



PYOGENIC GRANULOMA MISTAKEN AS PAPILLOMA

Otorhinolaryngology

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KEYWORDS

CASE REPORT

A 42-year-old female patient came with chief complaints of history of nasal blockage from left nostril since last 6 months which was gradual in onset, no response on conservative treatment.

This was associated with epistaxis. There was also history of mucoid, bloodstained discharge from the left nostril as well as history of anosmia. There was neither history suggestive of atrophic rhinitis nor that of sinusitis. There was no history of prolonged use of painkillers or any antiplatelet drugs in the past. There was no history of major medical or surgical illness in past. On examination of nose, there was no external nasal deformity. There was deviation of nasal septum toward left. There was left middle turbinate hypertrophy. A pinkish polypoidal pedunculated mass was present attached to anterior part of nasal septum, insensitive to touch and did not bleed on touch. Air blast was reduced on left side. There was no paranasal sinus tenderness. On posterior rhinoscopy, there was no abnormality detected. Ear and throat examination did not reveal any abnormality. Patient was investigated subsequently. Diagnostic nasal endoscopy performed with zero degree endoscope which revealed $2.6 \times 0.7 \times 2.2$ cm sized pinkish, polypoidal, fleshy, pedunculated mass attached to posterior aspect of nasal septum; extended posteriorly up to nasopharynx; insensitive to touch and did not bleed on touch. It appeared as papilloma. Endoscopic excision of mass with cauterization of base done; hemostasis achieved. Mass was sent for histopathology and immunohistochemistry. Histology revealed lobular mass closed by stratified squamous epithelium with bridging and ulceration at focal margins. Stroma showed fibroconnective tissue with capillaries in abundance lined by flattened endothelial cells containing RBCs. This was suggestive of capillary hemangioma (lobulated) also called as pyogenic granuloma. On immunohistochemistry, the tissue was positive for CD31 and CD34 markers both highlighting the endothelial cells lined suggesting definitive angiogenic property of mass.

DISCUSSION

Pyogenic granuloma arising from the nasal septum is a very rare clinical pathology.¹ Pyogenic granuloma also known as capillary hemangioma (lobular) is most commonly reported entity in cases of oral cavity lesions. It is predominantly. Pyogenic granuloma is a misnomer as previously this entity was thought to be caused due to bacterial infection but it is not so. It is neither a true neoplasm too. It is caused due to abnormal proliferation of capillaries in lobular type shape.³⁻⁵ It is also one that poses as Kaposi's sarcoma. Immunostaining for human herpesvirus 8 latent nuclear antigen-1 helps to distinguish Kaposi's sarcoma from its similar lesions.⁶ Among the various immunochemical markers tried, this lesion is consistently positive for CD31 and CD34 markers as these markers selectively highlight endothelial cells with angiogenic potential.⁶⁻⁸ Local trauma or trauma due to intubation is considered as one of the causes.⁹ Presence of pyogenic granuloma causes recurrent unilateral nasal bleed and nasal obstruction. Differential diagnosis includes hamartomas, venous

hemangioma, arteriovenous malformation, nasal polyp. Conclusively, pyogenic granuloma should be considered as one of the important clinical entity as a differential diagnosis in a patient presenting with history of recurrent nasal bleed. Seen in female patients, usually in their third decade of life, especially during pregnancy;^{2,4} hence, it is also known as pyogenic granuloma gravidarum.

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