

Dangling Buccal Growth: Incurable Cancer or Infectious Cyst???

Dr. Sphoorthi Basavannaiah

Assistant Professor, Department of ENT, Subbaiah Institute of Medical Sciences, NH-13, Purle, Holebenavalli Post, Shimoga-577222, Karnataka, India.

sphoorthi86@rediffmail.com

**Corresponding Author: Dr. Sphoorthi Basavannaiah, Assistant Professor, Department of ENT, Subbaiah Institute of Medical Sciences, NH-13, Purle, Holebenavalli Post, Shimoga-577222, Karnataka, India.*

Abstract

Growth or mass in the oral cavity can be due to a variety of causes from small inflammatory cysts to fast growing invertebrate carcinoma. Plan of action depends on the clinical presentation and commonness of the growth. Proper and prompt evaluation of any growth is mandatory and apt to arrive at the diagnosis and to attain apropos dealing. Here is one case where this patient presented with buccal growth with diverse diagnosis like in every surgeon's mind which seemed dicey and dubious.

CASE REPORT

45 year old male comes to ENT OPD with growth over the right buccal mucosa since 1week. He g/h/o burning sensation only when food comes in contact with the growth with occasional pain. Patient is a chronic supari chewer and smoker with binge alcoholic and no other systemic illness. He does not give any h/o trauma. Patient was well oriented with no abnormality detected on general physical and systemic examination. On local examination (as seen

in Figure 1): small, 1X1 cm, reddish, mobile, floppy growth, soft in consistency on palpation seen in the right buccal mucosa close to 2nd right lower molar which bleeds on touch and is attached at the base with no surrounding local induration. Rest of the oral mucosa appeared slightly unhealthy in appearance. He had a "Sharp" tooth above seen impinging on the buccal mucosa repeatedly on bite and chewing. He was asked to take a dentist consultation for the same (grinding of the teeth).



Figure 1



Figure 2

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Plan was to excise the growth after getting the necessary and basic investigations done prior to the excision under local anaesthesia with the aid of electrocautery, while the pedicle of attachment was cauterised and specimen sent for HPE (as seen in Figure 2). Patient was sent with conservative treatment for 5 days. On follow up, patient fine and HPE report showed

features suggestive of Pyogenic granuloma/ Lobular Capillary haemangioma. Microscopic examination shows ulceration of mucosa with bacterial colonies and fibrinoid necrosis on the surface. Infiltrate of mixed inflammatory overlying lobules of dilated capillaries. No atypical changes seen (as depicted in Figure 3 and 4).

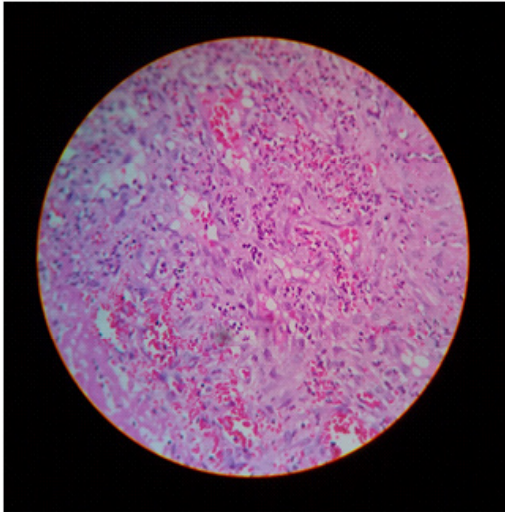


Figure 3 (400X)

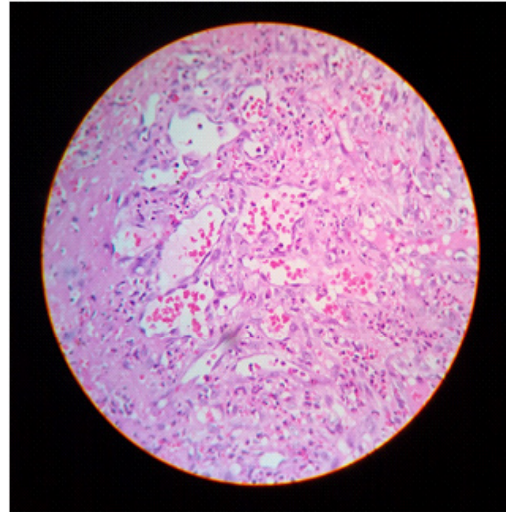


Figure 4 (100 X)

DISCUSSION

Pyogenic granuloma is a tumor-like proliferation to a non-specific infection. It is considered to be non-neoplastic and presents with various clinical and histological forms in the oral cavity. Intraoral capillary hemangiomas are always clinically important to be diagnosed well in time and suitably managed. The growth in the present case although clinically diagnosed as pyogenic granuloma gave a histological picture of capillary hemangioma when surgically excised(1). In the oral cavity pyogenic granulomas show a striking predilection for the gingiva in 70% of cases. A history of trauma to the area is rarely elicited from the patients as in this patient also. Usually, the patient is an older infant or young child, although the lesions also occur in adults as in this case. It usually occurs on the lips, oral mucosa, tongue, and nasal cavity(4,6).

Hemangiomas are common benign tumors of the head and neck region but occurrence on the palatal mucosa is extremely rare. In 80% of cases, hemangiomas occur as single lesions. Capillary hemangiomas have a 3:1 female-to-male ratio unlike in this patient. Clinical development of such lesions is slow, asymptomatic and painless, but it may also grow rapidly. The

case reported here was painless, occasionally symptomatic with slight change in size, initially was like a small dot to have attained the present size. Thus, the differentiation between a pyogenic granuloma and hemangioma is done histologically, which otherwise becomes difficult(2,3).

Capillary hemangioma, is diagnosed primarily on histological findings. Although, asymptomatic, its peculiar location needs immediate intervention. Lesions in this area lead to impaired nutrition and oral hygiene, increased accumulation of plaque and microorganisms thereby causing increased susceptibility to oral infections. The clinical picture and location of the lesion has led to a provisional diagnosis of pyogenic granuloma, but histological findings are suggestive of capillary hemangioma. Early detection and biopsy of such lesions whenever possible is necessary to institute appropriate management. In addition, the surgical management should be performed with caution because the tissues may bleed profusely intra- and post-operatively. Other intraoral growth has to be differentially diagnosed are peripheral giant cell granuloma, peripheral ossifying granuloma, squamous cell granuloma, Kaposi's sarcoma, epulis, metastatic cancer(1,4,6).

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All clinically suspected pyogenic granulomas and capillary hemangiomas need to be biopsied to rule out more serious conditions. Although conventional surgical excision is the treatment of choice for small lesions, while other options are electrocautery, Laser (Nd: YAG, CO₂), cryosurgery. The present case was managed by electrocautery considering its size, its efficacy, minimum intraoperative bleeding and cost effectiveness. Keeping in mind, capillary hemangioma as one of the differentials, appropriate hemostatic measures were kept at hand before starting the procedure. Although, there is limited evidence in the literature to support the use of electrocautery in the treatment of pyogenic granuloma/ oral capillary hemangioma. The present case responded well to the treatment and was on follow up for 4 months. No recurrence was reported (2,3,5).

CONCLUSION

As oral mucosa is the most common site for malignancy in India mainly due to habits with male predisposition and age of occurrence, one of the 6 'S' as add-ons, so the differential of oral cancer is first to come to mind as it is of higher incidence plus on the other hand as the growth bleeds on touch, so thought of haemangioma was also considered with reference to its location of occurrence and bleeding tendency. But as the patient was having a very short history and was otherwise having a healthy physicality with no other complaints to offer, another differential in mind was supposedly benign vascular growth. So, did happen in this patient

as the histopathology study revealed it to be Lobular Capillary haemangioma.

REFERENCES

- [1] Dahiya R, Kathuria A. Extralingival pyogenic granuloma histologically mimicking capillary hemangioma. *Journal of Indian Society of Periodontology* 2014;18(5):641-43.
- [2] Jananni M, Gubernath U, Mahendra J, Sivarama krishnan M. Capillary hemangioma of gingiva mimicking as pyogenic granuloma: Report of two cases. *J Interdiscip Dent* 2012;2:218-20.
- [3] Patil K, Mahima VG, Lahari K. Extralingival pyogenic granuloma. *Indian J Dent Res* 2006; 17: 199-202.
- [4] Epivatianos A, Antoniadis D, Zaraboukas T, Zairi E, Pouloupoulos A, Kiziridou A, et al. Pyogenic granuloma of the oral cavity: Comparative study of its clinicopathological and immunohistochemical features. *Pathol Int* 2005;55:391-7.
- [5] Akyol MU, Yalçiner EG, Doğan AI. Pyogenic granuloma (lobular capillary hemangioma) of the tongue. *Int J Pediatr Otorhinolaryngol* 2001; 58: 239-41.
- [6] Açıkgöz A, Sakallıoğlu U, Özdamar S, Uysal A. Rare benign tumours of oral cavity - Capillary haemangioma of palatal mucosa: A case report. *Int J Paediatr Dent* 2000;10:161-5.

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