

Case Report

Esthetic and functional management of gingival lesion: Unusual case report

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Abstract: Pyogenic granuloma is an inflammatory hyperplasia of connective tissue which arises in response to various chronic low grade irritations. It is tumor like growth of oral cavity and considered being non-neoplastic in nature. It predominantly occurs in the second decade of life in young females and rarely may cause significantly alveolar bone loss. These paper present case of a pyogenic granuloma, the size of lesion was unusual large and managed by surgical intervention.

Keywords: Pyogenic granuloma; lesion; hyperplasia.

INTRODUCTION

Pyogenic granuloma clinically appears as bright red/pink color exophytic lesion with smooth and lobulated surface. It may occur as pedunculated or sessile lesions. Term pyogenic granuloma was introduced by Hartzell in 1904[1].

It is mostly located on buccal gingiva of both upper and lower anterior jaw followed by lips, tongue and buccal mucosa [2, 3].

It may arise due to response of low grade irritation, poor oral hygiene and due to hormonal changes.

CASE

A 50 year old male reported with a chief complaint of pain and swelling on gums at lower front region of jaw since last 3 year (Fig-1) and swelling was gradually increasing in size which caused masticatory problems on chewing foods and esthetic deformities because large size lips was not closed properly.

On clinical examination, a localized gingival swelling of 4.5cm X 4.0 cm present in relation to facial aspect of lower anterior region with moderate supra and sub gingival calculus. Lesion was solitary red, exophytic and pedunculated with broad base (Fig-2), which was hemorrhagic with bleeding on probing the area.

Medical history was no contributory. On the basis of above features a provisional diagnosis of pyogenic granuloma was made.

In treatment approached, an oral prophylaxis was done. Thereafter, it was decided to further treat the lesion with a surgical approach. After local anesthesia, the enlarged localized lesion was excised up to the base of the lesion and It were ensured that lesion were completely excised by trimming up the remnants of the soft tissue adjacent to the tooth to prevent recurrence of the lesions. The excised tissue was sent for histopathological examination and showed, connective tissue was loose fibrillar and comprised of numerous proliferative capillaries with dense mixed inflammatory infiltrate (Fig-3).The histopathological examination confirmed diagnosis of the lesions as pyogenic granuloma .Postoperatively after one year no recurrence of lesion was found (Fig-4).



Fig-1: Pre-operative view



Fig-2: Excised lesion

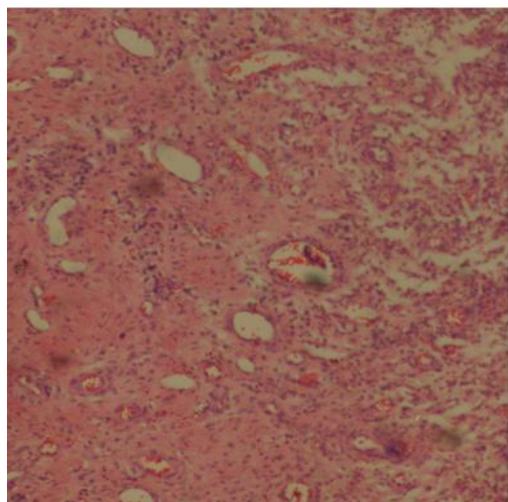


Fig-3: Histopathological view



Fig-4: Post-operative

DISCUSSION

Pyogenic granuloma may occur at all age groups from children to older adults but most frequently seen in the second decade of life in young adult female, due to increased level of circulatory hormones such as progesterone and estrogen [4]. Due to frequently occurrence of PG in pregnant female it is also known as granuloma gravidarum or pregnancy tumor.

PG may occurs as a result of hyperactive localized connective tissue reaction to a minor trauma or any underlying irritation and these irritating factors may be play important role in its origin, it may includes such as deposition of large amount of calculus due to poor oral hygiene, recurrent trauma of soft tissue during brushing, functional habits and occlusal interference etc.

PG varies size from few millimeters to several centimeters but rarely seen more than 2.5cm [6] and this benign lesion rarely may cause significant bone loss [7].

In treatment complete surgical excision of the lesions are necessary, to prevent future recurrence of the lesions [8]. In present case post operative 6 month recurrence was not found.

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