

“CHERRY” Over the lip: An indicative impasse!!!

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Abstract

Pyogenic granuloma and Haemangiomas are benign vascular lesions involving mucosa and skin of the oral cavity and seen as an overgrowth of tissue in Head and Neck region. These tend to be an indicative impasse as clinically they appear as Granuloma but histologically inferred as Haemangioma with the suspicion of Carcinoma always at the bay.

Keywords: Granuloma, Haemangioma, Lip, Oral cavity.

Introduction

Pyogenic granuloma and Haemangiomas are most common benign vascular lesions of the oral cavity. Pyogenic granulomas are known to involve the gingiva. It is often a misnomer as this condition is not associated with pus and does not represent a granuloma histologically. In fact on basis of the histopathological picture; it is called Lobular Capillary haemangioma. Haemangiomas are common benign tumors of Head and Neck region occurring in lips, cheeks and tongue. They are composed of blood vessels and are classified based on their histological appearance as capillary, mixed, cavernous and sclerosing variety that tend to undergo fibrosis. Thus, differentiation between Capillary haemangioma and Pyogenic granuloma is considered to be diagnostic dilemma.

Case Report

A middle aged woman who was admitted in the psychiatric ward with bipolar mood disorder was sent to ENT outpatient department for growth over the lip. As per information provided by the bystanders, the patient developed painless and progressive swelling arising from the upper lip over 1 year now which was initially just a dot to have attained the present size. There is history of trauma (habitual to biting lips) by the patient. It bled occasionally especially when touched and causes disturbance during opening mouth and eating food. There is no palpable cervical lymphadenopathy. Due to the location of the growth, the family members were apprehensive about it to be either cancerous in nature and for its cosmetic concerns. Clinically, a single, globular, 1x1 cm size, pink to reddish mass, with sessile base and irregular surface arising from mucosa of upper lip and hanging down touching the lower lip (as described in Fig. 1,2). On palpation, the growth is mildly tender, firm in consistency with minimal bleeding. It seemed to be Pyogenic Granuloma and excision of the mass was done under local anaesthesia following preoperative coagulation profile within normal limits and the tissue was sent to HPE. which suggested as Lobular Capillary Haemangioma (as described in Fig. 3).

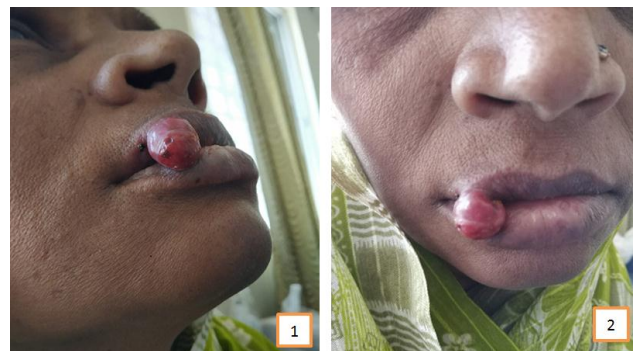


Fig. 1,2:

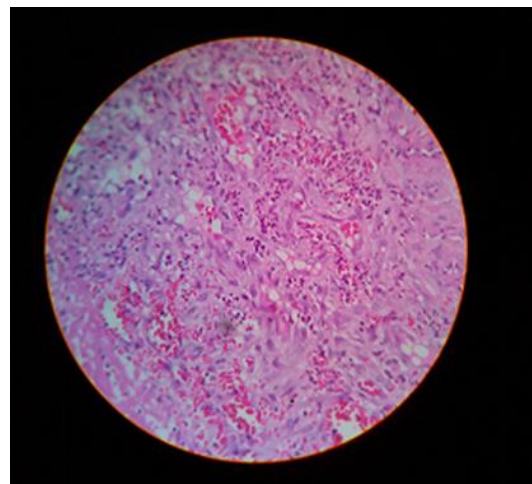


Fig. 3: Microscopic image shows multiple blood vessels and infiltration with neutrophils along with necrotic tissue (H & E stain, 400 X).

Discussion

Pyogenic granuloma was first described by French Surgeons Antonin Poncet and Dor in 1897 who named these lesions as botryomycosis hominis.

The term “Pyogenic Granuloma”^{1,3} is misleading as it is not a true granuloma but in reality it is “Capillary Haemangioma of lobular subtype”^{2,5} as the lesion is prone to bleed. Additionally, it is also not truly pyogenic (pus-producing), because the cause is hormonal or traumatic with no association to infection or pus production.

It is a vascular lesion which appears as an overgrowth of tissue in both mucosa and skin of the oral cavity due to local irritation, physical trauma or hormonal factors or innate issues. It is often found to involve mainly the Head and Neck region often involving the gingiva, lips,^{2,7} cheeks, tongue, skin, nasal septum. They occur at any age most often in younger age group with increase female predilection.

Vascular growths^{1,3} of head and neck historically have confused surgeons and clinicians over the years, secondary to inconsistent nomenclature. This has resulted in challenging study, inadequate diagnosis and untimely treatment.

Clinically,^{3,5} they appear as red/pink to purplish, smooth or mushroom shaped, hangs down with a small stalk, measuring milli to centimeters that look like "tiny cherry". Younger lesions are more likely red because of the increase blood vessels while older lesions are pink in colour. They can be painful if located in an area of the body where it is constantly disturbed. They grow rapidly and will often bleed profusely with little or no trauma. They exude oil like substance making the surface damp especially if located on the scalp.

Microscopically,^{4,6} it consists of highly vascular granulation tissue. The lesion may have a fibrous character if it is older and the surface may have ulcerations. Histopathological examination shows multiple capillaries, neutrophils and necrotic tissue.

Both are neither infectious nor malignant and treatment may be considered because of bleeding or ulceration. Frequently, they are treated with cauterization^{1,3,5} and curettage though laser using pulsed dye laser or CO2 laser, Cryotherapy is often found to be effective. There have been trials regarding the efficacy of topical application of the beta-adrenergic antagonist timolol in the treatment of pediatric pyogenic granuloma. Recurrences are rare after surgical excision.

Conclusion

Oral pyogenic granuloma is not an uncommon cause of soft tissue lesions of the oral cavity. It may have an unusual

presentation, posing a diagnostic dilemma to the treating surgeon. It is a benign vascular neoplasm resulting from a hyperactive tissue repair response. As these lesions have similar clinical and histopathological characteristics, this makes clinical diagnosis a mind boggling task. As rightly said- "The mind sees what it chooses to see!" as not all lesions of oral cavity are malignant. But certain atypical appearances of the lesion can be confusing leading to erroneous diagnosis with the notion of carcinoma at back of the mind. Sometimes, attempts to remove them using simple excision may lead to sombre hitches. Hence, histopathological assessment still remains most accurate and satisfactory saviour to both surgeons and clinicians when in "indicative impasse".

Conflict of Interest: None.

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