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THE USE OF DIODE LASER (808nm) IN SURGICAL RESECTION FOR CICATRICIAL GRANULOMA OF THE TONGUE: A CASE REPORT.

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Aim: Cicatricial Granuloma is a rare condition that can occur after a surgical process due to the infiltration of immune cells ar the site of tissue repair, and is characterized by a pedunculated, sessile, slightly painful, appearance and does not present spontaneous bleeding, as it does not have large vascular proliferation. Various modalities have been used to excise it. For the case presented, an 808nm Diode LASER was used to remove the lesion and for scar alignment, sequencial sessions of photodiynamic therapy and sodium chloride were performed.

Case Description: A 86-year-old Brasilian female patient presented with a large lesion in right border of the tongue. The patient had noticed this lesion about sixty days and began to develop after surgery to remove leukoplakia for analysis. The analysis did not detect neoplasia and as soon as the stitches opened, the formation of the mass was observed.



FIG.1 – 6 DAY Conventional post-operative surgery



FIG.2 – 9 DAY Post-operative



FIG.3 – 15 DAY Post-operative



FIG.4 – 30 DAYS, cicatricial granulome



FIG.5 – Pre LASER surgical



FIG.6 –Post LASER surgical



FIG.7 – 1 WEEK

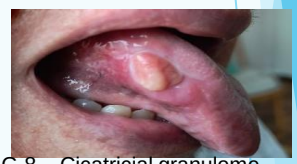


FIG.8 – Cicatricial granulome

Discussion: The gold standard treatment for granuloma is surgical, with the need for a new surgical intervention and due to the previous history of weak scarring, a new resection was performed using Diode LASER (**808nm/ TW Surgical** – **MMOptics/Brasil**)and the healing in the site was accompanied by daily photodynamic therapy sessions to reduce contamination in the surgical site. The granuloma formed again when the lesion was already 3/4 of the way through, requiring further surgical removal. A new recurrence occurred when the evolution reached 1/8 of the initiall lesion, forming a new granuloma. At this time, sodium chloride was recommended daily to control and resolve the injury, without the need for further surgical intervention.



FIG.9 – Pre-surgical



FIG.10 Post-surgical (24h)



FIG.11 – 30 days, new cicatricial granulome,introduction sodium chloride daily



FIG.12 – 5 days after use sodium chloride daily.

Conclusion: Surgical strategies with DIODE LASER (808nm) brought excellent resolution in surgeries. In the face of recurrences, the use of DIODE LASER provided more comfort, without edema or pain. The environmental conditions at the surgery site were controlled through photodynamic therapy, minimizing the size and evolution of the lesion in recurrences. The use of sodium chloride helped with the resolution to readjust the inflammatory pattern related to the evolution of the granuloma.

References