

Pyogenic granuloma in atypical presentation: A case report

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Abstract:

A 26 years male patient developed a mass in the malar region after getting an injury by falling from bicycle. Within 15 days the lesion increases in size. Excisional biopsy was performed. Histopathological examination reveal it as Pyogenic Granuloma.

Key words: *Pyogenic, Granuloma, Malar region, Surgical excision.*

Introduction: Pyogenic granulomas are a sub-type of granulomas and contain blood vessels, not white blood cells, and they bleed, rather than ooze pus. Also known as lobular capillary hemangiomas. They tend to bleed because they contain a very large number of blood vessels.

Case Report:

A 26 year male patient presented to the OPD with C/C



of a mass over the left lateral malar region for 15 days. He was apparently alright 2 months back, when he got an injury after falling from a bicycle, for which he has taken some medical treatment from a local doctor. The wound healed, except a pea nut sized lesion remained over the site of injury. This lesion gradually increases in size to reach the present size of 3cm x 2cm for 15 days. 5 days before presenting to this hospital he noticed serosanguinous discharge from the mass. It was not a/w pain, tenderness, bleeding.

No past h/o any surgery or ulcerative lesion at that site. There was no mole, freckle or any cystic or nodular lesion. He is not a known case of Tuberculosis, HIV or any debilitating disease.

General examination: NAD

Systemic Examination: NAD

Local Examination: A Brownish mass present over the left malar region.

A thin scab is seen covering the mass. On Palpation: The mass is soft to firm in consistency measures 3cm x 2cm. Sessile and fixed to the underlying structure. Surface is rough due to variable scab formation. Mass is not compressible. No pulsation felt over the mass. No bleeding or discharge. No palpable regional lymph nodes. No bony defect. Anterior segment: NAD Fundus: WNL, VA: 6/6, Ocular movements are normal. IOP: 17.3 mm Hg in Schiotz. LPI: Patent. With this a provisional diagnosis of a TUMOR GROWTH OF MALAR REGION was made, keeping in mind the following Differential Diagnosis. 1. Angiolymphoid Hyperplasia with Eosinophilia 2. Atypical Fibroxanthoma 3. Bacillary Angiomatosis 4. Basal Cell Carcinoma 5. Cherry Hemangioma. 6. Dermatologic Manifestations of Sebaceous Carcinoma 7. Glomus Tumor. 8. Kaposi Sarcoma. 9. Malignant Melanoma

10. Metastatic Carcinoma of the Skin 11. Spitz Nevus. 12. Squamous Cell Carcinoma

The following investigations were done,

Blood inv TLC, DC, Hb, ESR, Mantoux, BT & CT, Chest X-ray, X-Ray Orbit, FNAC Reveal GRANULOMATOUS LESION WITH FOREIGN BODY GIANT CELL REACTION.

Management: Started with I.V Antibiotics.

Planned for excision of the mass followed by histopathological study. The mass was excised completely with 1 cm of healthy margin, searched for any foreign body left within the lesion, thorough curettage of the base was done. Then skin was undermined and repaired with 5-0 mersilk suture. The excised mass was sent for histopathology study which reveal as Pyogenic Granuloma. Patient was followed up on day 7, 1 month and 6 month later. no recurrence was seen at the site.

Discussion:

Pyogenic granulomas are common skin growths that are small and usually reddish in color. They tend to bleed because they contain a very large number of blood vessels. They're also known as lobular capillary hemangiomas

They're benign (noncancerous). Pyogenic granulomas are a sub-type of granulomas and contain blood vessels, not white blood cells, and they bleed, rather than ooze pus. A pyogenic granuloma starts off as a lesion with a rapid growth period that usually lasts a few weeks. It then becomes a raised reddish or yellowish nodule that is typically smaller than 2 centimeters. The growth can appear smooth or it might have a crusty or rough surface. Pyogenic granulomas can recur regardless of the therapeutic modality used.

A missed foreign body may be a culprit in case of a recurrent, intractable pyogenic granuloma. Pyogenic granulomas are commonly found on the hands, fingers, arms, face, and neck. They can also grow on lips, eyelids, back, and genitals. They occur mostly on the face and neck area.

In rare cases, they can grow on the conjunctiva or cornea in the eye.

Thorough wide excision along with meticulous search of any foreign body will prevent recurrence of pyogenic granuloma

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