

Oral Pyogenic Granuloma: A Case Report.

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ABSTRACT

Pyogenic granuloma is a moderately frequent mucocutaneous lesion seen in the oral cavity, as a response to some underlying irritating factor. Clinically oral pyogenic granuloma is seen as a smooth exophytic lesion with usually haemorrhagic base. This article presents a case of pyogenic granuloma treated by surgical intervention.

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 [1,2]. It is a tumour like growth of the oral cavity frequently located surrounding the anterior teeth or skin that is considered to be neoplastic in nature [3]. Females are far more susceptible than males because of the hormonal changes that occur in women during puberty, pregnancy and menopause. The purpose of this article is to describe a case of pyogenic granuloma. 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 [4].

Case Report

A 35 year old lady reported to the department of Periodontology, Pravara Institute of Medical Sciences-Loni, Maharashtra, India with a chief complaint of a growth in the lower anterior jaw. Growth had appeared 5 months back and has been slowly growing to reach the current size. Mild alternating pain was associated with the growth which increased on chewing food. Patient reported difficulty in mastication and was concerned for the compromised aesthetics.

Clinical Examination

Extra oral examination revealed a growth of 2cm x 2cm over the lower anterior teeth extending from left side incisor to side canine region covering the labial surface of all six anterior till the incisal edges. The lower lip was little protruded due to the growth causing lip incompetence. Intra oral examination showed that the growth was firm on palpation with mild tenderness. Bleeding on provocation was positive. The lesion was attached with a sessile base. Oral hygiene was poor with calculus and stains (Figure 1) Medical history was negative for any findings and all vitals were within normal limits.

Figure 1: Pre-Operative



Figure 2: Surgical Excision

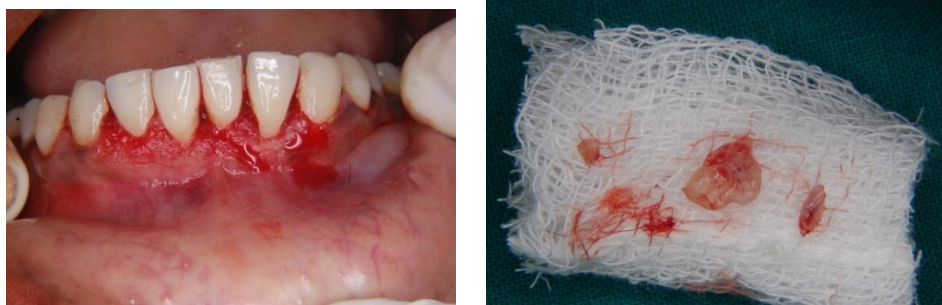


Figure 3: Post operative 2 Month follow up



Surgical Management

The requirement for surgical excision was explained to the patient. A full surgical excision was done for the lesion along with removal of underlying irritational factors (Figure 2). The excised lesion was sent for histopathological examination. Patient was recalled for a post-operative checkup and no complications were reported by the patient. The healing was satisfactory. Patient was kept on a regular follow up to check any reoccurrence of the same.

Histopathological Examination

Histopathological examination of the growth revealed Stratified squamous orthokeratinized epithelium covering cellular connective tissue. The epithelium shows area of ulceration below which can be seen inflammation in the connective tissue. The connective tissue shows proliferating fibroblasts and collagen fibres interposed in which can be seen lot of epithelial lined spaces within the connective tissue can be seen patchy distribution of lymphocytes and plasma cells. There was no evidence of atypia or malignancy. The clinical and histopathological findings confirmed it to be a case of pyogenic granuloma.

DISCUSSION

The pyogenic granuloma most frequently develops on the buccal gingiva in the interproximal tissue between teeth. With the presentation of this case report it can be concluded that the combinations of various etiological factors might have caused the inflammatory tissue to cross the threshold from regular gingivitis to granuloma formation. Treatment of pyogenic granuloma involves a complete surgical excision [4]. It does not essentially always require invasive excisional treatment; although surgery is successful in minimizing the

reappearance of lesion, it often results in functional and esthetic impairment of the soft tissue morphology. So, the consideration should also be given to simpler and noninvasive treatment protocol procedures like Lasers for the treatment of this common oral lesion.

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