

Intra venous pyogenic granuloma

S K Sridevi¹, R Lavanya², P Viswanathan^{3*}, Ashok Swaminathan G⁴, Achyutha Krishnan T⁵

{^{1,2}1st Year Post Graduate, ³Professor, Department of Pathology} {⁴Assistant Professor, ⁵1st Year Post Graduate, Department of Surgery} Rajah Muthiah Medical College, Annamalai University, Chidambaram, Tamil Nadu, INDIA.

Email: drpviswanathan2014@gmail.com

Abstract

Intra venous pyogenic granuloma usually present at birth or else appears afterwards. Its occurrence in adult patient is uncommon. The present patient was diagnosed clinically as sebaceous cyst and confirmed to be histologically as intra venous pyogenic granuloma.

Keywords: Intra venous pyogenic granuloma, hamartoma.

*Address for Correspondence:

Dr. P Viswanathan, Department of Pathology, Faculty of Medicine, Rajah Muthiah Medical College, Annamalai University, Chidambaram-608002, Tamil Nadu, INDIA.

Email: drpviswanathan2014@gmail.com

Received Date: 12/12/2015 Revised Date: 16/01/2016 Accepted Date: 10/02/2016

Access this article online

Quick Response Code:



Website:

www.statperson.com

DOI: 16 February
2016

INTRODUCTION

Hamartoma derived from the Greek “hamartion” a bodily defect. The term was coined by ALBRETCHT in 1904, which is tumor-like malformation, in which the tissues of a particular part of the body are arranged haphazardly, usually with an excess of one or more of its components. Hemangiomas are vascular hamartomas. They appear at birth or present in adulthood. Classification is based on the vessel type viz. capillary and venous. Typical capillary hemangiomas are composed of well-formed small slit like vascular spaces lined by benign-appearing endothelial cells; whereas cystically dilated spaces lined by endothelial cells are

considered as cavernous haemangiomas. Haemangiomas are one of the most common soft tissue tumors, which usually accounts for less than 10% of all benign soft tissue tumors.

CASE HISTORY

30 year old male presented in the surgery OPD with the complaints of nodule in the forehead was diagnosed as sebaceous cyst due to yielding on pressure and in the subcutaneous plane. There was no ulceration. The nodule from forehead was excised into to and sent for the histological evaluation.

MACROSCOPY

Spherical skin covered soft tissue mass measuring 1 cm in diameter which on cut section showed solid haemorrhagic areas.

HISTOLOGY

A dilated vessel filled with a numerous mass is observed. The tumor is made up of endothelial cells forming slit like spaces. There are also dilated vascular spaces lined by endothelial cells filled with RBC's. The spaces occasionally contain thrombosed mass; but there are no inflammatory cell infiltration found.

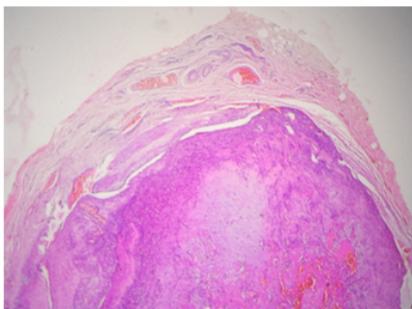


Figure 1:

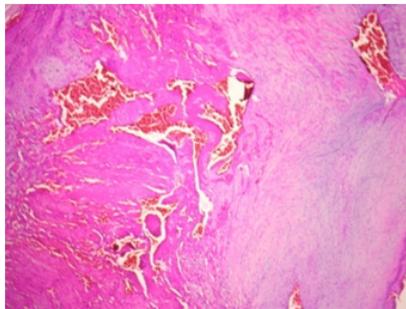


Figure 2:

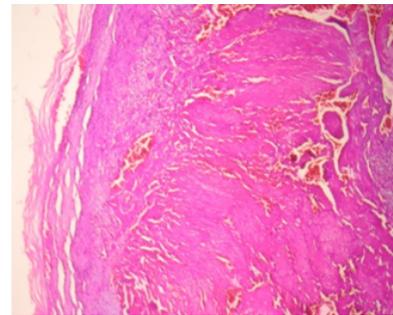


Figure 3:

How to site this article: S K Sridevi, R Lavanya, P Viswanathan, Ashok Swaminathan G, Achyutha Krishnan T. Intra venous pyogenic granuloma. *International Journal of Recent Trends in Science and Technology*. February 2016; 18(1): 206-207.

<http://www.statperson.com> (accessed 20 February 2016).

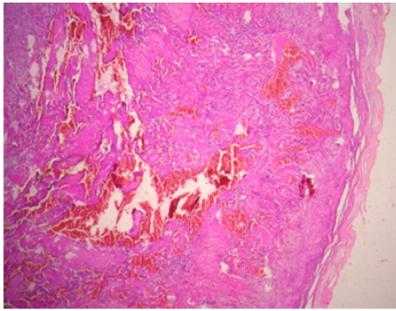


Figure 4:

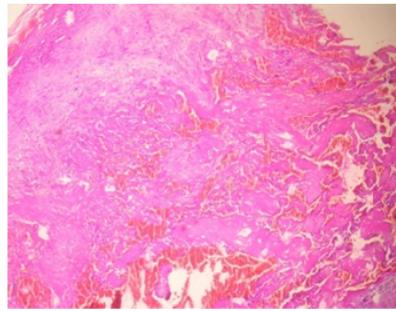


Figure 5:

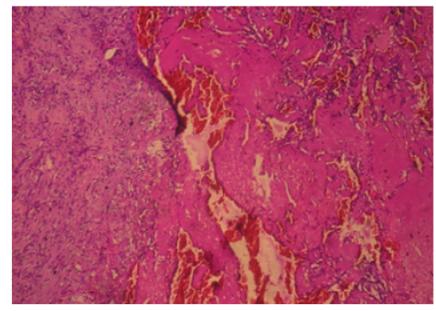


Figure 6:

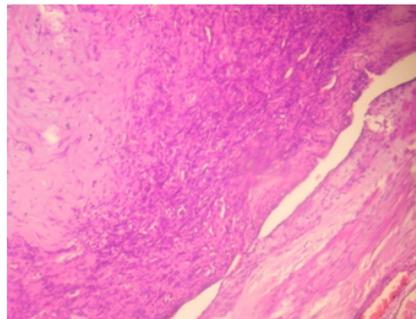


Figure 7:

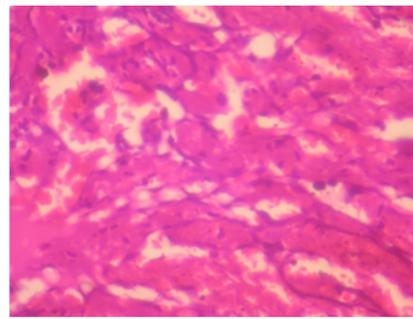


Figure 8:

Legend

Figure 1: H and E 4x-Dilated vascular channels filled with tumour.

Figure 2: H and E stained 10x-Attachment present on the endothelial surface of parent vessel.

Figure 3: H and E 10x-Vessels filled with cavernous dilatation.

Figure 4: H and E 10x

Figure 5: H and E 10x-The parent Vessel is filled with vascular channels, capillary and cavernous configuration.

Figure 6: H and E 20x-Endothelial cells with slit-like spaces and also dilated spaces lined by endothelial cells.

Figure 7: H and E 10x-Blood vessel contained within tumor.

Figure 8: H and E 20x-Vascular channels lined by endothelial cells.

RESULTS

Intra venous pyogenic granuloma is a vascular hamartoma which presents as a polyp, red brown in color, often mistaken as thrombus. The tumor originates from the wall of vessel and remain attached at a focus and probably through which it derives the blood supply. In the present case both capillary format and cavernous format of haemangiomas are noticed namely slit like spaces lined by endothelial cells as well as dilated spaces lined by endothelial cells. Occasionally there is thrombus formation noticed in the dilated space. No inflammatory infiltrates are observed.

CONCLUSION

Intra venous pyogenic granuloma is usually represented by closely packed vessels with slit-like appearance lined by endothelial cells. whereas in the present lesion,

capillary and cavernous components are lined by endothelial cells filled with RBC'S. Probably its a variant of Intra venous pyogenic granuloma.

REFERENCES

1. J.B.Walter, I.C.Talbot. Walter and Israel General Pathology.7th edi 2011;478
2. Sharon W.Weiss, John R.Goldblum. Enzinger and weiss's Soft Tissue Tumors.4th edi 2001;
3. Cooper PH,Mc Allister HA, EB.Intravenous pyogenic granuloma:a study of 18 cases.Am J Surg Pathol 3:221,1979.
4. Joethy J, Al Jajeh I, Tay SC. Intravenous pyogenic granuloma of the hand – a case report. Hand Surg. 2011; 16(1):87-9.
5. Winn BJ, Herreid PA, Sires BS. Intravenous pyogenic granuloma of the angular vein. Ophthal Plast Reconstr Surg. 2009 Jul-Aug; 25(4):341-3.

Source of Support: None Declared
Conflict of Interest: None Declared