

Ocular Complication: Post-Traumatic Pyogenic Granuloma About One Case

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Clinical Image

A pyogenic granuloma presents as a vascular lesion attached to a stalk, manifesting as a reddish or pinkish fleshy mass. Typically found on the eyelid, it tends to bleed readily upon slight touch.

Clinically, it emerges with swift proliferation in regions previously subjected to trauma, surgical procedures, or inflammation. Microscopically, it comprises granulation tissue, capillaries, and inflammatory cells devoid of granulomas. The preferred course of action involves excising the lesion at its foundation.

We report the case of a 6 year old boy with notion of trauma 5 months ago by vegetal thorn who presented to the emergency room with a conjunctival lesion on his right eyelid appeared for 4 months which was small and progressively increasing in size. The examination objective a bright red mass, vascularized, with a large base on his right upper tarsal conjunctiva. the child was put under topical treatment with loteprednol etabonate 0.5% for 1 month, the size of the mass had slightly decreased. Two months after stopping the treatment, the mass had decreased by one third. Hence the need for surgery: removal of the lesion.

Pyogenic granulomas are vascular lesions commonly occurring on skin and mucosa, including the palpebral conjunctiva. The exact etiology is unknown, but the granuloma is often associated with a chalazion, a hordeolum, or a history of trauma or surgery.

Pyogenic granuloma presents as a nontender, fleshy, red, vascular lesion. The lesions are typically sessile or pedunculated, are dome-shaped, and vary from 1 to 10 mm in diameter. The mass is a collection of granulation tissue such as chronic inflammatory cells, fibroblasts, and endothelial cells of budding capillaries. Most pyogenic granulomas are asymptomatic. Pyogenic granulomas rarely resolve spontaneously. If they are asymptomatic, no treatment is necessary.

The response to topical therapies varies among patients from a decrease in size to full resolution or no effect at all. Topical corticosteroids prescribed 4 times a day for 1 to 2 weeks may reduce the lesions. However, there may be no response at all. If the lesion persists, surgical excision is required. Removal of a single pedunculated lesion is done using a shave excision and electrocautery. Recurrence is uncommon with surgical excision, but the risk rises when granulation tissue remains.



Figure 1: Image showing a post-traumatic conjunctival granuloma caused by a plant thorn