

Beyond the Bedsore: The Hidden Pyogenic Granuloma That Defied Healing

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Abstract: A 70 - year - old bedridden male presented with a persistent lesion on his left buttock, initially misdiagnosed as a pressure ulcer. Despite standard care, the lesion failed to heal. A biopsy revealed pyogenic granuloma, and targeted treatment, including steroids, antibiotics, hydration, and nutritional support, resulted in rapid improvement. This case underscores the need for accurate diagnosis and a multidisciplinary approach in managing chronic wounds.

Keywords: Pyogenic granuloma, pressure ulcer, non - healing wound, tissue biopsy, elderly patient, steroids, albumin supplementation, wound care.

1. Background

Pyogenic granuloma is a benign vascular lesion with rapid growth and a friable surface, often leading to bleeding. It can arise following minor trauma or spontaneously, and its clinical features frequently mimic chronic wounds like pressure ulcers. Misdiagnosis is common, especially in vulnerable populations such as bedridden elderly patients, leading to delayed treatment and increased morbidity. This case highlights the importance of early biopsy and accurate diagnosis in chronic non - healing wounds to guide effective management.

2. Case Presentation

Patient: A 70 - year - old bedridden male presented with a persistent lesion over his left buttock, lasting for 4–5 months. Initially diagnosed as a pressure ulcer (bedsore), the lesion was non - responsive to standard wound care.

Clinical Examination: The lesion appeared erythematous and friable with granulation tissue, further suggesting a pressure ulcer diagnosis. However, its failure to respond to conservative management raised concerns about an alternative underlying pathology.

Diagnostic Intervention: A tissue biopsy was performed to determine the true nature of the wound. Histopathological examination revealed the lesion to be a pyogenic granuloma rather than a pressure ulcer.

Complicating Factors: The patient's bedridden status, advanced age, and associated nutritional deficits likely contributed to the delayed wound healing and compounded diagnostic challenges.

3. Management and Outcome

Correct Diagnosis Established: Tissue biopsy confirmed pyogenic granuloma.

Targeted Treatment Initiated:

- Low - dose steroid therapy to reduce inflammation.
- Meticulous local wound care to maintain a clean and supportive environment for healing.
- IV antibiotics to address potential secondary infections.

- IV fluids to ensure adequate hydration and support overall recovery.
- Albumin supplementation to counteract nutritional deficits and promote tissue repair.

Outcome: Remarkable improvement was observed within a week of initiating the appropriate therapy. The lesion exhibited a 90% reduction in size and improved granulation, indicating rapid healing.

Follow - Up: The patient continued to show progressive wound closure with regular monitoring and supportive care.

4. Discussion

- Pyogenic granuloma often mimics chronic wounds like pressure ulcers, leading to diagnostic delays. Early biopsy redirected this case's management.
- Low - dose steroids, wound care, and nutritional support were pivotal in promoting healing.
- This case highlights the importance of considering alternative diagnoses and employing a multidisciplinary approach for better outcomes in vulnerable patients.

5. Conclusion

- Maintain suspicion for pyogenic granuloma in non - healing lesions mislabeled as pressure ulcers.
- Early biopsy and targeted treatment improve outcomes.
- A multidisciplinary strategy integrating accurate diagnosis, tailored therapy, and nutritional support is essential in managing chronic wounds.

Visual Evidence:



Figure 1: Ulcer before treatment

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Figure 2: Biopsy site with suture

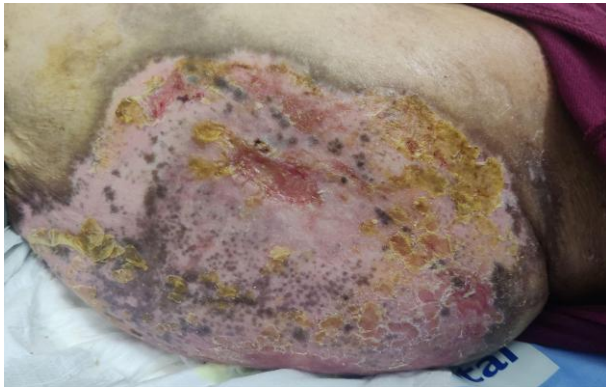


Figure 3: Improvement after 1 week of treatment

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