



PYOGENIC GRANULOMA– A CASE SERIES STUDY

Dermatology

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ABSTRACT

Pyogenic granuloma is a reactive hyperplasia of the skin and mucosa mostly occurring as a result of trauma and hormonal factors. It is seen to occur both in children and adults predominantly in the oral cavity. However, it is also reported to occur over fingers, face, neck. We report four cases of pyogenic granuloma at various sites.

KEYWORDS

Pyogenic granuloma, lip, scalp, neck

INTRODUCTION

Pyogenic granuloma known by various other names like granuloma pyogenicum, lobular capillary hemangioma, Crocker and Hartzell's disease^[1] was initially described by Hullahen in 1844. Pyogenic granuloma in pregnancy is called granuloma gravidarum or epulis of pregnancy. It is found to affect wide range of age group of both sexes with 75% cases of PG occurring in the oral mucosa^[1]

Various etiological factors have been implicated in the pathogenesis of granuloma pyogenicum. Chronic minor trauma^[2], hormones^[3], infections^[4] and drugs^[5] are the most common attributed factors.

CASE REPORT

Case 1- 20 year old girl presented to the OPD with complaints of a slow growing erythematous growth over the lower lip of 4 weeks duration with H/o bleeding. H/o trauma was present. O/E a single soft sessile exophytic growth of size 0.5×0.5 cms over the right lower lip. Excision biopsy was done and specimen sent for HPE. Biopsy was consistent with pyogenic granuloma.

Case 2- 21 year old married woman with nine months of amenorrhoea presented to us with complaints of sudden growth over the lower lip of 1 week duration with no H/O previous trauma. H/O bleeding episodes was present. O/E single soft pedunculated exophytic growth of size 0.3×0.3 cms was seen over left lower lip. Biopsy of the lesion was consistent with epulis of pregnancy.

Case 3- 19 year old male patient presented with a nodule over the occipital scalp of 2 months duration. H/o trauma and bleeding was present. O/E a single erythematous nodule with hemorrhagic crust over the surface was seen in the occipital scalp. The lesion was removed using radiofrequency ablation.

Case 4- 12 year old boy presented to the OPD with a single pedunculated growth over the posterior aspect of the neck of 2 months duration. There was no H/o pain, bleeding or trauma. Clinically pyogenic granuloma was suspected and lesion was excised and sent for HPE. Histologically it was consistent with PG.

DISCUSSION

Granuloma pyogenicum presents clinically as a solitary, exophytic growth which may be either sessile or pedunculated. The surface of the growth is either smooth or covered with hemorrhagic crusts. On palpation, the consistency may vary from soft to firm. Although predominantly reported to occur in the oral mucosa, cases have known to occur over the fingers, face. PG over the upper trunk and shoulder have been reported in children.^[6]

Histologically, epidermis is atrophied with an epithelial collarette and

dermis shows proliferating capillaries and few inflammatory cells like neutrophils and lymphocytes. Contrary to the name pyogenic granuloma, there is no granuloma found in the HPE making it a misnomer.

The differential diagnosis of PG includes Kaposi sarcoma, bacillary angiomatosis. These conditions are differentiated both clinically and histopathology using special stains.

Treatment includes complete surgical excision of the lesion. Recurrence is known to occur with incomplete excision.

CONCLUSION

Pyogenic granuloma is a relatively common condition seen both in children and adults. Though PG has predilection to occur in oral cavity, occurrence at other rare sites like scalp and neck should also be considered before making a diagnosis.

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CONFLICT OF INTEREST – The authors declare that they have no conflict of interest.



Figure 1 – Case 1 – Pyogenic Granuloma over the lower lip



Figure 2 – Epulis of Pregnancy



Figure 3 – Pyogenic granuloma over the scalp

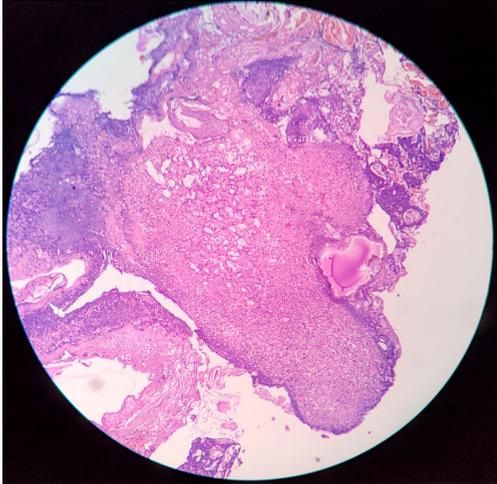


Figure 4 – Low power view (10X) HPE shows thinned out epidermis with epithelial collarette and Dermis showing proliferating capillaries

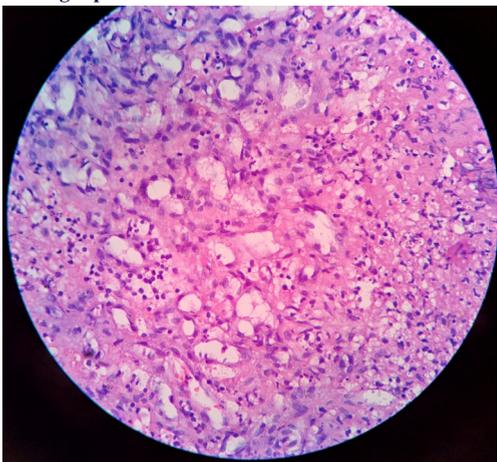


Figure 5 – High power view (40X) shows proliferating capillaries with inflammatory cells

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