

A Case Report Focal Fibrous Gingival Hyperplasia

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Abstract:

Introduction: Local reactive focal overgrowths are frequently found in the oral cavities. Different types of localized reactive lesions may occur on the gingiva, including focal fibrous hyperplasia, pyogenic granuloma, peripheral giant cell granuloma and peripheral ossifying fibroma (POF). The causative etiology for this lesion can be attributed to the local irritants like plaque, calculus, overhanging margins, trauma, and dental appliances.

Case Report: The case presented here is of a 32 years old female patient who reported to the department of periodontics with chief complaint of nodular mass in inner side of left back region of mouth. It was a focal fibrous hyperplasia of gingival which was excised with BP blade no. 15. Follow up lasted for 1 month.

Conclusion: After doing phase I therapy in the first visit the nodular mass was excised with BP blade no. 12 and was sent for the biopsy. The reports confirmed it to be focal fibrous hyperplasia of gingival. Follow up was done after 1 month, healing was good with no recurrence.

Keywords: Gingival hyperplasia, Excisional biopsy, Gingivitis

I. Introduction

Local reactive focal overgrowths are frequently found in the oral cavities. Different types of localized reactive lesions may occur on the gingiva, including focal fibrous hyperplasia, pyogenic granuloma, peripheral giant cell granuloma and peripheral ossifying fibroma (POF). The causative etiology for this lesion can be attributed to the local irritants like plaque, calculus, overhanging margins, trauma, and dental appliances. The term “focal fibrous hyperplasia” implies a reactive tissue response and is therefore preferable to the term “fibroma” which implies incorrectly, a benign neoplastic proliferation of fibrous connective tissue. This paper reports one case of focal fibrous hyperplasia.

II. Case Report

A 35 year old female patient reported to the department of periodontics at KD dental college and hospital, Mathura, Uttar Pradesh with chief complaint of a nodular mass in inner aspect of left back region of mouth since 2 months. Nodular mass increased in size from pea sized to a nodule. It was present in relation to left molar and premolar in palatal side of maxilla. After doing phase I therapy and verifying the normal blood report which constituted of bleeding time, clotting time, haemoglobin and total leukocyte count it was excised with BP blade no. 15 under local anaesthesia infiltration. After stopping the bleeding the area was cleaned with universal curette 2R-2L. The excised mass was sent for biopsy and the reports confirmed it as focal fibrous hyperplasia. Follow up was done after one month which revealed completely healed gingival and mucosa with no evidence of recurrence.

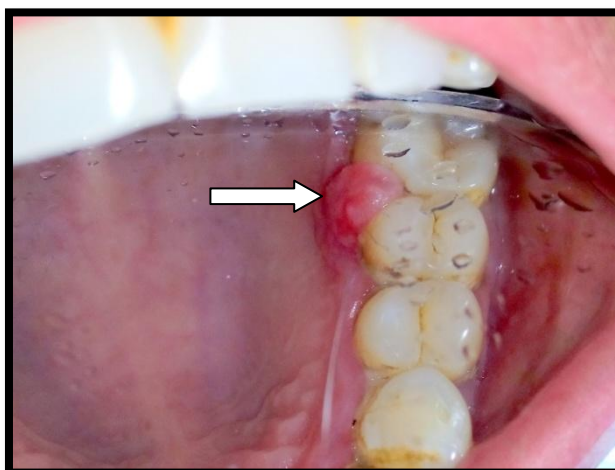


Fig 1: PRE-OPERATIVE



Fig 2: OPPERATIVE

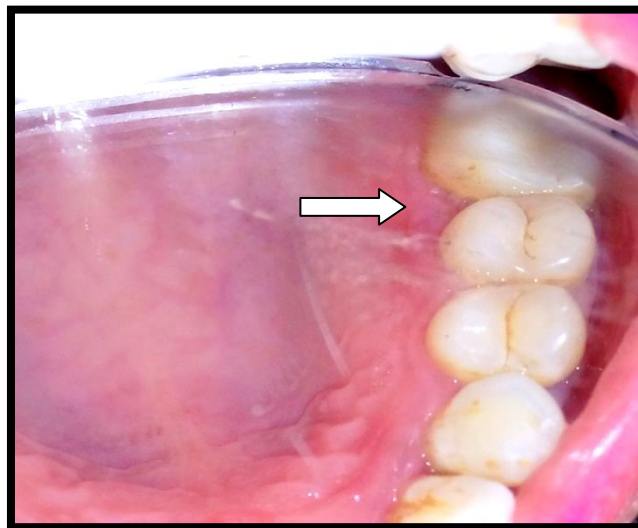


Fig 3: POST-OPPERATIVE

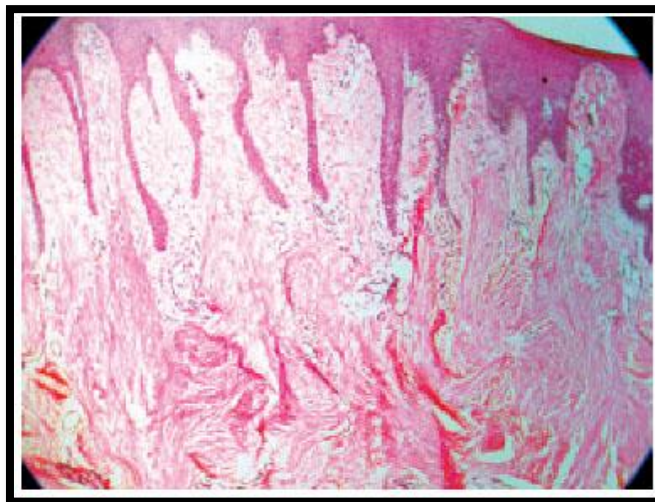


Fig 4: HISTOPATHOLOGICAL SLIDE

III. Discussion

The focal fibrous hyperplasia is reactive lesions which proliferate in response to injury. The reactive lesions are common in the oral cavity because of the frequency with which the tissues are injured. They can be classified into focal fibrous hyperplasia, peripheral ossifying fibroma, pyogenic granuloma, and peripheral giant cell granuloma. Localized overgrowths of fibrous tissues are of frequent occurrence in the oral mucosa.² Several authors believed that many of these lesions are true fibromas, whereas Cooke 1956 believed that, the cause being local irritation as they are reactive in nature. Barker and Lucas 1967 examined 650 fibrous overgrowth of the oral cavity and felt that only 2 could be considered neoplasms. Deley et al. 1990 suggested the term „focal fibrous hyperplasia“ which implies a reactive tissue response and is therefore preferable to the term „fibroma“ which implies incorrectly, a benign neoplastic proliferative fibrous connective tissue.³

Cooke called all the pedunculated swelling from a mucosal surface as “polyp” (fibro epithelial polyp), where maximum number of lesions occurred on the mucosa in the line of occlusion, and the entire pedunculated and sessile lesion in the gingiva as “epulides” (fibrous epulides), which commonly occurred in the maxillary anterior region. In certain cases the histology may reveal the presence of spindle or stellate cells and multinucleated giant cells both of which appear to be of fibroblastic origin. These lesions have been termed by several authors as „giant cell fibroma“. They appear in the interdental papilla as a result of local irritation from calculus; caries or restorations with irregular margins. Histologically they are characterized by a focal sub epithelial mass of fibrous connective tissue composed of inter lacing or parallel bundles of collagen, containing occasional vascular channel and variable inflammatory infiltrate. The fibroblast are apically narrow and elongated and relatively few in number. Recurrences of this lesion are uncommon or rare.⁴ However Cooke in his review reported 3 cases recurrences out of 78 biopsy specimens.

IV. Conclusion

Oral lesions are first detected by general dental practitioners. Knowledge of the frequency and presentation of the most common oral lesions with its differential diagnosis is beneficial in developing an early clinical impression of such lesions and its management in the primary stage with minimum surgical intervention.⁵

References

- [1]. Daley T, Wysocki G, Wysocki P, Wysocki D. The major epulides: clinicopathological correlations. *J Can Dent Assoc* 1990;56(7):627-30.
- [2]. Praetorius-Clausen F. Rare oral viral disorders molluscum contagiosum, localized keratoacanthoma, verrucae, condyloma acuminatum, and focal epithelial hyperplasia. *Oral Surg, Oral Med, Oral Pathol* 1972;34(4):604-18.
- [3]. Cooke B.E.D. The fibrous epulis & the fibro epithelial polyp: Their histogenesis & natural history”. *Br Dent J* 1952;93:305-9.
- [4]. Burket L, Greenberg M, Glick M, Ship J. Chapter 7 Benign Tumours of Oral Cavity. *Burket's oral medicine: Pmhp USA Ltd*; 2008. p. 658.
- [5]. Saraswathi T. Shafer's textbook of oral pathology. *Journal of Oral and Maxillofacial Pathology* 2009;13(1):46.