

# Simple, safe, and effective treatment for pyogenic granuloma

Edward S. Weiss MD CCFP DipPDerm Dominic Wood BSc

**P**yo-genic granuloma (PG) is a relatively common cutaneous condition often seen by family physicians. Patients frequently seek treatment for PG owing to the friable nature of the lesion and resultant nuisance bleeding from minor trauma. It is generally easy to diagnose, as the clinical appearance is fairly typical: a fleshy, ulcerated, reddish papule that grows quickly over the course of weeks to months.<sup>1</sup> Pyogenic granuloma has numerous treatment options, including surgical excision, curettage and electrocautery, and vascular laser, although risk of recurrence is not insubstantial.<sup>1</sup> The differential diagnosis for a lesion resembling PG includes rare cases of amelanotic melanoma, and for this reason it is sometimes recommended that ablative treatments (eg, cryotherapy) be avoided—unless the lesion can be demonstrated to be benign by histologic examination.

Busy clinicians may wish to have a simple method for correctly diagnosing and treating benign PG. Thankfully, there is a quick and easy way to do so, using the most common of household ingredients: table salt. Long recognized for its utility in treating umbilical granulomas, salt application has also been shown to be safe, effective, and well-tolerated for treatment of PG.<sup>2</sup> It is believed that salt acts as a desiccant, causing shrinkage of the small vessels feeding the PG. An amelanotic melanoma would not be expected to regress substantially in the presence of salt.

## Approach

The following method is recommended:

1. Apply a thin layer of petrolatum or paraffin around the PG to protect the perilesional skin.
2. Sprinkle table salt over the PG, ensuring the entire surface is covered; for lesions in awkward areas, such as the face, consider using a makeshift reservoir, such as the cap of an insulin syringe or folded tape, to keep the salt in place (**Figures 1A, 1B, and 1C**).
3. Cover the PG with an occlusive bandage or tape and ask the patient to repeat the salt application and occlusion daily for 14 days, or until complete clearance is achieved.
4. If the lesion has not diminished after 2 weeks of treatment or is recurrent after treatment, consider a biopsy to rule out a malignant mimic of PG.

Presentations of PG before and after treatment with salt are shown in **Figures 2A** and **2B**, respectively.

This technique is easy to implement in a clinic setting and is cost-effective. Patients usually report no more than a mild burning sensation when the salt is first applied,

**Figure 1A.** Step 1 in creating a makeshift salt reservoir to treat pyogenic granuloma: Prepare a piece of tape with a medial slit.



**Figure 1B.** Step 2 in creating a makeshift salt reservoir to treat pyogenic granuloma: Allow the edges of the slit to overlap slightly, creating a reservoir for table salt.



**Figure 1C.** Step 3 in creating a makeshift salt reservoir to treat pyogenic granuloma: Tape the salt reservoir over the lesion.



**Figure 2A.** Pyogenic granuloma before treatment**Figure 2B.** Pyogenic granuloma after treatment with salt

and they often get rapid relief from bleeding associated with PG. Salt application can also be used during pregnancy, when other interventions may be contraindicated.

Difficulties with this technique may ensue with PGs located in areas that are difficult to occlude with tape, such as among facial hair or on mucosal surfaces. Manual occlusion of the salt with a finger several times daily may still be effective, provided there is adequate contact time for the desiccant action to take effect.

## Conclusion

Family physicians are encouraged to try this novel technique the next time they are faced with a potential PG in a patient desiring treatment. 🌿

**Dr Edward S. Weiss** is Assistant Professor in the Department of Family Medicine at Queen's University in Kingston, Ont. **Dominic Wood** is a master's student in the Biology Department at Queen's University.

**Competing interests**  
None declared

### References

1. Sarwal P, Lapumnuaypol K. Pyogenic granuloma. In: *StatPearls*. Treasure Island, FL: StatPearls Publishing; 2023. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK556077/>. Accessed 2023 Jun 12.
2. Daruwalla SB, Ghatge S, Dhurat R. Establishing the efficacy and safety of the novel use of common salt for the treatment of pyogenic granuloma. *Clin Exp Dermatol* 2021;46(7):1243-7. Epub 2021 May 10.

*Can Fam Physician* 2023;69:479-80. DOI: 10.46747/cfp.6907479

We encourage readers to share some of their practice experience: the neat little tricks that solve difficult clinical situations. Praxis articles can be submitted online at <http://mc.manuscriptcentral.com/cfp> or through the CFP website (<https://www.cfp.ca>) under "Authors and Reviewers."