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Research Paper

Extragingival pyogenicgranuloma: Case report

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Abstract: *Pyogenicgranuloma (PG) is a frequent cause of soft tissue outgrowth in the oral cavity, mainly in the gingiva. Extra-gingival localizationremainsexceptional. Itstypicalclinicalpresentation and gingival distribution in over 80% of cases [3 ;4]. This suggests a diagnosisthatwillbeconfirmed by anatomopathologicalstudy of the excision specimen. Extra-gingival lesions are considered rare in the literature and are diagnosedlate. We report the case of a 68-year-old patient with an extra-gingival pyogenicgranuloma of the floor of the mouth. Surgical management consisted of excision undergeneralanaesthetic.*
The post-operative course wasstraightforward, and no recurrencewasnoted at one yearfollow-up.

Key words: *Oral floor, pyogenicgranuloma, extra gingival*

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I. Introduction :

Pyogenic granuloma (PG), alsoknown as pregnancytumor, vascularepulis, fleshybud or Hartzell'sdisease [1]. By severalauthors, itis a frequentbenigntumor of cutaneous-mucosalorigin. [2 ;1].

Pyogenicgranuloma (PG) is a frequent cause of soft tissue outgrowth in the oral cavity, mainly in the gingiva. Extra-gingival localizationremainsexceptional.

In addition to hormonal changes duringpregnancy, the main causes are local and chronic irritation, in a context of poor oral hygiene. Itstypicalclinicalpresentation and gingival distribution in over 80% of cases [3 ;4]. The diagnosisisthenconfirmed by anatomopathologicalstudy of the excisedspecimen. Excision of the tumor has therapeutic and diagnostic value.

We report the case of a pyogenicgranuloma of the oral and extra-gingival cavity.

II. Case History:

68-year-old man with a history of aorto-femoral bypass surgeryunder Kardégic referred by hisprosthetist to ourmaxillofacialsurgery and stomatologydepartment for management of a mass of the buccal floor. The lesionhadappeared 5 yearspreviously, wassmall, painless and progressivelyincreasing in size. The patient consultedhisprosthetistbecause of the discomfort of wearinghisbraces and the slurred speech.

Examination of the oral cavityrevealed a totallyedentulous patient with a reddish, non-ulcerated, pedunculated, soft, painless tumoral mass of the floor, approximately 8 cm by 4 cm long. Image1A In view of thisclinicalappearance, a tumour of the accessorysalivary glands (pleomorphicadenoma) and a pyogenicgranulomawereconsidered. On the basis of the clinical and anamnestic data, the therapeuticapproachwas to excise the tumourundergeneralanaesthetic. Image B and C Histologicalexamination of the excision specimenrevealed a whitish, budding fragment measuring 8x 3x 2.5 cm.

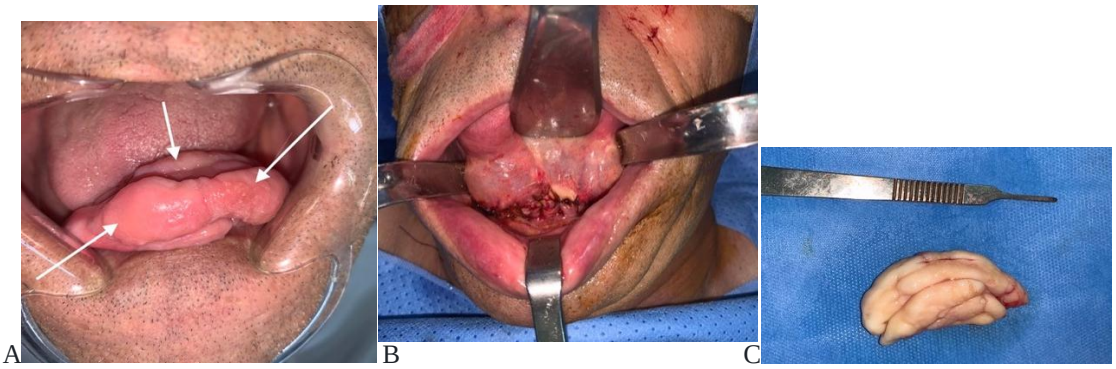

Figure 1A : clinicalview of a pediclelesionfloor
Figure 1B : intraoperativeview, post excision of lesion
Figure 1C : view of excision specimen

A cross-sectionalstudywascarried out on a buccal mucosasurmounted by a hyperplasticsquamouslining, ulcerated in places and replaced by a fibrinoleukocyticcoatingresting on fibrous tissue comprisingreactivefibroblastswithneoangiogenesisdeposited in a fan-like pattern. This tissue isrichlyinfiltratedwithneutrophils, suggestive of a pyogenicgranuloma

III. Discussion :

Pyogenicgranuloma (PG) is a benignlesion of the dermisfound on cutaneous and mucosal surfaces. Known as botriomycoma in 1897 by Poncet and Dor, itwasgiven the namepyogenicgranuloma by Hartzell in 1904. GP canoccur at anyage, frombirth to 88 years, according to Muench et al in 1992, with a peakaround the 3rd decade and a predominance of females. Of clinicaldiagnosis in 80% duringitstypicalclinicalpresentation and distribution in gingival sites. Extra-gingival lesions are considered rare in the literature and of latediagnosis. Clinically, GP is a nodular, red, pedunculatedlesionwith a soft consistency. The various sites of intraoral localization of GP are: gingiva (76%); lip (7%); tongue (5%); palate (5%); vestibule (4%); floor (0.1%). Complementaryexaminationssuch as a dental panoramic, CT scan or MRI may help in the diagnosis. The differential diagnoses of extragingival GP are numerous: pleomorphicadenomas; peripheralgiantcellgranuloma; peripheralossifyingfibroma; Kaposi'ssarcoma; bacillaryangioma; non-Hodgkin'slymphoma. GP mycosis wasinitially the etiologyevoked in GP, thenabandoned. The etiopathogeny of GP remains a complexsubject, as the causes of itsappearanceseemsovaried and itsdevelopmentremainsunexplained. (kamal et al) the mostfrequenthypothesisis trauma (avulsion, pre-prostheticsurgery); chronic irritation; lack of hygienewith the presence of tartar; the presence of foreign bodies such as implants; certain drugs (ciclosporin; carbamazepine). The currenttreatment for GP issurgical excision [5]. Othertherapeuticmodalitiesmaybeused, such as cryosurgery; Co2 lasers; flash-lamppulseddye lasers.

IV. Conclusion :

GP is a benigntumor, and a frequent cause of soft-tissue outgrowth in the oral cavity, specifically at the gingival level. Extra-gingival localization of the oral cavityremainsexceptional. The main cause is local, chronic irritation of the mucous membranes. Diagnosis of GP isclinical, confirmed by histologicalexamination. Surgical excision is the treatment of

Conflit d'intérêt : les auteurs ne signalent aucun conflit d'intérêts

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