

Excision of Pregnancy Tumour Using Diode Laser in 34 Weeks Pregnant Patient: A Case Report

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Introduction

Pregnancy tumour is a non-neoplastic, reactive conditioned gingival enlargement which has been observed in 0.2-9.6% of patients during pregnancy. It occurs most frequently on the gingiva and can interfere with mastication, speech, and maintenance of oral hygiene. Its management includes phase 1 therapy followed by surgical excision. Specifically, in the case of pregnant patients, conventional surgical techniques have the disadvantage of more chairside time and more bleeding from the surgical site, creating stress to the patient. Diode laser can be a suitable alternative to conventional surgical techniques in intra-oral areas, with the added advantage of decreased chairside time and bloodless procedure.

Chief Complaint

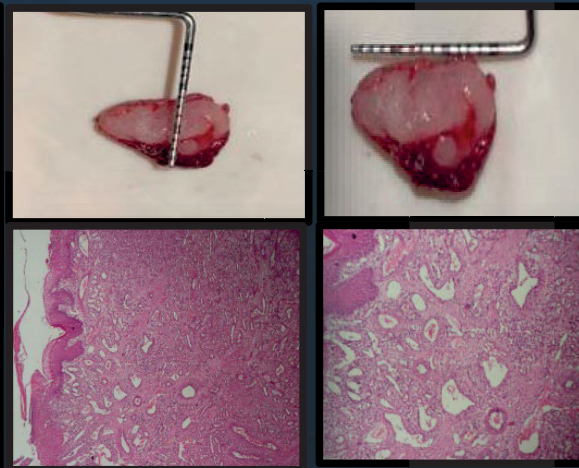
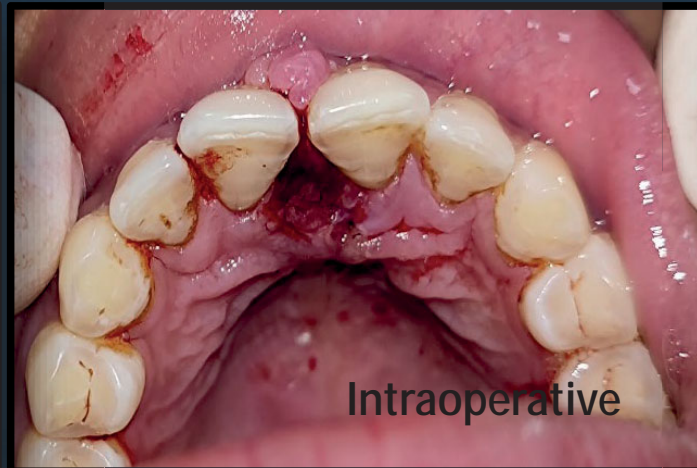
A 27-year-old 34 weeks pregnant patient presented with a chief complaint of gingival overgrowth on the palatal side of the upper anteriors. Three months back, the patient noticed the growth, which increased gradually in size and was associated with bleeding while brushing and chewing food and interfered with the speech.

Clinical Presentation

On clinical examination, a solitary, smooth, reddish-pink, pedunculated gingival growth inter-proximally was present with respect to maxillary central incisors. Apicocoronal and mesiodistal extent of the growth was measured as 8mm and 15mm respectively. Radiograph was avoided.

Histopathological examination

Biopsy showed hyperplastic parakeratinised stratified squamous epithelium with underlying fibrovascular connective tissue stroma with numerous proliferating small and large endothelial-lined vascular channels, along with budding capillaries. A moderate degree of mixed inflammatory infiltrate was evident. Hence, A final diagnosis of pregnancy tumour was made.



Methods

Phase 1 therapy was done as non-traumatically as possible with respect to the concerned area. The patient was made comfortable in the dental chair in the left lateral position. Anaesthesia was achieved using topical spray. Excisional biopsy was done using diode laser. The patient was discharged. Paracetamol tablets (500 mg) SOS were prescribed for analgesia. The excised tissue was sent for biopsy.

Results

Healing was uneventful. Follow up after 15 days revealed adequately healed gingiva with normal probing depth and no bleeding on probing. The patient is still in follow up.

Conclusion

Diode laser excision of a large and persistent pregnancy tumour is a good alternative to conventional surgical techniques in pregnancy and results in decreased chairside time, less stress, uneventful wound healing, and a bloodless procedure with minimal post operative morbidity

References

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