



CASE REPORT

HOW WELL DO WE KNOW PYOGENIC GRANULOMA?

*¹Dr. Sushma, K. N. and ²Dr. Santosh Kumar

¹Department of Oral & Maxillofacial Surgery, Vananchal Dental College & Hospital, Hoor,
Farathiya, Garhwa, India

²Senior lecturer, Department of Orthodontia and Dentofacial Orthopedics

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, Beningn.

Copyright © 2018, Sushma and Santosh Kumar. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

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).

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.

*Corresponding author: Dr. Sushma, K. N.

Department of Oral & Maxillofacial Surgery, Vananchal dental college & hospital, Hoor, Farathiya, Garhwa, India.



Figure 1.



Figure 2.

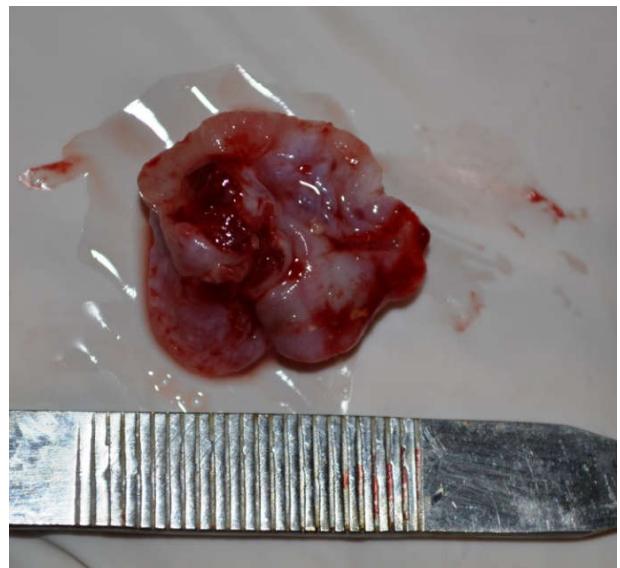


Figure 3.



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 exuberant and well localized. This lesion is basically connective tissue hyperplasia with vast number of endothelium lined vascular spaces and extreme proliferation of fibroblasts.

REFERENCES

- Anish Sebastian, Prasanth Panikar, Kasim Kota and Asika sasi, 2016. Pyogenic Granuloma, *International journal of Preventive and clinical Dental research*, 3(1): 35-37
- Kerr DA. 1951. Granuloma pyogenicum. *Oral Surg Oral Med Oral Pathol.*, 4(2):158.
- Kontogiannis, T. G., K. I. Tosios, N. P. Kerezoudis, S. Krithinakis, P. Christopoulos, A. Sklavounou, 2015. Pyogenic Lesions Are Not Always A Sequelae Of Pulpal Necrosis: A Retrospective Study Of 1521 Biopsies: *International Endodontic Journal*, Volume 48, Issue1, Pages 68-73
- Kuc I, Peters E, Pan J. 2000. Comparison of Clinical And Histologic Diagnoses In Pyogenic Lesions. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod*, 89:333-7.
- Maria Alice Et Al, 2014. Histopathological Analysis Of Pyogenic Granuloma And Radicular Cysts: A Comparative Study, *Oral Surgery Oral Medicine Oral Pathology Oral Radiology*, Volume 117, Issue 2, Page E209.
- Omoregie, FO, MA Ojo, BDO Saheeb, O Odukoya, 2011. Pyogenic Granuloma Associated With Extracted Teeth, *Nigerian Journal of Clinical Practice*, Vol 14, Issue 3
- Pushpendra Kumar Verma, Ruchi Srivastava, HC Baranwal, TP Chaturvedi, Anju Gautam, and Amit Singh, 2012. "Pyogenic Granuloma - Hyperplastic Lesion of the Gingiva: Case Reports" *Open Dent J.*, 6: 153–156.
- Pyogenic Granuloma, 1951. As A Possible Focus Of Infection, *The Journal Of American Dental Association*, Volume 42, Issue 6, Pages 626–627
- Seyed Mohammad Razavi, Sima Kiani, And Saeedeh Khalesi Pyogenic Lesions, 2015. A Review Of Clinical, Radiographic, And Histopathologic Features, *Avicenna Journal Of Dental Research*, 7(1): E19435, DOI: 10.17795/ Ajdr-19435
- Shafer, WG, Hine MK, Levy BM. 1983. A textbook of Oral pathology 4th ed. Philadelphia (PA): WB Saunders.
