

PG is histologically characterized by a prominent capillary growth in hyperplastic granulation tissue. The presence of little vascular fibrotic septa separating a clustered or medullary pattern of the blood vessels leads sometimes to considering PG as a polypoid form of capillary hemangioma [6].

The histological reports of the third and the fourth cases were not with a definitive diagnosis; therefore, these cases were confirmed to be PG through the consultation of an oral pathologist and the clinical picture.

The differential diagnosis of PG includes peripheral giant-cell granuloma, peripheral ossifying fibroma, hemangioma, conventional granulation tissue, and hyperplastic gingival inflammation. In some cases, malignant lesions, such as metastatic carcinoma, melanotic melanoma, or non-Hodgkin's lymphoma, can be a differential diagnosis [3].

5. Conclusion

These presented cases suggest that the limitations in oral functions and the difficulty of maintaining the oral hygiene measures due to the FRF reconstruction surgery with the presence of trigger factors such as local trauma, chronic infection, or inadequate prosthesis probably played a role in the development of gingival reactive hyperplastic lesions.

Consent

Written informed consent was obtained from all the patients.

Conflicts of Interest

The authors declare that they have no competing interests.

Authors' Contributions

All the authors contributed to the work-up of this case series and the manuscript has been reviewed and approved by all the authors.

References

- [1] E. Jané-salas, R. Albuquerque, A. Font-muñoz, B. González-navarro, A. Estrugo Devesa, and J. López-López, "Pyogenic granuloma/peripheral giant-cell granuloma associated with implants," *International Journal of Dentistry*, vol. 2015, Article ID 839032, 9 pages, 2015.
- [2] P. K. Verma, R. Srivastava, H. C. Baranwal, T. P. Chaturvedi, A. Gautam, and A. Singh, "Pyogenic granuloma - hyperplastic lesion of the gingiva: case reports," *The Open Dentistry Journal*, vol. 6, pp. 153–156, 2012.
- [3] R. Fekrazad, H. Nokhbatolfighahaei, F. Khoei, and K. A. Kalhori, "Pyogenic granuloma: surgical treatment with Er:YAG laser," *Journal of Lasers in Medical Sciences*, vol. 5, no. 4, pp. 199–205, 2014.
- [4] I. Dojcinovic, M. Richter, and T. Lombardi, "Occurrence of a pyogenic granuloma in relation to a dental implant," *Journal of Oral and Maxillofacial Surgery*, vol. 68, no. 8, pp. 1874–1876, 2010.
- [5] M. Chiapasco, F. Biglioli, L. Autelitano, E. Romeo, and R. Brusati, "Clinical outcome of dental implants placed in fibula-free flaps used for the reconstruction of maxillo-mandibular defects following ablation for tumors or osteonecrosis," *Clinical Oral Implants Research*, vol. 17, no. 2, pp. 220–228, 2006.
- [6] E. Anitua and L. Pinas, "Pyogenic granuloma in relation to dental implants: clinical and histopathological findings," *Journal of Clinical and Experimental Dentistry*, vol. 7, no. 4, pp. e447–e450, 2015.
- [7] G. Palaia, A. Del Vecchio, A. Impellizzeri et al., "Histological ex vivo evaluation of peri-incisional thermal effect created by a new-generation CO₂ superpulsed laser," *The Scientific World Journal*, vol. 2014, Article ID 345685, 6 pages, 2014.
- [8] E. M. Genden, A. Rinaldo, C. Suárez, W. I. Wei, P. J. Bradley, and A. Ferlito, "Complications of free flap transfers for head and neck reconstruction following cancer resection," *Oral Oncology*, vol. 40, no. 10, pp. 979–984, 2004.
- [9] Y. S. Lim, J. S. Kim, N. G. Kim, K. S. Lee, J. H. Choi, and S. W. Park, "Free flap reconstruction of head and neck defects after oncologic ablation: one surgeon's outcomes in 42 cases," *Archives of Plastic Surgery*, vol. 41, no. 2, pp. 148–152, 2014.
- [10] K. Bozikov and Z. M. Arnez, "Factors predicting free flap complications in head and neck reconstruction," *Journal of Plastic, Reconstructive & Aesthetic Surgery*, vol. 59, no. 7, pp. 737–742, 2006.