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PYOGENIC GRANULOMA: A CASE REPORT

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Abstract

Pyogenic granuloma is an inflammatory hyperplasia seen as a response to underlying irritating factor. It is now agreed pyogenic granuloma arises as a result of some minor trauma to the tissues. Gingiva is the most common site affected followed by buccal mucosa, tongue and lips. Pyogenic granuloma in general, does not occur when excised along with the base and its causative factors

CASE REPORT:

This report presents a female patient who in her 2nd trimester of pregnancy reported to the department of periodontics, KD dental college with chief complaint of painful mass in the upper front region of mouth. After phase I therapy it was excised and histopathological reports confirmed it to be a pyogenic granuloma. Follow up was done for 4 months and no recurrence was evident.

CONCLUSION:

Pyogenic granuloma is benign in nature and usually do not attain unusually large size. Considering these characteristics, pyogenic granuloma can be adequately treated with correct diagnosis and proper treatment. A careful management of the lesion also helps prevent the recurrence of this benign lesion.

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INTRODUCTION

Pyogenic granuloma is an inflammatory hyperplasia seen as a response to underlying irritating factor. It is now agreed pyogenic granuloma arises as a result of some minor trauma to the tissues. Gingiva is the most common site affected followed by buccal mucosa, tongue and lips.¹ Pyogenic granuloma in general, does not occur when excised along with the base and its causative factors. The first case was reported in 1844 by Hüllihcn and the term "pyogenic granuloma" or "granuloma pyogenicum" was coined only in 1904 by Hartzcll. The term however is a misnomer as it is not related to any infection, does not contain pus and is not a true granuloma. It predominantly occurs in females in second decade of life. Vilmann et al. (1986) described that pyogenic granulomas can be of few millimetres to several centimeters in size and commonly involve maxillary labial gingiva (Neville et al., 2002; Regezi et al., 2003; Shafer et al., 1983; Vilmann et al., 1986).²

Pyogenic granuloma of the gingiva develops in up to 5% of the pregnancies and hence terms like "pregnancy tumor" and "granuloma gravidarum" are commonly used (Sills et al., 1996). When these are surgically removed during pregnancy, there is a tendency for recurrence (Shafer et al., 1983).³

CASE REPORT

A case of a 26 years old female patient is presented here who in her 2nd trimester of pregnancy reported to the department of periodontics, KD dental college & hospital with chief complaint of a bead like swelling which occurred in her 1st trimester which eventually grew to a large oval mass in upper front region of mouth.

After doing phase I therapy the swelling which was present in relation to maxillary central incisors involving the attached as well as interdental gingival was excised with surgical blade no. 15. After excision the bleeding was controlled and coe-pak was placed.

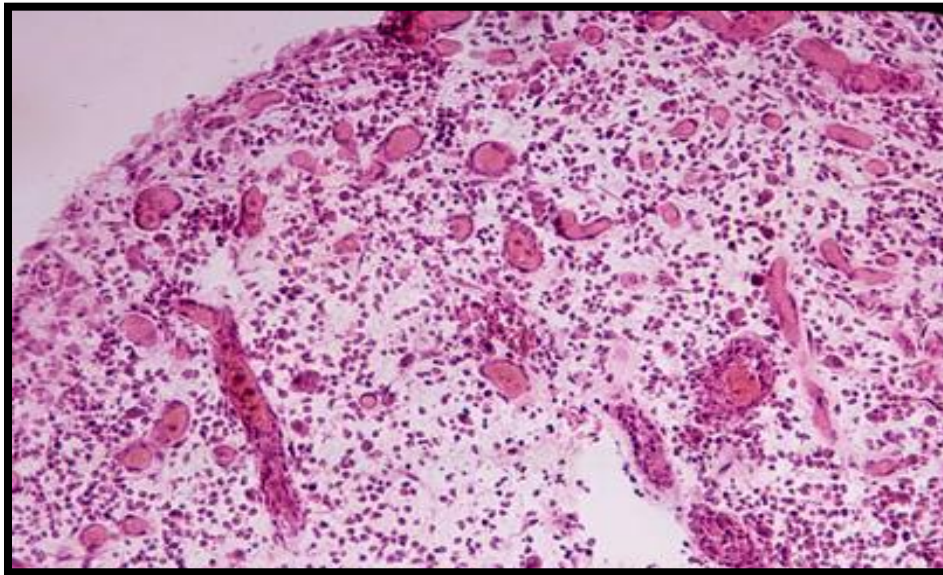
The swelling was pedunculated and was covered with small amount of white slough. It was compressible but non fluctuant and afebrile. The excised tissue was send for biopsy and the reports confirmed it to be a pyogenic granuloma.

Patient was given oral hygiene instructions and was followed for 4 months and no reoccurrence was reported.



FIG 1: PYOGENIC GRANULOMA IN RELATION TO MAXILLARY CENTRAL INCISORS



FIG 2: AFTER EXCISING THE PYOGENIC GRANULOMA**FIG 3: AFTER 4 MONTHS FOLLOW UP****FIG 4: HISTOPATHOLOGICAL SLIDE OF PYOGENIC GRANULOMA**

DISCUSSION

Hullihens description in 1844 was most likely the first pyogenic granuloma reported in the English literature. It was only in 1904 that Hartzell first ever introduced the term pyogenic granuloma. It is now universally agreed that this lesion is formed as a result of exaggerated localized connective tissue reaction to a minor injury or any underlying irritation. This irritating factor can be calculus, poor oral hygiene, nonspecific infection, over hanging restorations, cheek biting etc. Because of this irritation, the underlying fibrovascular connective tissue becomes hyperplastic and there is proliferation of granulation tissue which leads to the formation of pyogenic granuloma. Pyogenic granuloma may occur in all ages but is predominantly seen in second decade of life in young adult females possibly because of vascular effects of female hormones.⁴

According to Vilmann et al, majority of the pyogenic granulomas are found on the marginal gingival with only 15 % of the tumors on the alveolar part. Studies by Zaib RB et al in Singapore populations have also shown the greatest incidence of pyogenic granuloma in the second decade of life.⁵

Clinically pyogenic granuloma is generally seen as a smooth or lobulated exophytic lesion with a pedunculated or a sessile base. Pyogenic granuloma grows in size from few mm to several cm in size but rarely exceed more than 2.5 cm size. Some of the pyogenic granuloma grow rapidly and attain large sizes. It is reported many times pyogenic granulomas cause significant bone loss.

Treatment of pyogenic granuloma involves a complete surgical excision. Recurrence of pyogenic granuloma after excision is a known complication but can be prevented. Recurrence rate for pyogenic granuloma is said to be 16 % of the treated lesions and so re excision of such lesions might be necessary. Various other benign soft tissue lesions need to be differentiated from pyogenic granuloma. Few to name include peripheral giant cell granuloma, pregnancy tumor; conventional granulation tissue etc. Differentiation is done on clinical and histological features which help in adequate treatment and good prognosis.

CONCLUSION

Pyogenic granuloma can present with unusual features. They can be present in uncommon site and with unusual size. In such clinical situations, the treatment plan should be altered accordingly and surgical excision should be done. Good oral hygiene maintenance and regular follow up can prevent recurrence of such lesions.⁶

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