ISSN: 2581-5989
PubMed - National Library of Medicine - ID: 101738774

International Journal of Dental Science and Innovative Research (IJDSIR)

IJDSIR : Dental Publication Service

Available Online at: www.ijdsir.com

Volume – 3, Issue – 6, December - 2020, Page No. : 323 - 326

Oral Telangiectatic Granuloma: A Case Report

[1]Kratee Sharma, Reader, Department of Periodontics, Kothiwal Dental College and Research Centre, Kanth Road, Moradabad, India

Corresponding Author: Kratee Sharma, Reader, Department of Periodontics, Kothiwal Dental College and Research Centre, Kanth Road, Moradabad, India

Citation of this Article: Kratee Sharma, "Oral Telangiectatic Granuloma: A Case Report", IJDSIR- December - 2020, Vol. – 3, Issue - 6, P. No. 323 – 326.

Type of Publication: Case Report

Conflicts of Interest: Nil

Abstract

Telangiectatic Granuloma usually develops as a solitary, pediculated, granuloma-like, easily bleeding tumor. It is one of the other names given to the entity 'pyogenic granuloma'. Gingiva is the most common site involved in the oral cavity for pyogenic granuloma. However, it can also occur on the buccal mucosa, lips, palate, floor of the mouth, tongue. Characteristically, it presents as a small pinkish soft tissue swelling, the size ranging from few millimeters to a few centimeters. Rapid growth of Telangiectatic granulomas can be disquieting. If untreated, fibrous maturation occurs in a number of telangiectatic granulomas and they resemble and/or become fibromas. Here, we present a case of telangiectatic granuloma and its management.

Keywords: Telangiectatic Granuloma, Pyogenic Granuloma, Oral, Human botryoomycosis

Introduction

The diagnosis of soft tissue enlargements of the oral cavity is challenging as a diverse group of pathologic processes can produce such lesions. Variation of normal anatomic structures, inflammation, developmental anomalies, cysts, and neoplasm can be represented by an enlargement. Among these lesions, there is a group of hyperplasias that are hyperactive and may represent massive or excessive tissue repair response in relation to chronic, persistent tissue injury.[1]

Oral telangiectatic granulomas constitute a group of oral lesions which are benign and hyperplastic in nature, occurring in response to trauma or chronic irritation. Earlier, these lesions were synonymous with "pyogenic granulomas." However, it is not considered strictly as a true granuloma, as it does not contain pus. Therefore, this term has been found to be a misnomer[2]

It is considered as a profuse response of tissue to local irritation or trauma. Many terms have been used for this lesion such as 'lobular capillary hemangioma' , 'vascular epulis', 'benign vascular tumour', 'hemangiomatous granuloma' and 'pregnancy tumour' if occurs in pregnant women. In some cases a recent extraction socket can be a source of this nonspecific granulation tissue and it may

resemble a pyogenic granuloma. Such lesions are termed as “epulis granulomatosum”.[3-5]

Case Report

A 48 year old male patient with the chief complaint of swelling in mandibular anterior tooth region of the jaw since 4 months came to our department for treatment. As reported by the patient, he had noticed a small growth on the lingual aspect of the mandibular anterior teeth 4 months back, which had slowly increased to the present size. The patient did not have any medical history. His dental and drug histories were non-contributory. On physical examination, he appeared to be healthy and of normal built. The rest of the general physical examinations were within normal limits.

The clinical examination [Figure-1] revealed an exophytic, round pedunculated lesion in lingual vestibule in relation to mandibular anterior teeth region that measured 2 cm in diameter. It was a firm, nontender growth, pale pink in color with smooth overlying surface. There was minimal bleeding on probing, and no purulent discharge.

Figure 1: Preoperative lesion

An intraoral periapical radiograph [Figure-2] revealed no periapical radiolucency and horizontal bone loss in relation to mandibular anterior teeth. Laboratory investigations (complete blood profile) revealed no abnormalities in the blood counts. Poor oral hygiene was also reported in the patient. On the basis of history and the clinical examination, a provisional diagnosis of a telangiectatic granuloma with a differential diagnosis of a traumatic fibroma was made.

Figure 2: Intraoral radiograph in relation to teeth involved

The initial phase of treatment comprised of nonsurgical periodontal therapy-scaling, root planing, and oral hygiene instructions. It was then followed by a surgical excision and its biopsy, along with a histopathologic evaluation as the diagnostic approach [Figure-3].

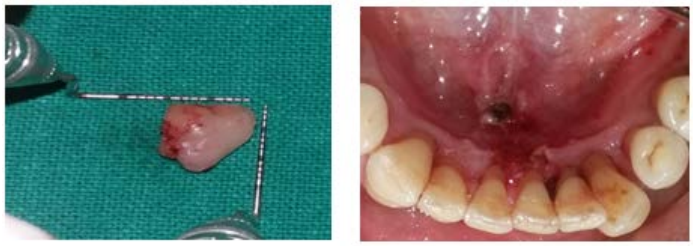

Figure 3: Gross Specimen of the lesion and intraoral view after surgical excision

In the histopathologic examination [Figure-4], granulation tissue with a non carcinogenic proliferation of the endothelial cells, with infiltration of the acute and the chronic inflammatory cells in a collagenous matrix. The surface of the lesion was homogenous; with hyperplastic parakeratinized stratified squamous epithelium, with areas of ulcer and atrophy along with fibrinoleukocytic

membrane. These findings were similar to the histopathological diagnosis of a telangiectatic granuloma.

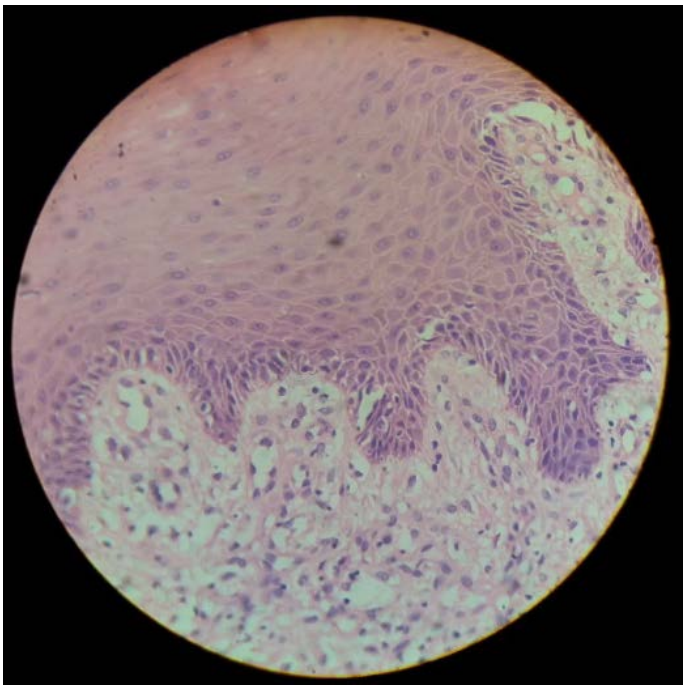

Figure 4: Photomicrograph (H & E stained)

In every 3 months the patient was recalled to check for possible recurrence and for maintenance. This case was followed up for a period of 1 year and no recurrence has been observed so far [Figure-5].

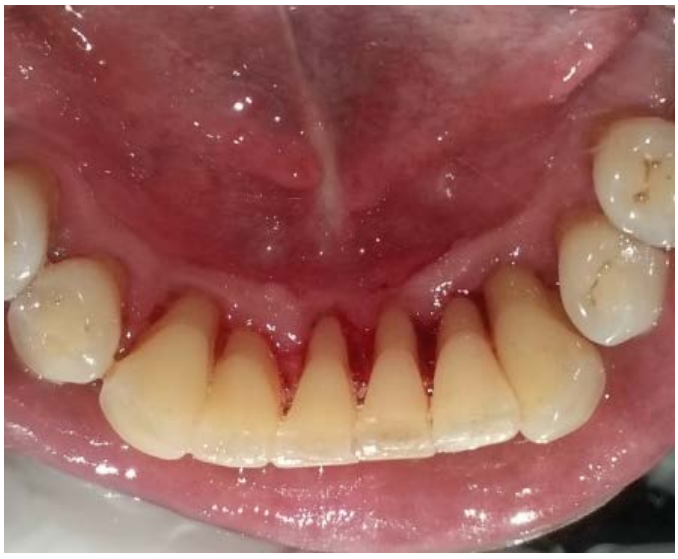

Figure 5: 1 year Follow-up

Discussion

Dental surgeons frequently encounter pyogenic granuloma of the oral cavity in their daily clinical practice. However, very few have referred to such lesions as Oral Telangiectatic granuloma. This term has been used as an alternative term or synonym for pyogenic granuloma because of the numerous blood vessels seen in the oral lesions.[6]

In humans, these lesions were first reported in 1897 by Poncet and Dor. Initially, it was named as botryomycosis hominis. Since then, many terms have been used such as granuloma pediculatum benignum, benign vascular tumor, pregnancy tumor, vascular epulis, Crocker and Hartzell's disease. Present name was given by Crocker in 1903.[7] According to some researchers; Hartzell in 1904 introduced the term “pyogenic granuloma”. Although, this term does not express accurately the clinical or histopathologic features.[8]

Due to the presence of numerous blood vessels in oral pyogenic granuloma, another term for pyogenic granuloma is granuloma telangiectacticum.[6]

Irritation fibroma, hemangioma, benign salivary gland tumours and metastatic tumours of the oral soft tissues, Kaposi’s sarcoma and leiomyoma are included in the differential diagnosis of telangiectatic granuloma. However it can be diagnosed accurately by clinical, radiographic and histopathological investigations. In order to rule out a bony destruction or to identify the foreign body, radiographs are advised.[9]

The management of oral telangiectatic granuloma involves maintaining good oral hygiene, curettage of the lesion base, surgical excision to decrease the frequency of recurrence, accompanied by antibiotic and analgesic therapy. The other surgical modalities consist of cryosurgery in the form of a cryoprobe or liquid nitrogen spray , CO_2, and Nd: YAG and flash lamp pulsed dye lasers.[10] In accordance with the available literature, our treatment plan consisted initially of oral hygiene instructions, scaling, root planing along with antibiotics

and analgesics. It was then followed by excisional biopsy of the lesion and subsequent histopathological examination.

Conclusion

The occurrence of oral lesions presents a diagnostic dilemma for dentists. The accurate diagnosis of these lesions is often difficult because of their clinical resemblance to other inflammatory lesions, as well as to some true neoplasms of the oral cavity. Therefore, before the final diagnosis is made and adequate treatment is initiated, it is essential to carry out an appropriate histopathological examination of the biopsy specimens.

References

1. Kamal R, Dahiya P, Puri A. Oral pyogenic granuloma: Various concepts of etiopathogenesis. J Oral Maxillofac Pathol. 2012; 16(1): 79–82.
2. Regezi JA, Sciubba JJ, Jordan RC, editors. Red-blue lesions. In: Oral Pathology: Clinical Pathologic Correlations. 4th ed.Philadelphia: WB Saunders; 2003. p. 115-6.
3. Karthikeya P, Mahima VG, Lahari K. Exragingival pyogenic granuloma. Indian J Dent Res. 2006;17(4):199–202.
4. Akyol MU, Yalciner EG, Dolan AI. Pyogenic granuloma (lobular capillary hemangioma) of the tongue. Int J Pediatr Otorhinolaryngol. 2001;58(3):239–41.
5. Graham RM. Pyogenic granuloma: an unusual presentation. Dent Update. 1996;23:240–41.
6. Cawson RA, Binnie WH, Speight PM, Barrett AW, Wright JM, editors. Benign fibrous tumors. In: Lucas Pathology of Tumors of Oral Tissues. 5th ed. Missouri: Mosby; 1998. p. 252-4.
7. Bhaskar SN, Jacoway JR. Pyogenic granuloma – clinical features, incidence, histology, and result of treatment: Report of 242 cases. J Oral Surg. 1966;24:391–8.
8. Angelopoulos AP. Pyogenic granuloma of the oral cavity: Statistical analysis of its clinical features. J Oral Surg. 1971;29:840–7.
9. Ramirez K, Bruce G, Carpenter W. Pyogenic granuloma: case report in a 9-year-old girl. General Dentistry. 2002;50(3):280–81.
10. Ricardo JH, López A, Romero K. Oral telangiectatic granuloma. Case series presentation. Rev Fac Odontol Univ Antioq 2012;23:366-75.