

Pyogenic granuloma associated with bone loss: A case report

Singh VP¹, Nayak DG², Upoor AS³

¹Post Graduate Student, ^{2,3}Professors, Department of Periodontics, Manipal College of Dental Sciences, Mangalore, Karnataka, India.

Abstract

Diverse group of pathologic process can produce the enlargement of soft tissues in the oral cavity and often present a diagnostic challenge. These soft tissue enlargement may represent a variation of normal anatomic structure, inflammatory reaction, cyst, neoplasm and developmental anomalies. A group of reactive hyperplasias which develop in response to a chronic recurring tissue injury that stimulates an excessive tissue reappear response. The pyogenic granuloma is a reactive enlargement that is an inflammatory response to local irritation such as calculus, a fractured tooth, rough dental restoration and foreign materials and rarely associated with bone loss. This article present a rare case of pyogenic granuloma associated with bone loss in a 28 year old female.

Key words: Bone loss, Pyogenic granuloma, Reactive hyperplasias

Introduction

Pyogenic granuloma (PG) or granuloma pyogenicum is a common tumor-like growth of the oral cavity or skin that is considered to be non-neoplastic in nature. Pyogenic granuloma is a kind of inflammatory hyperplasia. The term pyogenic is a misnomer in that, contrary to the name implies, the lesion does not contain pus. Pyogenic granuloma is a benign lesion; therefore surgical excision is the treatment of choice. To avoid possibility of recurrence the lesion must be excised down to the underlying periosteum and predisposing irritant must be removed.

Case report

A 28 year old systemically healthy female patient presented with a chief complaint of growth in the mouth involving upper right front region of the jaw. The patient had noticed a small painless growth about 6 years back. There was a very gradual increase in size, which led to discomfort while eating as the extent of growth had reached the occlusal plane (Fig 1). Patient also complained of gradual increase in the space between right maxillary lateral and canine. There was no history of intake of any hormonal supplements.

Extraoral examination did not reveal any facial asymmetry. Lymph nodes were not palpable.

Intraoral examination revealed a solitary diffused growth, red in color, measuring around 2x2x1.5 cm seen in interdental region in relation to the right lateral incisor and canine and extending palatally (Fig 1). Lesion had palatally rough surface, while superior surface showed indentation of the lower teeth as a result of surface ulceration. The growth was pedunculated and attached to the palatal mucosa between the teeth. Mobility of upper permanent lateral incisor was grade-II and that of canine was grade -I. Pathological migration of the canine was also present. Oral hygiene of the patient was fair.

Intraoral periapical radiograph of teeth 12 and 13 region revealed widening of periodontal ligament space, horizontal interdental bone loss with change in trabecular pattern of bone. Roots of the involved teeth did not show any signs of resorption (Fig 2). Occlusal radiograph showed the similar findings as intraoral periapical radiograph and no expansion of bony plates was observed.

The hemogram of patient was within normal limits and excisional biopsy was done under local anaesthesia. Lesion was excised deep to the periosteum and the biopsy specimen was sent for the microscopic examination (Fig 3). After complete stoppage of

Correspondence

Dr. Vijendra Pal Singh, Post Graduate Student, Department of Periodontics, Manipal College of Dental Sciences, Mangalore, India
E-mail: dr.vijendra@hotmail.com