

Visual Treats in Dermatology

Pyogenic granuloma of lower lip

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Dermatology consultation was sought for a female in mid-thirties presenting with a gradually progressive red-colored lower lip skin lesion which she noticed a month ago. The patient complained of occasional spontaneous bleeding from the lip lesion but denied pain, burning, itching, or history of any such previous lesion. On examination, single solitary erythematous to pinkish, soft, and friable papule of size 0.7 × 0.5 cm was noticed in the midline of the lower lip with bleeding present on the surface [Figure 1a]. Dermoscopy shows central reddish homogeneous area, a white collarette at the periphery, and white rail lines intersecting the lesion [Figure 1b]. Histopathological picture showed thinned out epithelium, capillary proliferation

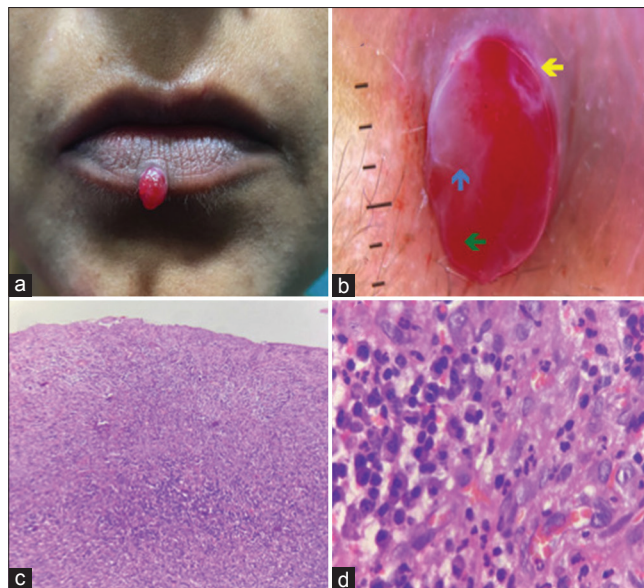


Figure 1: (a) Single solitary erythematous to pinkish, soft, friable papule of size 0.7 × 0.5 cm in the midline of lower lip with bleeding on the surface, (b) dermoscopy of pyogenic granuloma: Reddish homogeneous area (green arrow), a white collarette at the periphery (yellow arrow) and white rail lines intersecting the lesion (blue arrow), (c) H&E, ×100 shows thinned out epithelium, capillary proliferation, and (d) H&E, ×200 shows proliferation of plump endothelial cells, dilated capillaries, and mixed inflammatory cell infiltrates.

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with plump endothelial cells, dilated capillaries, and mixed inflammatory cell infiltrates [Figure 1c and 1d]. Considering the clinicodermoscopic and histopathological examination findings, a final diagnosis of pyogenic granuloma (PG) was made. Surgical excision was done for the PG lesion with no recurrence at 6 months follow-up.

PGs are common benign, acquired vascular lesions of the skin, and mucous membranes which are commonly associated with spontaneous bleeding. Although histopathology is the gold standard for diagnosis, dermoscopy can help in clinical diagnosis where histopathology is not possible. Reddish homogeneous areas surrounded by a white collarette are the most frequent dermoscopic pattern in PG. Reddish homogenous areas correspond to numerous small capillaries or proliferating vessels set in a myxoid stroma while the white collarette corresponds to hyperplastic adnexal epithelium that partially or totally embraces the PG lesion at the base. Other dermoscopic features include white rail lines and small ulcerations. White rail lines are whitish streaks or bands intersecting the PG and correspond histologically to the fibrous septa surrounding the capillary tufts or lobules in advanced cases.^[1]

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

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Conflicts of interest

There are no conflicts of interest.

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