

Case Report

Conchal granuloma gravidarum: A case report

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ABSTRACT

We describe a 27 year old female in her second trimester presented with a swelling over left outer pinna or concha for two weeks duration. She has been on antiplatelet agent for antiphospholipid syndrome. She was treated conservatively with antibiotic ointment. The mass was completely regressed after 3 weeks of treatment. (Rawal Med J 2010;35:).

Keywords

Pyogenic granuloma, granuloma gravidarum, concha.

INTRODUCTION

Granuloma Gravidarum and pregnancy tumor are terms to describe pyogenic granuloma that occurs during pregnancy. These are usually benign, focal reactive lesion comprising of endothelial proliferation within mucosa or skin. We report such a case of a conchal granuloma gravidarum

CASE PRESENTATION

A 27 year old female who was 15 weeks pregnant presented with swelling just over left outer part of pinna or concha for two weeks duration which was progressively increasing in size. There was no preceding trauma, no otorrhea and no otalgia. She had history of miscarriage twice and was diagnosed with antiphospholipid syndrome with previous pregnancy loss and she was on daily antiplatelet medication.

Fig 1. Mass in concha.



On examination, there was a friable mass over the left concha measuring 1.0cm x 1.0cm, inflamed and tender on palpation (Fig 1). Both the external auditory canals were clear and both tympanic membranes were intact. There was no cervical lymphadenopathy.

Fig 2. Mass completely resolved.



The clinical impression was granuloma gravidarum and she was treated with chloramphenicol ointment. During follow up after two weeks, the swelling had reduced to 0.5cm x 0.5cm but was still tender on palpation. We decided not to proceed with biopsy as it had already regressed in

size and may cause bleeding. A month later the mass was completely resolved (Fig 2).

DISCUSSION

Pyogenic granuloma is an inflammatory hyperplasia. It is a benign vascular skin tumor common in children and pregnant women. It is caused by vascular proliferation and appears as a red sessile or pedunculated mass on skin. Histologically, it is a reactive inflammatory process filled with proliferating vascular channel, immature fibroblastic connective tissue and scattered inflammatory cells. The term is a misnomer because the lesion is unrelated to infection and it is not a true granuloma.¹ It arises in response to various stimuli such as low grade local irritation, trauma or hormonal factors. It is also known as granuloma gravidarum or pregnancy tumor when occur during pregnancy.

The granuloma gravidarum most frequently develops on the buccal gingiva in the interproximal tissue between teeth. Three quarters of all oral pyogenic granulomas occur on the gingiva lips, tongue (especially the dorsal surface), and buccal mucosa is also affected. Extralingival granuloma gravidarum are less commonly reported such as mucous membrane, lingual, aural, fingers and toe nail beds. A history of trauma is common in extralingival sites, whereas most lesions of the gingiva are a response to irritation.^{2,3}

There was only one reported case of aural granuloma gravidarum from New Zealand and no reported cases of aural granuloma gravidarum in Malaysia yet. Granuloma gravidarum usually occurs during first trimester and rapid growth usually accompanies the steady increase of circulating estrogens and progesterones. Partial or complete regression is common after childbirth. Repeated mild irritation with gestational steroid changes may subsequent exacerbate inflammatory response leading to development of this proliferative lesion.⁴ According to Tumini et al granuloma gravidarum is a result of local hyperplasia.⁵ The increase of progesterone can induce substantial microvascular alteration in certain areas most commonly in the gingiva.

Management of granuloma gravidarum depends on the severity of the symptoms. If the lesion is small, painless and free of bleeding, clinical observation and follow-up are advised.⁴ During pregnancy, surgery should be recommended if bleeding or pain from the lesion impedes daily activities or after delivery, if the lesion has not regressed completely.^{5,6}

In our case, the mass regressed after treating conservatively with topical antibiotics. Therefore, no surgical intervention was indicated, as profuse hemorrhage on excision of the lesion can occur.² In addition, the bleeding tendency will be greater in patient with antiplatelet agents like aspirin and anticoagulant like low molecular weight heparin. In conclusion, granuloma gravidarum is common in pregnant women and extralingival occurrence is a rare entity. The management is clinical observation and follow up regardless the site of lesion.

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