A 30-YEAR-OLD MAN PRESENTED WITH A PEDUNCULATED LESION ON HIS RIGHT LOWER EYELID THAT HAD grown over a period of 3 days. Two weeks before presentation, a cyst had ruptured on the same eyelid. The new lesion started as a small lump on the bulbar conjunctiva and progressively increased in size until it protruded from the eyelid. The patient’s clinical course and a physical examination were suggestive of a pyogenic granuloma, a benign vascular lesion characterized by inflammatory cells and lobular capillary proliferation. Conjunctival pyogenic granulomas grow rapidly in the days to weeks after a conjunctival injury from surgery or trauma and can develop on the conjunctiva or external surfaces of the eyelids. The differential diagnosis includes suture granulomas, squamous papillomas, and malignant tumors, such as squamous-cell carcinoma and amelanotic melanoma. Pyogenic granulomas are often friable and prone to bleeding and can be treated with topical glucocorticoids or surgical excision. In this case, an intraliesonal injection of triamcinolone was administered at the time of excision to reduce the risk of recurrence. A histopathological assessment confirmed the diagnosis. On review, 3 months after excision, there was minimal scarring of the conjunctival surface and no evidence of recurrence.