



Pyogenic Granuloma: ‘Idiopathic’

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Abstract

Pyogenic granuloma is a commonly occurring non specific conditioned enlargement of the skin and oral mucosa. It's a tumor like gingival enlargement that is considered an exaggerated conditioned response to minor trauma. As it involve the oral mucosa mostly it is seen on gingiva (intraorally). Extragingivally, it can occur on the lips, tongue, buccal mucosa, palate e.t.c . Here we describe a case of pyogenic Granuloma: Idiopathic

Introduction

In 1844, Hullihen[3] described the first case of pyogenic granuloma .which is thought to be infection But this terminology is confusing since neither it is due to bacterial infection nor does it produce any pus. The non specific conditioned enlargement[1].Of PG is supposed to be a response to various stimuli such as chronic localized irritation, trauma, hormones, and drugs which thought tot be reason for etiology in male patient. It is more common in females, implicating the possible effects of female sex hormones on blood vessels. Its peak incidence occurs in the second and

fifth decade of life. considering these there is also a possible effect of oral hygiene maintainace[4,2] .

In this article, we have presented a case report of a small non specific conditioned enlargement of the gingiva in a 44-year-old female patient who presented with a localized tumor like enlargement in the upper right front tooth region of jaw. We have also reviewed the literature and discussed the present case with reference to the same and have highlighted why the term pyogenic granuloma is idiopathic

Case Report

A 44 years old female patient reported to oral medicine and radiology department with chief complaint of swelling in the upper front tooth region of jaw which is tumor like enlargement on gingiva which causes discomfort while brushing and eating . and reffered to the department of periodontics for later fallow up of the case. In department of On extra oral examination there is no facial asymmetry found .On intraoral examination pinkish red colour swelling which is approximately in 1x1 mm in size. The surface was

smooth no ulcerations were seen and it appeared ovoid in shape [Figure 1]. Labially it extended on to the teeth surface .And done first line of treatment oral prophylaxis which may be the cause .later on sent for further investigations such as blood reports. Provisional diagnosis included peripheral ossifying fibroma, peripheral giant cell granuloma, hemangioma and fibroma.[10]



Figure 1: Picture Showing Labial View of Gingival Growth.



Figure 2: Picture Showing Excised Tissue.



Figure 3: Picture Showing Healing After 6 Months

Discussion

Pyogenic granuloma (PG), also known as lobular capillary hemangioma, is a benign vascular neoplasm [5]. According to Shafer *et al.*, oral pyogenic granuloma occurs due to infection caused by either staphylococci or streptococci, these microorganisms could produce colonies with fungus-like characteristics. They also affirmed that it is now generally the pyogenic granuloma occurs due to minor trauma which may be the pathway for entering of microorganisms[6]. Ainamo[7] suggested improper tooth brushing habits cause repeated trauma to the gingiva resulting in irritation and formation of lesions. These lesions show a striking predilection for gingiva involving the marginal gingiva and interdental papilla commonly. The colour of the lesion varies from pink, purplish, to red and is dependent on the vascularity of the lesion [8]. And size of the nodular mass which may approximately present as few millimeters to centimeters. Pyogenic granuloma occurs frequently during pregnancy especially during the second and third trimesters wherein it is referred to as “pregnancy tumor” [9]. Due to fluctuations i.e increase in hormones in blood vascularity there is more progression in formation of nodular mass which may or may not definitely associated with local factors such as plaque, calculus etc .

The patient did not have any gynec related problems and any other systemic complications .so the case was prepared for surgery on the basis of the clinical and blood investigations. Oral prophylaxis done and followed by excision of nodular mass under local anesthesia . Excision of the lesion with help of scalpel and blade done . Periodontal dressing is placed and the patient is kept on medication and recalled after 1 week

for removal of the pack and observation. Patient is kept on follow up.

Conclusion

By the case report we presented .Here we concluded that the pyogenic granuloma which firstly said to bacterial infection. But later on there is no specific evidence. It as many etiological factors - which is unknown origin. Hence Pyogenic Granuloma: Idiopathic

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