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**Case Report**

# Unusual Occurrence of Pregnancy Tumor on the Tongue

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## Introduction

The occurrence of pyogenic granuloma during pregnancy results in the popular term pregnancy tumor (1). The tumor usually grows rapidly and a direct relationship has been observed between the growth rate of the tumor and the decreased level of estrogen and progesterone, occurring during the course of pregnancy (2, 3). Gingiva is the most common site involved; it usually occurs labially on the maxillary anterior teeth but the tongue, lips, palate and oral mucosa might also be rarely involved (3-6).

## Case Report

We present a 28-year-old pregnant woman in the third trimester. She reported a growth in the oral cavity, involving the tongue which bled frequently and interfered with eating. At that time, she was in the 7th month of gestation and the lesion had appeared6months before the patient presented for treatment and had grown slowly over this 6-month period. On physical examination, her blood pressure was normal, and there was no other relevant medical or family history; no previous systemic disease was recorded. The hemogram of the patient was within normal limits either.

Upon intra oral examination, a pedunculate exophytic lesion, which was large, bilobed, reddish, enlarged and keratinized in some areas, was noticed on the dorsum of the tongue, on the right side of the lateral border. The mass, whose surfaces bled easily upon palpation, was not tender. The surface was irregular, with focal areas of ulceration and a white exudate. It was estimated to be1.5 cm in the greatest diameter at that time. A preliminary diagnosis of pregnancy tumor was made based on the patient's history, clinical and histopathological findings (Fig. 1). Advanced gingivitis was found and the patient also had poor oral hygiene.

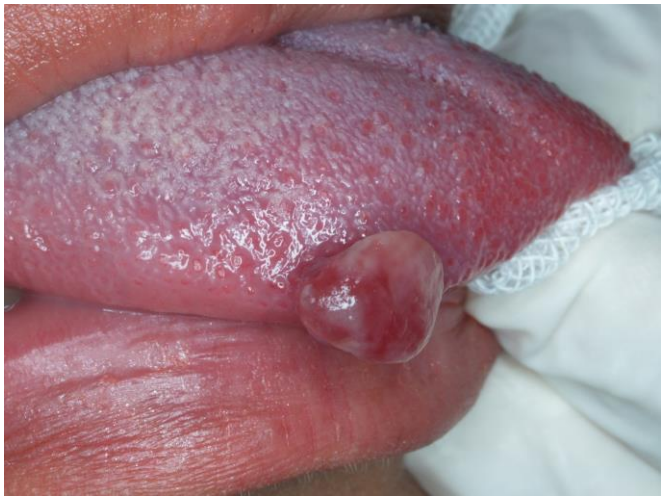

**Fig. 1:** Clinical view of the lesion

The patient received oral hygiene instructions; however, very little improvement was observed and the lesion continued to grow. Being at 28-week gestational age, the patient complained of

pain, discomfort and interference with speech and mastication; she requested for removal of the tumor, so it was decided to be removed surgically. Due to the relatively small size of this lesion, we considered an excisional biopsy as a treatment plan. Therefore a complete surgical excision was carried out under local anesthesia and bleeding from the biopsy site was arrested by suturing. Then, the excised specimen was sent for complete histopathologic analyses.

Photomicrograph of H-and-E-stained section showed ulcerated stratified squamous epithelium with hyperkeratosis and acanthosis and an underlying fibrovascular stroma. The stroma revealed a large number of budding capillaries, plump fibroblasts and areas of extravasated blood and a dense chronic inflammatory cell infiltration which consisted of neutrophils, plasma cells, and lymphocytes. It showed nodular hyperplasia with many inflammatory cells, endothelial proliferation and vascular dilatation. The histopathologic analysis confirmed the clinical diagnosis of pregnancy tumor. During the first postoperative week, the patient was asked to rinse frequently with warm 0.2% chlorhexidine gluconate mouthwash. The patient had an uneventful postoperative course. No recurrences were observed after one year of follow-up.

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