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Oral Pathology

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Research paper

Pyogenic Granuloma

Pyogenic Granuloma is a common tumorlike lesion that develops in response to localized irritation or trauma to the tissue. The inflammatory process reacts to the irritation or trauma with proliferating vascular channels, immature fibroblastic connective tissue, and scattered inflammatory cells. Pyogenic Granuloma’s pathophysiology most frequently develops on the buccal gingiva in the interproximal tissue between teeth. Normal sites of pyogenic granulomas are the gingiva, the lips, tongue (particularly the dorsal surface), and buccal mucosa. People who do not maintain oral cleanliness and ongoing oral aggravations such as overhanging restorations or calculus are most regularly are influenced. Pregnancy expands the inclination to build up a pyogenic granuloma in view of hormonal changes.

Pyogenic Granuloma is prevalent in all races and ages but mostly in young adults. Recent studies have shown that females are more likely to have Pyogenic Granuloma than males, ratio 4:1. Women's hormonal changes that occur during puberty, pregnancy, and menopause make them more susceptible.

Pyogenic Granuloma is not likely to recur unless removed inadequately or removed during pregnancy. This tumorlike lesion is a benign inflammatory proliferation that is not likely to recur after surgical removal. Pyogenic Granuloma of the gingiva will require removal of irritants such as plaque and calculus to prevent it from recurring. Mastication in the presents of a lesion can cause pain and bleeding and will require surgical intervention. In a case of pregnancy, the lesion will have to be removed before birth during the second trimester if the patient is experiencing pain and is having difficulty eating.

Pyogenic Granuloma is more prevalent in the maxilla then the mandible and is seen more in the facials of the maxilla then the lingula’s. It happens in the interproximal areas and its size covers a portion of the adjacent teeth. This lesion generally presents as smooth or lobulated red-to-purple masses that might be either pedunculated or sessile. As sores develop, the vascularity diminishes, and the clinical appearance is more collagenous and pink. Pyogenic granulomas fluctuate in size from a couple of millimeters to a few centimeters and are effortless. These tumors are delicate to palpation.

This affects your dental hygiene care because when lesions are seen in the oral cavity, we need to know how to properly treat it. Patients are coming to us seeking help because we are professionals. As hygienists we need to be able to refer patients to appropriate places to get help. In terms of treatment, hygienists need to know how to provide optimal care and what will and will not irritate lesions.

In the case of Pyogenic Granuloma, a hygienist will have to clean the site of the lesion to remove plaque or calculus irritating the gingiva. The hygienist is responsible for educating the patient and teaching them proper oral care and the long-term result of not properly maintaining oral hygiene. Hygienists are responsible for demonstrating proper oral care and teaching prevention. Prevention includes routine dental visits depending on the patient's needs. It can vary from patient to patient, but every 3 months or every 6 months is most common.