

GRANULOMA PYOGENICUM

(Report of a case on Corona glandularis)

By

* B. M. S. BEDI, ** SARDARILAL and *** S. ARUNDHATHI

Granuloma Pyogenicum is a misnomer for granuloma telangiectaticum—a term originally introduced by Hartzall³ (1904) to denote a vascular tumour. The history of trauma is the most important single factor in the aetio-pathogenesis of this condition as reported by Michelson⁶ (1925). There is no particular age or sex predilection for this condition. The balance of evidence favours a reactive rather than neoplastic basis (Rook et al,⁷ 1968).

The pathology is very characteristic showing considerable proliferation of small blood vessels which erupt through a breach in the epidermis to produce a globular, pedunculated or a sessile tumour. However the histologic picture of an early lesion is capillary haemangioma (Freund,² 1932) and even older eroded lesions with a pronounced inflammatory infiltrate in this superficial portion retain in their centre the appearance of a typical haemangioma (Freund,² 1932) (Lever,⁴ 1961).

The size is variable from a few centimeters to a bigger giant size—when it is called Granuloma Pyogenicum Giganteum (Ayres,¹ 1949). Martens & Mackpherson,⁵ (1956) have proposed a common descriptive terminology of Fibroangioma for Granuloma Pyogenicum, Granuloma Gravidarum, Juvenile Angiofibroma and urethral caruncle owing to basically similar histologic appearance. The number of lesions is usually single or a few, but Sambasivan et al,⁹ 1965 have reported forty six lesions in a single patient

The site of involvement is variable. Martens and MacPhersons, (1965) tabulated 40 cases of Granuloma Pyogenicum on the following sites:—

Fingers	... 7	Thigh	... 1
Shoulder	... 6	Ear Lobe	... 1
Chest	... 4	Vagina	... 1
Forehead	... 3	Scalp	... 1
Leg	... 3	Gingiva	... 2
Nose	... 2	Toe	... 1
Cheek	... 2	Wrist	... 1
Planter surface foot	... 1	Skin area not stated	... 1
Lip	... 2	Back	... 1

Department of V. D. and Dermatology, Jawaharlal Institute of Post-Graduate Medical Education and Research, Pondicherry-6., S. India.

* Associate Professor of V. D. and Dermatology and Head of the Department. ** Assistant Professor of V. D. and Dermatology, *** Registrar in V. D. and Dermatology.

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We came across a patient of Granuloma Pyogenicum on a very unusual site i. e., corona glandularis. The case is reported below as of great academic interest being present on very rare location.

Case Report: S., 23 M., presented with the chief complaint of a pedunculated growth over the corona glandularis for the last about two months. This started as a small pea sized eruption on corona glandularis at 3 o' clock position which gradually increased to the present almond size. The patient gave history of exposure four months prior to the eruption

Examination revealed an umbrella shaped tumour 1.5 cms. in diameter showing proliferating cauliflower like growth with verrucous surface and a small pedicle. The lesion was moderately firm. There was no evidence of any associated pyogenic infection. There was no other significant finding clinically.

Investigations:

Blood V. D. R. L. - Negative.

Biopsy consistent with granuloma Pyogenicum showing profuse capillary telangiectasia with few round cell infiltrates.

Fig. No. 1



Granuloma Pyogenicum on the Corona glandularis

Treatment:

The growth was excised after ligaturing the pedicle and the base was cauterized by electric coagulation. The wound healed well and the follow-up has not shown any recurrence.

DISCUSSION

A case of Granuloma Pyogenicum on an unusual site at the corona glandularis is reported. There is no history of any prior trauma except sexual exposure 4 months prior to the eruption. It is possible that the sexual trauma had initiated the telangiectatic process. The peculiar site is important to differentiate it from other venereal and non-venereal conditions of the genitals. It is therefore important for the practising venereologist to keep this condition in mind. In case of pedunculated tumours as in this case, excision with cauterization of the base is most effective as well as easy. The recurrence is said to be common but this case has not reported back with any re-growth.

SUMMARY

A case of Pyogenic Granuloma on an unusual site at the corona glandularis is reported. The relevant literature on the subject is reviewed. The possible trauma due to sexual exposure is postulated as the initiating factor. The differentiation of this condition from other venereal or non-venereal conditions of the genitals is highlighted; hence its importance to the practising venereologists and surgeons.

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