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

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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 4th 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 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 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 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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