



ISSN: 0975-833X

Available online at <http://www.journalcra.com>

International Journal of Current Research
Vol. 10, Issue, 01, pp.64159-64161, January, 2018

INTERNATIONAL JOURNAL
OF CURRENT RESEARCH

CASE REPORT

HOW WELL DO WE KNOW PYOGENIC GRANULOMA?

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ARTICLE INFO

Article History:

Received 18th October, 2017

Received in revised form

10th November, 2017

Accepted 21st December, 2017

Published online 19th January, 2018

ABSTRACT

The pyogenic granuloma is a distinctive clinical entity originating as a response of the tissues to a non specific infection. It is of particular significance because of its common intra oral occurrence and because of its sometimes alarming clinical course. This article is a case report of such a lesion with its clinical and radiological features along with the treatment rendered with figures explaining the same.

Key words:

Pyogenic granuloma,

Intra oral, Oral lesions, Benign.

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Citation: Dr. Sushma, K. N. and Dr. Santosh Kumar, 2018. "How well do we know Pyogenic Granuloma?", *International Journal of Current Research*, 10, (01), 64159-64161.

INTRODUCTION

Pyogenic granuloma (Granuloma Pyogenicum) is a distinctive clinical entity originating as a response of the tissues to a non-specific infection. It is a tumor like growth that is considered as an exaggerated, conditioned response to minor trauma. Although not currently accepted, the term pyogenic granuloma was applied based on an identical lesion on the skin, thought to be caused by pyogenic organisms. Pyogenic granulomas are treated by surgical excision with care taken to scale the adjacent tooth to be free of calculus, to avoid irritation leading to recurrence of lesion.

CASE REPORT

A 40 year old male patient visited the Department of Oral & Maxillofacial Surgery at Vananchal Dental College & Hospital with a chief complaint of swelling in the palate since 1 month. Patient gives history of trauma while using the neem stick to clean his teeth in the upper left posterior teeth region causing injury to the soft tissue. After a few days the patient noticed a pea sized swelling in that region that grew to the present size. There were no extra-oral findings seen. On a detailed clinical intra oral examination, a spherical swelling approximately 3x4cm was seen in the left posterior palatal region that was non-tender, pedunculated, soft in consistency, smooth over the surface and not fixed to the underlying structures (Fig.1).

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The swelling was palpated for pulsatility to rule out a vascular lesion. A complete hematological investigation showed no abnormal findings. An intra-oral peri-apical radiograph showed a radiolucency in the peri apical region in relation to upper left first molar with diffuse borders involving the furcation area (Fig. 2). Excisional biopsy was carried out using a #15 B.P blade and the specimen was sent for histopathologic examination (Fig. 3). Patient was advised extraction of upper left first molar but the patient denied. Prognosis of the tooth was found to be poor from a periodontal and endodontic point of view. Post operative surgical site showed palatal root exposure till the apical one third (Fig. 4). Black braided silk sutures were placed at the surgical site for control of hemorrhage and primary wound healing (Fig. 5). Sutures were removed after 7days. Patient was recalled after month to follow up on the condition of the tooth. The patient did not turn up for further follow up.

DISCUSSION

Pyogenic granuloma, also called as telangiectatic granuloma is a hypertrophic lesion caused by trauma and infection, generally involving the gingival. Pyogenic granuloma can occur in either sex at any age. Often the lesion heals spontaneously if the cause is removed however, recurrence is reported. Treatment protocol as explained by Daniel Laskin in Text book of Oral & Maxillofacial Surgery Volume 2 states excision either surgical or by electrocautery. Adjacent teeth do not have to be removed. Causative factors must be eliminated.



Figure 1.



Figure 2.

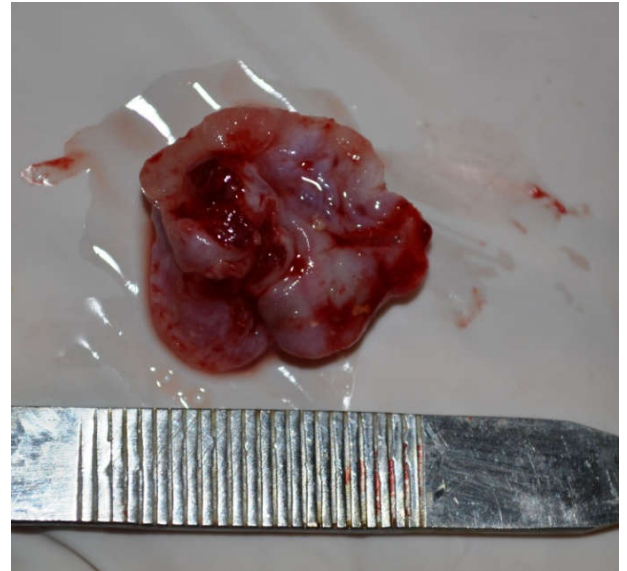


Figure 3.



Figure 4.



Figure 5.

The wound may be closed by sutures, covered with a periodontal pack or allowed to heal by secondary epithelialization. Histologically, the lesion shows features similar to granulation tissue except that it is excuberant and well localized. This lesion is basically connective tissue hyperplasia with vast number of endothelium lined vascular spaces and extreme proliferation of fibroblasts.

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