

Pyogenic Granuloma Of The Right Index Finger: A Rare Case Report

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INTRODUCTION:

Pyogenic granuloma is a benign vascular lesion usually occur in the skin or mucous membrane. It occurs in all age group and gender. Pyogenic granuloma lesion commonly occur in gingiva, lips, tongue and upper limbs and has no potential for malignancy. Numerous options of treatment are available.

CASE REPORT:

A 46-year-old gentleman presented with painless swelling of dorsal right index finger, progressively increasing in size for the past two months. Initially it was pea-sized and it tripled its size after a trivial injury one month later. Examination of the right index finger revealed a red, firm, well-circumscribed, fungating 3cmx 3cmx2cm mass over the proximal interphalangeal joint (Figure 1), which was non-tender. Hand radiographs revealed a radiopaque mass without bony involvement. Wedge biopsy revealed vascularized tissue with capillaries proliferation, inflammatory infiltrate and no malignancy, supporting diagnosis of pyogenic granuloma. We proceeded with excision of granuloma. The wound healed and he was followed up annually (Figure 2).

Figure 1: Exophytic mass over the right index finger measuring 3cmx3cmx2cm



Figure 2: Well healed surgical wound post excision



DISCUSSIONS:

The etiology of pyogenic granuloma is unknown, with some authors citing it is due to the proliferative response of capillaries as a result of repetitive injury or chronic irritation. Besides, hormonal factors may play a role.

There are various options of management of pyogenic granuloma reported: electrocautery, laser therapy, radiation, cauterization and surgical excision and the outcome varies. Giblin *et al.* described the various outcomes of treatment in terms of recurrence. Poorer outcome was noted using shave excision and or curettage and cautery as compared with surgical excision where the recurrence rate is 10% and 3.6% respectively¹. A better outcome was noted when surgical excision is combined with electrocautery, with some cited 0% of recurrence^{1,2}. Smaller lesions may be treated using sclerotherapy with ethanolamine oleate or laser therapy as the cure rate for the former is almost 100%¹. Regardless of the definitive treatment modalities, the risk of recurrence is still unavoidable. Completeness of excision will reduce the risk of recurrence¹. Surgical excision remains the best treatment modality for pyogenic granuloma as it has the lowest recurrence rate, cosmetically acceptable and generally the best option for large lesions.

CONCLUSION:

This case represents a rare lesion of the hand happened after trivial injury which healed well with surgical excision. Regular follow up is therefore needed to monitor recurrence.

REFERENCES:

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