

# Case of Mistaken Identity: Pyogenic granuloma of chin is actually a draining dental fistula

Jerry E. Bouquot<sup>1,2,3</sup>

<sup>1</sup>Department of Diagnostic & Biomedical Sciences, University of Texas School of Dentistry at Houston, Houston, Texas 77054, <sup>2</sup>Department of Rural Health & Community Dentistry, Past Chair of the Department of Oral & Maxillofacial Pathology, West Virginia University School of Dentistry, Morgantown, WV 26506, USA, <sup>3</sup>Director of Research, The Maxillofacial Center for Education & Research, 212 Tibbs Road, Morgantown, WV 26508

**Corresponding author:** Prof. Jerry E. Bouquot, E-mail: Jerry.Bouquot@uth.tmc.edu

A 27 year old PHD student had an asymptomatic, slightly hemorrhagic, somewhat pedunculated skin mass of his chin (Figure 1) surgically excised more than 3 times approximately 4 years earlier. A biopsy of the second recurrence showed the mass to be pyogenic granuloma. It recurred a 4<sup>th</sup> time but he could not afford further physician care so he grew a beard to hide the mass. After graduation and employment at a university he sought treatment of numerous cariously destroyed teeth (Figure 2). An anterior mandibular radiograph reveals considerable but painless destruction of 3 of his lower incisors (Figure 3). The dentist concluded at the chin lesion was actually granulation tissue at the opening of a draining dental fistula from the lower incisors. Endodontic treatment of the affected teeth resulted in healing with new bone formation around the roots as well as reduction in size of the chin mass.

A small excision of the mass was performed by a dermatologist with no recurrence at 3 years of follow-up.



**Figure 2:** Numerous, often large, carious lesions were present in multiple teeth, with inflammatory enlargement of the anterior mandibular gingiva; the patient seldom brushed his teeth



**Figure 1:** At examination the dentist found a painless, somewhat lobulated soft tissue mass within the beard on his chin; the mass had been present at least 4 years without change and an early biopsy showed granulation tissue



**Figure 3:** Three mandibular incisors show periapical radiolucency, with vertical bone destruction along the entire root surface of one, associated with drainage into the overlying inflamed gingiva; all three incisors were nonviable according to electric pulp testing

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## CONSENT

The examination of patients is conducted according to the Declaration of Helsinki principles.

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