

A giant lingual pyogenic granuloma

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Pyo-genic granuloma is a benign proliferative lesion. It is a localized non-specific lesion, which is rapidly growing.¹ The usual site is the gum, it can occur on the buccal mucosa and less commonly on the tongue.² The lesion consists of large masses of proliferating endothelial cells, which are separated by an edematous stroma containing inflammatory cells.³ The usual clinical presentation is of a rapidly growing, painless mass of the gingival or buccal mucosa that tends to bleed with mastication or routine brushing.⁴ El Mustafa and Badie⁵ reported the clinical, histopathological features and the treatment of a lingual granuloma gravidarum in a Sudanese patient in the puerperium. In this article, a giant lingual pyogenic granuloma is reported in a Sudanese boy following a lacerated wound of the tongue.

A 12-year-old boy presented with a large red swelling on the dorsum of the tongue. His main complaints were altered speech, snoring, difficulty in swallowing and chewing. He also complained of occasional small bleeds from his swelling. He had these symptoms since he sustained an accidental lacerated wound of the tongue while he was playing with a wooden stick 2 months before. On examination of his mouth, there was a lobulated large red swelling arising from the dorsal aspect of the posterior third of the tongue. The swelling was almost filling the oral cavity (**Figure 1**). The upper surface of the swelling was smooth and taking the curvature of the hard palate. The swelling was resting freely on the anterior two thirds of the tongue. The patient was from a poor community with a low socio-economic background and had very poor oral hygiene. He was admitted as an emergency case. Urine analysis revealed no abnormality. Full blood count revealed normal blood indices and peripheral blood picture was normal. Surgical removal was achieved easily under general anesthesia with nasal intubation and wet gauze packing of the hypopharynx. The swelling was a bit firm but friable and consisted of granulation tissue covered with a very thin epithelial layer. The swelling was arising from a wide base at the site of the previous injury. The wound edges were trimmed and closed with interrupted 3/0 chromic cat gut sutures. The patient had a non-eventful recovery from anesthesia and went home in a very good condition on the fifth postoperative day and his wound healed nicely.

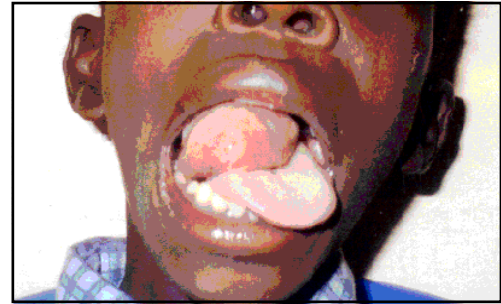


Figure 1 - Photograph of the patient demonstrating the granuloma on the dorsum of the tongue.

The histopathology of the removed mass was reported as a pyogenic granuloma. The role of trauma in the etiology of pyogenic granuloma is not clearly stated in the literature. The history of trauma as an initiating factor was obvious in this case. The patient was from a poor socio-economic background and did not seek medical advice or treatment for his lacerated lingual wound, which helped the progression of this granuloma to a giant size.

Sills et al⁴ described the clinical diagnosis and management of hormonally responsive oral pregnancy tumor. Indeed some of these granulomas regress completely or slough spontaneously after delivery but it seems that the role of hormones was over emphasized.

In this case, trauma, poor oral hygiene and lack of medical care seem to have played a major role in the etiology and progression of this condition.

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