

Hemangiomatous Granuloma of Oral Cavity

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A 28 year old female patient presented to the department of Oral Medicine and Radiology with soft swelling in the upper right back tooth region of the jaw for 2 years. Asymptomatic in nature, gradually increased in its size.

On Intraoral Examination a solitary oval shaped elevated nodular mass seen including marginal gingival and interdental papilla adjacent to the grossly decayed maxillary second premolar. The nodule was firm in consistency, mobile, non-tender on palpation, measuring around 2 x 2 cm in size (Figure1). Intraoral periapical Radiograph shows no significant bony changes (Figure 2).



Figure 1: Intraoral picture shows pyogenic granuloma.



Figure 2: Intraoral periapical Radiograph shows no significant bony changes.

Patient undergone surgical excision. Histopathologic report reveals discontinuous epithelium. The underlying stroma was highly

vascular with few engorged capillaries. Presence of mixed inflammatory cell infiltration suggestive of pyogenic granuloma (Figure 3).

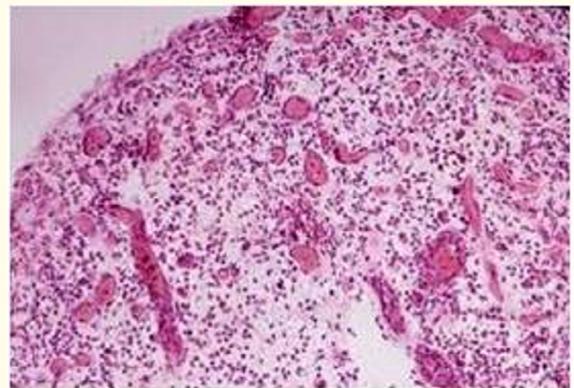


Figure 3: Histopathological picture shows stroma was highly vascular with few engorged capillaries associated with mixed inflammatory cell infiltration.

Pyogenic granuloma is also called as “hemangiomatous granuloma” because histopathologically it appears hemangioma like and also inflammatory nature [1]. Differential diagnosis includes peripheral giant cell granuloma, peripheral ossifying fibroma, fibroma, peripheral odontogenic fibroma, hemangioma, conventional granulation tissue, hyperplastic gingival inflammation, Kaposi's sarcoma, bacillary angiomatosis, angiosarcoma, and non-Hodgkin's lymphoma [2].

Bibliography

1. Angelopoulos AP. “Pyogenic granuloma of the oral cavity: Statistical analysis of its clinical features”. *Journal of Oral Surgery* 29 (1971): 840-847.
2. Kamal R., et al. “Oral pyogenic granuloma: Various concepts of etiopathogenesis”. *Journal of Oral and Maxillofacial Pathology: JOMFP* 16.1 (2012): 79-82.

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