



PREGNANCY TUMOUR – A RARE CASE REPORT.

Dr. Mohammad Marzia Fathima

M.s Obstetrics And Gynaecology Senior Resident In Government General Hospital, Ggh, Guntur, Ap.

Dr. S Subhashini

Ms Obg , Professor Ggh, Guntur, Ap.

KEYWORDS :

INTRODUCTION:

Pregnancy tumor also known as Pyogenic granuloma occurring during pregnancy. It is commonly occurring benign hyperplasia of skin and oral mucosa seen in 1-5% of all pregnancies. It usually arises in response to chronic irritants such as traumatic injury, dental calculus, females taking contraceptives and pregnant women.

It usually occurs in 2nd/3rd trimester of pregnancy. The term is a misnomer as it is not related to any infection, do not contain pus, and it is not a true granuloma.

The tumour may be sessile or pedunculated, most common over gingiva followed by tongue, lips, buccal mucosa.

Case Report:

A 24 year old primigravida presented to Antenatal OPD in her 2nd trimester with chief complaints of swelling and bleeding from gums while brushing her teeth since 1 month.

History of present illness: The patient was apparently normal before 1 month developed a painless soft swelling of Size 0.5×0.5 cm over the upper lateral aspect of the gums since 1 month, associated with bleeding from gums while brushing, not associated with any pain/difficulty in speech or mastication. No history of fever/cough/sore throat/sob.

Present obstetric history:

Spontaneous conception, booked and immunised till date.

Past history: Nil significant No other significant history.

Clinical Examination:

Oral Cavity:



Buccal mucosa was unhygienic with visible plaques. No bleeding spots were noticed over buccal mucosa. Halitosis +

Inspection: A swelling of 0.5 × 0.5 cm noticed over upper right lateral aspect of the gums, Red to pink in color with smooth surface.

Palpation: All my inspectory findings were confirmed. Swelling was soft in consistency, non tender, pedunculated which bleeds on manipulation.

Per Abdomen: fundal height corresponds to 23 - 24 weeks of gestation. Fundal grip : soft, broad, non ballotable structure suggests breech.

Fetal parts: palpable

Fetal heart rate: heard in right spinoumbilical line 150/min.

External Genitalia: Normal

The patient was also referred to Dental department with advice to Improve oral hygiene and diet intake and wait for its spontaneous resolution. The patient was followed every month for regular antenatal checkups till term and she delivered spontaneously at 38 weeks of gestation by NVD.

The lesion didn't regress even after 2 months of parturition causing discomfort to the patient, planned surgical excision was done later lesion was Sent for biopsy confirmed it as pregnancy tumour



Biopsy: H C E examination revealed parakeratinized stratified squamous epithelial with focal areas of ulceration with neutrophilic infiltrate in superficial zone and edematous connective tissue with Diffuse infiltration of lymphocytes, plasma cells and endothelial proliferation with budding capillaries.

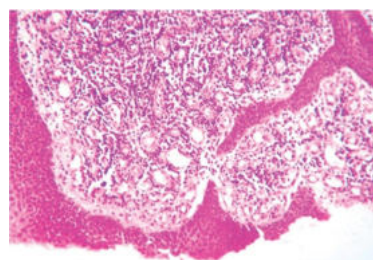
Histo pathological features were suggestive of pyogenic granuloma. After obtaining detailed clinical history and examination, Provisional Diagnosis of PREGNANCY TUMOUR Was made.

DISCUSSION:

Pyogenic granuloma occurring during pregnancy is called as pregnancy tumour. Several etiologic factors such as trauma, foreign body, Hormones, drugs, pre existing vascular lesions are the possible causes.

In this case Hormonal changes during pregnancy exacerbated the condition. Pregnancy is associated with profound elevation of progesterone and estrogen causing increased vascular permeability, gingival edema and increased inflammatory response to bacterial plaque.

This hormonal- bacterial plaque interactions which may change the composition of plaque and thereby leading to increased gingival inflammation. Sub gingival flora changes to anaerobic flora with increase in prevotella intermedia.



Clinically pyogenic granuloma is seen as a smooth or lobulated exophytic lesion with a pedunculated or sessile base. it rarely reaches more than 2 cm.

Ziskin and Ness Classification of pregnancy tumour:

- **Class 1:** bleeding gingiva
- **Class 2:** bleeding gingiva and edema
- **Class 3 :** raspberry like appearance of gums
- **Class 4 :** generalised hypertrophic gingivitis of pregnancy
- **Class 5 :** Pregnancy tumour Recurrence is noted even after excision.

CONCLUSION:

This case Report presents a case of pregnancy tumour which necessitates the obstetricians, dentists to create awareness among pregnant women regarding oral hygiene, motivating them to regular antenatal checkups to reduce pyogenic granuloma and other associated complications.

REFERENCES:

1. Yuan K, Jin YT, Lin MT. The detection and comparison of angiogenesis- associated factors in pyogenic granuloma by immunohistochemistry. *J Periodontol* 2000 May;71(5): 701-70G.
2. Martins-Filho PRS, Piva MR, Da Silva LC, Reinheimer DM, Santos TS. Aggressive pregnancy tumor (pyogenic granuloma) with extensive alveolar bone loss mimicking a malignant tumor: case report and review of literature. *Int J Morphol* 2011;2G(1):164-167.
3. Kurian B, Sasirekha E. Pyogenic granuloma – A case report and review. *Int J Dent Sci Res* 2014 Jun;2(3):66-68.
4. Guncu GN, Tozum TF, Caglayan F. Effects of endogenous sex hormones on the periodontium – Review of literature. *Aust Dent J* 2005 Sep;50(3):138-145.
5. Gomes SR, Shakir QJ, Thaker PV, Tavadia JK. Pyogenic granuloma of the gingiva: A misnomer? – A case report and review of literature. *J Indian Soc Periodontol* 2013 Jul-Aug;17(4):514-51G.
6. Priya K, Sekar B, Augustine D, Murali S. Persistent pregnancy tumor: a case report with review of literature. *Oral Maxillofacial Pathol J* 2012 Jul-Dec;3(2):264-268.