
A pinch of salt is all it takes! The novel use of table salt for the effective treatment of pyogenic granuloma



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THERAPEUTIC CHALLENGE

Pyogenic granuloma is a common benign vascular proliferation that usually occurs on the skin and mucosa. Various treatment options exist in literature, with no clear consensus. Treatment modalities for pyogenic granuloma include surgical excision, marsupialization, cryosurgery, laser surgery, and intralesional injections of sclerosing agents. However, recurrence is believed to ensue as a result of incomplete excision, failure to eliminate etiologic factors, or repeated trauma.¹

THE SOLUTION

Five patients with pyogenic granuloma were treated with table salt from a commercially available freshly opened package stored in a sterile container for use. White soft paraffin was applied on the perilesional skin to prevent irritation. A pinch of salt enough to cover the entire lesion was applied. The area was occluded with surgical adhesive tape. Patients were instructed to do the same at home daily.

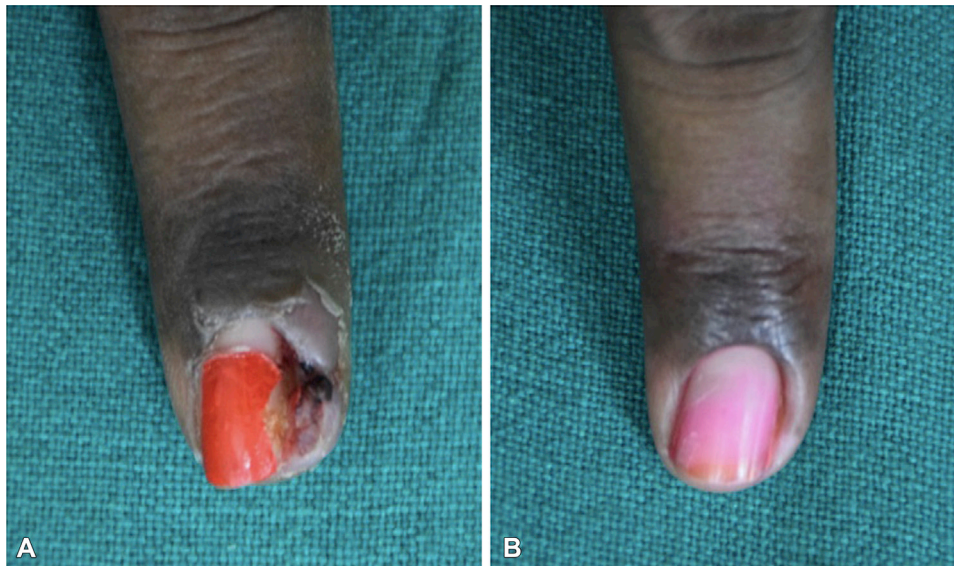


Fig 1. **A**, Pyogenic granuloma over the right index finger. **B**, Complete resolution of the lesion 7 days after treatment with table salt.

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Complete resolution of the lesion was noticed by 7 to 14 days, depending on the size of the lesion (Figs 1 and 2). A mild burning sensation was experienced at the time of the first application in 2 patients who had a raw, bleeding area; however, no other adverse effects were encountered. No recurrence of lesions occurred at 1 month of follow-up.

The idea of using common salt for umbilical granuloma was first reported by Schmitt² in 1972 and further detailed by Kesaree et al³ in 1983, demonstrating 100% resolution of lesions. Salt inside the occluded hyperosmolar chamber causes shrinkage of granuloma by desiccant effect. Taking inspiration, the application of table salt for treating pyogenic granuloma was tried and showed promising results. Perhaps for those patients reluctant to undergo any procedure or having recurrence of lesions, a pinch of salt is all it might take!



Fig 2. **A**, Two papules of pyogenic granuloma over the left frontal area of the scalp. **B**, Complete resolution of the lesions 10 days after treatment with table salt. **Inset**, Dermoscopy demonstrates white homogenous area indicating complete resolution (original magnification: $\times 50$; polarized mode; Dino-Lite Premier AM4113T, Torrance, CA).

REFERENCES

1. Hasanoglu Erbasar GN, Senguven B, Gultekin SE, Cetiner S. Management of a recurrent pyogenic granuloma of the hard palate with diode laser: a case report. *J Lasers Med Sci*. 2016;7(1):56-61.
2. Schmitt BD. Tip of the month, shrinking umbilical granulomas. *Consultant*. 1972;12:91.
3. Kesaree N, Babu PS, Banapurmath CR, Krishnamurthy SN. Umbilical granuloma. *Indian Pediatr*. 1983;20(9):690-692.