with liquid nitrogen failed to cure the lesion.

## What is this lesion?

This patient has a pyogenic granuloma (lobular capillary hemangioma). Contrary to what its name implies, this tumour is neither infectious, nor granulomatous. While the exact cause is unknown, it has been linked to local trauma, viral oncogenes, hormonal influences, underlying arteriovenous malformations, and the production of angiogenic factors. Occurrence of pyogenic granuloma has also been noted in association with oral contraceptive, systemic retinoid, and protease inhibitor therapy.

Pyogenic granuloma, which most often affects children, young adults, and pregnant women, presents as a glistening, red papule or nodule which evolves rapidly over a few weeks. Its size ranges from a few millimetres to several centimetres (average 6.5 mm).



Figure 1. Pyogenic granuloma on the palm.

Bleeding, crusting, erosion, and ulceration are common. While it can be found anywhere on the integument, it is most frequently seen in the head and neck area, including the gingiva, lips,

and nasal mucosa, on the upper trunk, and on distal extremities.

Left untreated, the pyogenic granuloma eventually becomes atrophic and fibrous and slowly regresses.

In some cases, a biopsy specimen must be obtained in order to exclude other entities, including:

- malignant melanoma,
- basal cell carcinoma,
- squamous cell carcinoma,
- glomus tumour,
- metastatic carcinoma,
- bacillary angiomatosis,
- atypical fibroxanthoma, and
- other benign and malignant tumours of vascular origin.

### *How do you treat it?*

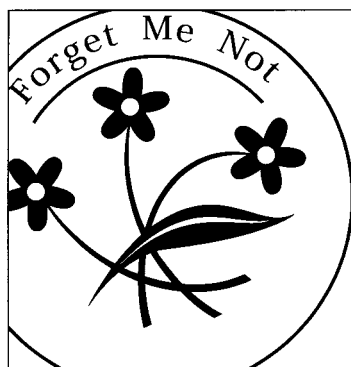
Any clear provocative traumatic factor should be removed. In cases associated with protease inhibitors, oral contraceptives, or retinoid therapy, withdrawal of the offending agent will typically cause regression. Pyogenic granulomas of pregnancy often resolve with parturition.

Therapeutic modalities include:

- cryotherapy,
- surgical excision,
- electrodesiccation and curettage,
- sclerotherapy, and
- chemical cauterization with silver nitrate.

Recurrences are common, regardless of the chosen treatment. [CME](#)

**Dr. Lagacé** is a resident, dermatology, Centre Hospitalier de l'Université de Montréal, Montreal, Quebec.



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\* Canadian Study of Health and Aging