

Dr. Manas Naskar*, **Dr. Tirthankar Debnath****,
Dr. Sanghamitra Samanta***, **Dr. Pradip Kr. Giri ******

Abstract

“Pyogenic Granuloma” or “Granuloma Pyogenicum” is a tumour like growth which is an exaggerated conditioned response to minor trauma or underlying irritating factors. It may be pedunculated or sessile with smooth or ulcerated or warty surface and very often shows tendency for haemorrhage either spontaneously or on slightest provocation. The lesion is found most frequently on the gingiva sometimes called as gingival epulis. This article presents a series of cases of this common lesion and deals with non-surgical management of the same

Key Words Pyogenic Granuloma, Non-surgical management, Gingival epulis

INTRODUCTION

“Pyogenic Granuloma” or “Granuloma Pyogenicum” is a tumour like growth. It is an exaggerated conditioned response to minor trauma or underlying irritating factors.¹ It results due to minor trauma to the tissues which causes invasion of non specific types of microbes resulting in host tissue response by overzealous proliferation of vascular type of connective tissue.² The name “Pyogenic Granuloma,” however doesn't justify the actual lesion as there is no association of pus and histological picture doesn't resemble granuloma in its true sense. Histologically, it is characterized by vast number of endothelium lined vascular spaces, budding endothelial cells, fibroblast and scattered inflammatory cells. Connective tissue consists of collagen fibers. Maturation of connective tissue element indicates healing of the lesion.³ Clinically, it may be pedunculated or sessile with smooth or ulcerated or warty surface and very often shows tendency to bleed either spontaneously or on slightest provocation. The lesion occurs most frequently on the gingival, however other sites are the tongue, buccal mucosa, or lips.⁴ This article presents a series of 8 cases of this common lesion and deals with non-surgical management of the same

CASE SUMMARY

All the 8 patients who have been considered for this study reported to the Dept. of Periodontics, Dr. R. Ahmed Dental College & Hospital, Kolkata with chief complaint of a mass in oral cavity. 4 of them were males and 4 of them were females, one female patient reported a pregnancy of 3 months. All of them had difficulty in mastication and poor esthetics. One patient also complained about difficulty in speech. He was having the lesion on palate. All cases gave a history of 1month-15month of duration. On Intraoral examination, it was found that growths were exophytic, sessile (7 cases) or pedunculated (1 case), located mostly on gingival, a few (5 cases) involving the interdental papillae often with smooth surface.

The size ranged from 0.5-6cm. Ulceration was not common but in one case bleeding occurred on slight

ABOUT THE AUTHORS

* House Staff, ** Asst Professor, *** Clinical Tutor, **** Asso Professor
Dept. of Periodontics, Dr. R. Ahmed Dental College & Hospital, Kolkata



provocation. The growths were non-tender on palpation.

After phase 1 therapy, the lesions were approached through non-surgical management. Lesions were tied with silk suture and chlorhexidine gluconate 0.2% mouth wash was advised and they were called after 1 week for evaluation. On next appointment it was observed that the sizes of the lesions were reduced. Continuing with chlorhexidine gluconate 0.2% mouth wash on the lesions were tied again and patients were recalled after a week. On the next appointment it was found that practically all the lesions had exfoliated. Sub gingival scaling & root planning were done while chlorhexidine gluconate was continued. Post operative Patients reported with healthy gingival and no recurrence as such were observed for a period of 6months.

The cases with their nature, location size etc have been enumerated in Table-1 with representative clinical photo graphs.

DISCUSSION

Pyogenic granuloma arises due to tissue response which shows the well known biologic principle that any irritant applied to living tissue may act either as stimulus or destructive agent, body's response is to confine the irritation or infection within certain boundaries. Surgical Excision of pyogenic granuloma is an established treatment.

The possible way or approach of treating the pyogenic granuloma non-surgically can be tying it from its base. This occludes the supplying vessels and therefore nutrition to the proliferating cells is lost leading to their death and ultimate falling off of the lesion.

Tying sessile or pedunculated lesion, which papers to be a primitive approach was found to be fruitful. This approach of treating the lesion by tying it conjunction with use of chlorhexidine use may prove to be trust worthy non-surgical technique with better outcomes and very less recurrence.

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