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

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.

Surgical excision is sufficient. Recurrence is rare. In differential diagnosis; Mass lesions such as nasal poly pler, Wegener’s disease, sarcoidosis, squamous cell carcinoma, and malignant melanoma should be considered.[6,5]

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Discussion

Pyogenic granuloma; Also known as lobular capillary hemangioma.[1] Mucosa or dermi stem 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 eti-
ology. Therefore, they grow rapidly during pregnancy.[1–3]

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.[4] 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 Progressive Command and exceeding nosebleeds pyogenic granuloma should be considered. These cases should be taken into direct surgery and should be followed closely.[7,8]

Disclosures
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References