PREGNANCY TUMOR

ABSTRACT
Pregnancy tumor is a benign tumor like growth that occurs in pregnant women. It usually appears on the anterior maxillary gingiva as a single pedunculated mass with a smooth surface and red color. The pregnancy tumor is histologically similar to a pyogenic granuloma but it is a distinct lesion on the basis of etiology, biologic behavior, and treatment protocol. In this report, a rapidly growing pregnancy tumor in a 27-year-old female in the third trimester of pregnancy is described.

INTRODUCTION
Pregnancy tumor is a benign tumor like growth that occurs in pregnant women. It usually appears as a red or reddish purple lesion on the anterior maxillary gingiva that bleeds easily. It is typically single but may be multiple, and may grow rapidly. The pregnancy tumor usually occurs during the second or third month of pregnancy, but might also appear later in the pregnancy.

The pregnancy tumor is clinically and histopathologically identical to pyogenic granuloma. It is usually located on the gingiva in pregnant women related to increased hormone levels and an exaggerated inflammatory response of the gingiva to local irritants. The pregnancy tumor can resolve spontaneously after parturition. Surgical excision preferably postpartum if the granuloma persists. During pregnancy, it can be removed under local anesthesia if it causes discomfort.

CASE REPORT
A 27-year-old female patient reported to Department of Oral Medicine and Radiology, Institute of Dental Sciences, Bareilly, with the chief complaint of painless swelling in the left upper back tooth region since 1 month.

History of presenting illness revealed that the swelling initially started one month back which was smaller in size and gradually reached to present size. Bleeding on brushing the teeth was present since last 25 days. It was associated with discomfort during eating food. On extra-oral examination left submandibular lymph nodes were tender and palpable, two in number, mobile and firm in consistency. The medical history revealed that the patient was 8 month pregnant.

A solitary swelling present in the left upper back tooth region i.r.t. 26, 27. The swelling was oval in shape, circumscribed, and measured about 4cm x 3cm. The colour of overlying mucosa varied from pink to reddish in color that bleed easily. This swelling involved the marginal and interdental gingiva on facial surface of maxillary left molars. It extends superior-inferiorly from vestibular fornix to palatal surface of 26 and 27 and anteriorly posteriorly from 26 region to mesial surface of 28. There were indentations present on the lobulated mass.

On palpation the inspector findings were confirmed. The swelling is firm to resilient in consistency, pedunculated and non tender there was slight bleeding on provocation. After the history and clinical examination the provisional diagnosis of Pregnancy tumor was given.

INVESTIGATION:
IOPAR in relation to 26, 27, and 28. Differential diagnosis of pyogenic granuloma, peripheral giant cell granuloma and peripheral ossifying fibroma were considered.

The patient was advised excision of lesion. The patient was referred to department of periodontia where the lesions was excised.

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DISCUSSION

The term pregnancy tumor was first coined by Blum in 1912. In 1946 Ziskin and Ness compiled a clinical classification of pregnancy gingivitis as follows:

Class I – Characterized by bleeding gingivae with more or less, no other manifestations.

Class II- Characterized by changes in the interdental papilla–edema and swelling with subsequent blunting of interdental papilla.

Class III- Characterized by involvement of the free gum margin, which takes on the color and general appearance of a raspberry.

Class IV – Generalized hypertrophic gingivitis of pregnancy

Class V – The pregnancy tumor

The physical and emotional changes that occur during pregnancy affect the oral health of pregnant women to a greater extent. The hormonal changes that occur during this time are linked to an increase in pregnancy gingivitis and pregnancy tumor.

In addition to it, the recent researches have showed that periodontal health may alter the systemic health of the patient and adversely affect the well-being of the fetus by elevating the risk for preterm, low-birth-weight baby. In spite all this, by having well knowledge and being prepared, these risks can be managed and prevented and can stay on the path of health and well being. Other names of pregnancy tumor are Pyogenic granuloma, Exuberant Granulation tissue, Granuloma Gravidarium, Angiogranuloma, Pregnancy Epulis.

In this article history, etiology, clinical, histopathological features, treatment and preventive measures of pyogenic granulation tissue / pregnancy are discussed.

Pregnancy itself cannot cause gingivitis; gingivitis in pregnancy is caused by bacterial plaque. Clinically, the pregnancy tumor appears as a single pedunculated mass with a smooth surface and red color. The incidence of occurrence is more common in maxilla than mandible and anterior region than posterior that is in accordance with the present case report

Clinically lesion appears as a discrete, mushroom like, flattened spherical mass that protrudes from the gingival margin or more often from the interproximal space and is attached by a sessile or pedunculated base. It is purplish or dark red in color, with a bright red border. It is usually semifirm and is a superficial lesion and usually does not invade the underlying bone.

Histologically Florid granulation tissue / pregnancy tumor exhibits ulceration of the surface epithelium and characterized by a fibro endothelial proliferation of the stroma amidst acute and chronic inflammatory cells. It is histologically similar to a pyogenic granuloma but it is a distinct lesion on the basis of etiology, biologic behavior, and treatment protocol.

During pregnancy estrogen and progesterone levels rise, which create an enhanced tissue response to chronic low-grade irritation (plaque, calculus, irregular dental restorations) in the oral cavity. The patient if given thorough dental prophylaxis and oral hygiene instructions and then chances of resolution of tumor are there for parturition. Therefore, maintenance of oral hygiene and regular follow-up appointments should be recommended for pregnant women.

In all forms of gingival enlargements, good oral hygiene is necessary to minimize the effects of systemic factors. Although spontaneous reduction in the size of gingival enlargement commonly occurs following childbirth, complete elimination of residual inflammatory lesions requires the removal of all forms of local irritants.

In the present case, size of the hyperplastic tissue was reduced but the mass was still interfering with the patient's ability to chew, speak and was causing serious esthetic problems so it was excised completely one month after delivery.

How to Prevent Pregnancy Gingivitis and Pregnancy Tumors

Eat balanced diet

Brush twice daily for at least 5 minutes with fluoride containing tooth paste

Use a soft bristled brush because it will prevent the irritation to gums

Use floss once a day

Avoid eating junk food between the meals

If a pregnant women has morning sickness, rinse mouth with plain water to get rid of the acids in mouth caused by vomiting

Visit dentist regularly

CONCLUSION

Thus it is must for every pregnant woman to maintain fastidious oral hygiene. Pregnancy itself cannot cause gingivitis; gingivitis in pregnancy is caused by bacterial plaque, hormonal alteration and local trauma. Hence if we take at most care with regular dental checkups it is possible to avoid the pregnancy tumor.

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