

Case Report

Pyogenic Granuloma of Nasal Septum: A Case Report

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Abstract

Pyogenic granuloma vascular origin, red color, It is a benign lesion with bleeding tendency. They usually grow by hormonal or trauma. They grow with hyperplastic activity by holding the skin and mucous membranes. They are common in women in third and in women. Nose-borne ones are rare. In the most frequently seen in the nose and nasal bleeding nose nasal congestion it has seen complaints. Surgical excision is sufficient in the treatment and the probability of recurrence is low. 32 years old patient with nasal septum-induced granuloma will be described.

Keywords: Nasal septum, pyogenic granuloma, surgical excision

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Capillary lobular hemangioma (pyogenic granuloma). They are vascular lesions that are prone to bleed, with or without red stem. Bo yut s are usually 1-2 cm, but sometimes they can reach giant dimensions. In general, pregnancy and oral contraceptives are caused by hormonal or trauma. Frequent trauma occurs frequently in the areas of exposure or oral mucosa. In the nasal region, it is more rare. It has been reported from septum or concha. The most common symptoms when seen on the nose; epistaxis and nasal congestion.^[1-3]

Surgical excision is sufficient. Recurrence is rare. In differential diagnosis; Mass lesions such as nasal polyp, Wegener's disease, sarcoidosis, squamous cell carcinoma, and malignant melanoma should be considered.^[4,5]

Case Report

A 32-year-old male patient presented with a one-year history of nosebleeds and nasal obstruction on the left side. The examination revealed a polypoid lesion of approximately 1*0.7 cm attached to the septum at the entrance of the left nasal vestibule (Fig. 1). In the paranasal CT performed "In the proximal segment of the left nasal passage can not be performed in the medial cartilage septum and the lateral obstruction of the left nasal mucosa, causing total obliteration in the passage approximately 11x7 including hypodense foci in soft tissue density lesion size in mm R is notable. "Chi was reported in the attached.

The lesion was excised from the septum together with mucoperikondrium by local anesthesia and totally excised

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with a 3 mm margin of safety. Septal cartilage was in view, but the number 15 septal cartilage adjacent to the mucosa of the lesion was excised with a scalpel number 15 (Fig. 2). Hemorrhage control was cured and the procedure was terminated. It was followed by no buffer. Postoperative pathology was reported as "Pyogenic Granuloma" (Fig. 3). The patient's nose bleeding and nasal congestion completely regressed from the 2nd week.

Discussion

Pyogenic granuloma; Also known as lobular capillary hemangioma.^[1] Mucosa or dermi sten origin area vascular small masses prone to bleeding. In this study, it was observed that the long arm of chromosome 21 had deletions.^[6] The most common cause of hormonal and traumatic causes is the etiology. Therefore, they grow rapidly during pregnancy.^[1-3]

I KLIGLER blocked nose can lead to progressive and severe nosebleeds. They are most commonly seen in the oral mucosa in the head and neck region. In the nasal passage, they may be of septum or turbinate origin. Total excision is performed together with clean tissue. Recurrences are rare.^[7] Cauterization in case of recurrence, CO2 laser, steroids, sclerotherapy, silver nitrate can be used.^[3]

In the differential diagnosis, hemangiopericytoma, hemangioma, nasal polyp, squamous cell carcinoma and malignant melanoma should be considered.^[3-5]

Our case also came with nose bleed in accordance with the literature and the recurrence of surgical excision was not 1 year. I plugged in the nose ProgressiveCommand and exceeding nosebleeds pyogenic granuloma should be considered. These cases should be taken into direct surgery and should be followed closely.^[7,8]

Disclosures

Informed Consent: Written informed consent was obtained from the patient for the publication of the case report and the accompanying images.

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Conflict of Interest: None declared.

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Figure 1. Preoperatif Nasal Endoskopik image.



Figure 2. Surgical exciision materyal.

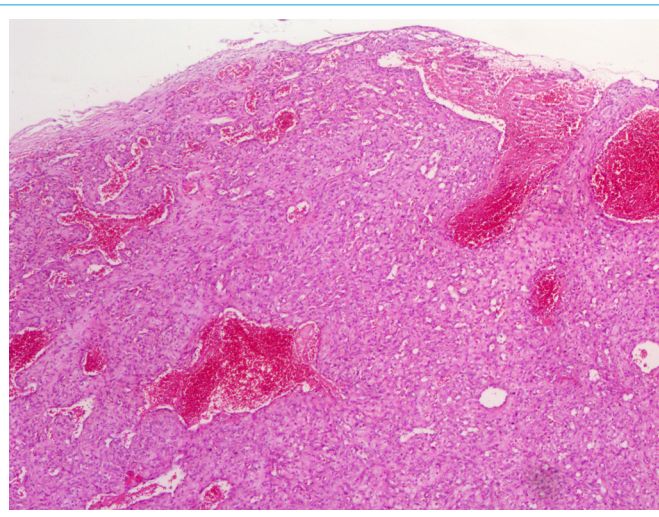


Figure 3. Postoperative histopathological image.

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