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Irritation Fibroma Associated with Candidiasis - A Rare Case Presentation

[1]Dr. Ahtasham Anwar, [2]Dr. Shagufta Syreen, [3]Dr. Bimleshwar Kumar
Flat No 301, Zenith Lalita Residency, Opposite Sham Lodge, Machine Galileo, Rajabazar, Patna -14 Mob No- 9709890327.

Abstract: *Soft tissue enlargement of oral cavity is quite common phenomenon in occurrence; these may be either benign growth or malignant. Most of the oral soft tissue enlargement involved either buccal or labial mucosa as well as buccal or labial gingiva. The appearance of most of the benign enlargement is quite similar and makes their diagnosis confusing. The reason for the benign growth is most of the time related to chronic irritation due to various sources and irritation fibroma is one of them. Oral cavity is a home to many oral flora, when the balance of oral cavity in the form of good oral care is maintained the oral cavity is in good health, however if the maintenance is poor the oral flora which are present in the mouth causes various lesions and candidiasis is one of them. it is quite rare to find irritational fibroma and candidiasis in a same individual.*

I. Introduction

Soft tissue growth in oral mucosa is of different nature, some are neoplastic whereas most growth are non neoplastic in nature. These growths may occur anywhere in oral mucosa either on gingiva, buccal sulcus, and lingual sulcus or inside of cheek. Most of the growth occurs on gingiva is epulis which may occurs due to local irritation of plaque and calculus. Overextended denture also causes growth of tissue in labial or lingual sulcus known as epulis fissuratum which is also fibrotic in nature.

II. Case Report

A female patient,Malti Devi, aged 50 years, medium built, reported to our OPD, for complaining of a mass inside left cheek, from last 9 to 11 months. The mass is slowly increasing and painless [Fig. 1 & Fig. 2]. She was at treatment to a local clinician but the mass was not responding to the treatment. She and her family were under stress due to none responding of treatment and in constant fearing of cancer. There was no any systemic problem and any other difficulty. Extra oral examination was done, and there was no any facial deformity found, there were no change of temperature and color of overlying skin. None of the lymph nodes were palpable. Upon intraoral examination a large about 3 - 4 cm in diameter, pinkish, smooth and pedunculated, firm growth was noticed distal to 38 at left side of cheek. On that side of the growth 37 and 28 were found missing and cusps are sharp, the oral hygiene was very poor as heavy plaque and calculus were observed. White patches on the on the dorsal surface of tongue were another finding, upon scrapping it comes out. The white patches are painless as well as no burning sensation in it, as told by the patient. On correlating the chief complaint, medical history and clinical observation it was diagnosed provisionally a case of irritation fibroma associated with candidiasis. The cause of the irritation fibroma as noticed was the continuous irritation of cheek as well as cheek biting due to 28 and 37. Patient has advised for OPG and routine examination for blood and urine. Scrap cytology was taken for candidal infection and sent for cytological examination. Initially patient was kept on chlorhexidine mouthwash and nystatin oral lozenges for a week. After one week there was much improvement in candidal infection noted and the cytology report also confirmed it a *Candida* infection of tongue. There was no any finding in OPG and blood and urine examination were found normal, after checking all the findings it was decided to do excisional biopsy, later excisional biopsy was done under local anesthesia, suture were placed and the mass was sent for histological examination. The histological finding confirmed it a case of irritation fibroma associated with candidiasis [Fig. 3 & Fig. 4].

III. Discussion

Fibromas are benign growth of the soft tissue of oral cavity composed mainly of fibrous or connective tissue. It is mesenchymal in origin. The soft tissue lesions are quite common in oral cavity and mostly occur on labial, buccal mucosa as well as on gingiva and tongue. The most common reason for this growth is chronic irritation from different sources like irritation from teeth on buccal side of mucosa, faulty design of prosthesis, poor oral hygiene etc., majority of the localized overgrowth of oral mucosa are considered to be reactive rather than neoplastic in nature.[1] According to a study conducted by Domingo *et al*., (2007) of the 300 benign growths studied 53.3% is diagnosed as fibroma.[2] It is also known as irritational fibroma, traumatic fibroma, focal fibrous hyperplasia, fibro epithelial polyp according to Toida *et al*., in 2001.[3] It occur anywhere in the

oral cavity, like tongue, labial and buccal mucosa or gingiva, however the buccal mucosa along the bite line is most common site due to continuous irritation. The growth appears as smooth surfaced pink nodule similar in color of surrounding mucosa, however in black people it may appear with gray-brown pigmentation. In some cases it may appear white as a result of hyperkeratosis due to continuous irritation. It is most common in 4^{th}-6^{th} decade of life with more of female predilection. The diagnosis of these soft tissue growths is always a puzzling to the presenting clinician. Many of these lesions are common and very much similar in appearance and the characteristic presentation of fibroma leaving a little doubt over diagnosis. In some cases however, unusual finding may leave the clinician with certain diagnostic uncertainty.[4] Most of the fibrous growth is pedunculated or sessile and they vary in size from a small millimeter to a large one having diameter in centimeters, though most of fibroma are 1.5 cm or less, however in the present case the fibrous growth is of about 3-4 cm and occurs due to constant irritation of 28 and 37 upon biting and chewing. Most of the time non neoplastic lesion are usually inflammatory or represent a reaction to some kind of irritation or low grade injury.[5] The *Candida* genus comprises of over 150 species of a sporogenus of yeast like fungi. They ubiquitous in distribution, persisting as saprophytes in soil and aquatic environments, as well as colonizing several animal reservoirs.[6] The majority of *Candida* species is unable to grow at 37^0 C and therefore, not normally associated with human colonization;[7] however certain species do persist as commensal microorganisms' within humans and can act as opportunistic pathogens in debilitated individuals. *Candida* albicans is the most common species associated with normal oral carriage in humans, occurring in the mouth up to 80% of individuals.[8] A change of harmless commensal to opportunistic pathogen occurs following changes in oral environment due to poor oral hygiene, or immune compromised state.

IV. Conclusion

Generally the fibroma is diagnosed clinically but is confirmed histopathologically. The treatment is to surgically excise the growth. The cause of candidiasis in this case is due to poor oral hygiene and lack of awareness of about proper oral hygiene care due to rural background of the patient. The treatment of oral candidiasis is to kept patient on antifungal mouth washes or lozenges and good results were seen.

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Figure Legends

Fig. 1- Intraoral view showing fibroma and Candida

Fig. 2- Fibroma and its pinkish hue

Fig 3- intraoral view showing both lesion

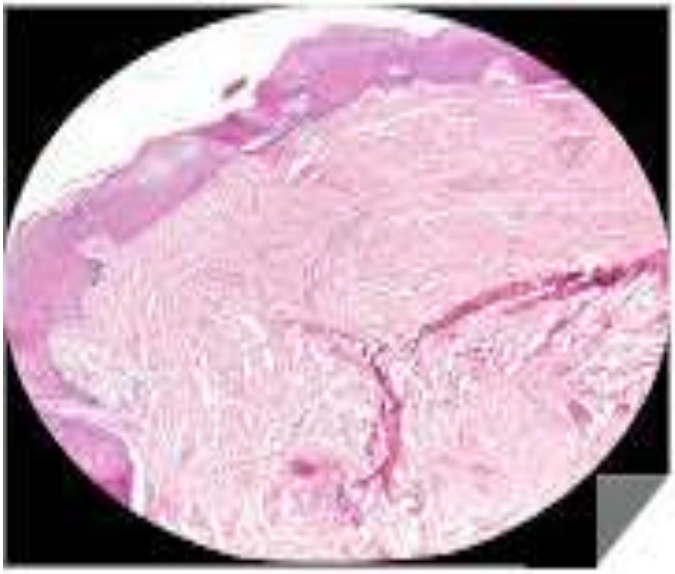

Fig. 3- Histological slide of fibroma
Fig. 4- Histological slide of fibroma