

# Lesion Is Tender and Bleeds Copiously

**T**he lesion on the face of this 16-year-old girl is slightly tender to the touch and bleeds copiously with even minor trauma. It manifested several months ago and has persisted even after a course of oral antibiotics (trimethoprim/sulfa) as well as twice-daily application of mupirocin ointment.

Prior to the lesion's appearance, the girl experienced an acne flare. Her mother, who is present, says her daughter "just couldn't leave it alone" and was often observed picking at the problem area. The patient is otherwise healthy.

The lesion in question measures about 1.6 cm. It comprises a round, flesh-colored, 1-cm nodule in the center of which is a bright red, glistening 5-mm papule. There is no erythema in or around the lesion or any palpable adenopathy. The rest of



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the patient's exposed skin is unremarkable.

**The most likely diagnostic explanation for this lesion is**

- a) Bacillary angiomatosis
- b) Retained foreign body
- c) Nodular melanoma
- d) Pyogenic granuloma

## ANSWER

The correct answer is pyogenic granuloma (choice "d"), further

discussion of which follows. Bacillary angiomatosis (choice "a") is a lesion caused by infection with a species of *Bartonella*—a distinctly unusual problem. While a retained foreign body (choice "b"), such as a splinter, could trigger a similar lesion, there was no relevant history to suggest this was the case here. The most concerning differential item, melanoma (choice "c"), can present as

a glistening red nodule, especially in children, but this too would be quite unusual.

### DISCUSSION

*Pyogenic granuloma* (PG) was the name originally given to these common lesions, which are neither pyogenic (pus producing) nor truly granulomatous (demonstrating a classic histologic pattern). Rather, they are the body's frustrated attempt to lay down new blood supply in a healing but

oft-traumatized lesion (eg, acne lesion, tag, nevus, or wart).

Other names for them include *sclerosing hemangioma* and *lobular capillary hemangioma*. Their appearance can vary from the classic look seen in this case to older lesions that tend to be drier and more warty.

PGs are far more common in children than in adults and greatly favor females over males. Pregnancy appears to trigger them, especially in the mouth, but they

can appear on fingers, nipples, or even the scalp. Certain drugs, such as isotretinoin and certain chemotherapy agents, predispose to their formation.

PGs removed from children (by shave technique, followed by electrodesiccation and curettage) must be sent for pathologic examination to rule out nodular melanoma. That's what was done in this case, with the pathology report confirming the expected vascular nature of the lesion. **CR**



## PART 3 Patterns of care

By Bobby Daly, MD, MBA, and Olufunmilayo I. Olopade, MD, FACP, OON

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