



CASE REPORT: NON NEOPLASTIC PROLIFERATIVE GINGIVAL PROCESS

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ABSTRACT

Gingival enlargement is common in general population. It can be due to various reasons. But the diagnosis of these gingival enlargements should be made accurately to avoid future complications. The present article presents a case report of localized gingival enlargement in a 13 year old male child patient.

KEYWORDS: Child patient, Gingival enlargement, Localized growth.

INTRODUCTION

The gingival tissues in the healthy mouth almost completely fill the interproximal spaces between teeth, beginning near the contact area and extending apically and laterally in a smooth curve. However, there is frequently an increase in the size of the gingiva so that soft tissue overfills the interproximal spaces.^[1]

Increase in size of gingiva is a common feature of gingival disease. This is clinically designated as gingival enlargement or gingival overgrowth. The terms overgrowth or enlargement are descriptive terms. Hyperplasia is a histologic term used to describe the increase in a number of cells. It should be distinguished from hypertrophy, which is an overgrowth due to increased size of the cells. Gingival enlargement is a gingival dimorphism associated with multiple factors.^[2]

Here we are presenting a case report of the localized gingival enlargement.

CASE REPORT

A 13 year old male child patient came with a chief complaint of swelling in the maxillary anterior region since 15 days. The swelling was non-tender, smooth in consistency, reddish in color and well defined from the nearby tissue. (Fig. 1) Patient had history of trauma at the same region 15 days back and the swelling was appeared after that trauma. Based on the clinical features a provisional diagnosis of pyogenic granuloma or traumatic fibroma was done and after that the swelling was excised under local anesthesia. (Fig. 2) The histopathological examination of the tissue had shown proliferated parakeratinized stratified squamous epithelium with irregular rete ridges. (Fig. 3) Underlying connective tissue was fibrocellular with the presence of

chronic inflammatory cell infiltration. Based on histopathological features a final diagnosis of the inflammatory fibrous hyperplasia was made.



Fig. 1: Clinical picture of the patient showing localized gingival enlargement in the maxillary anterior region.

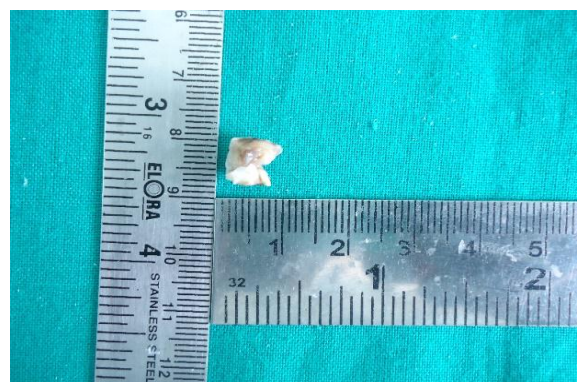


Fig. 2: Biospy specimen.

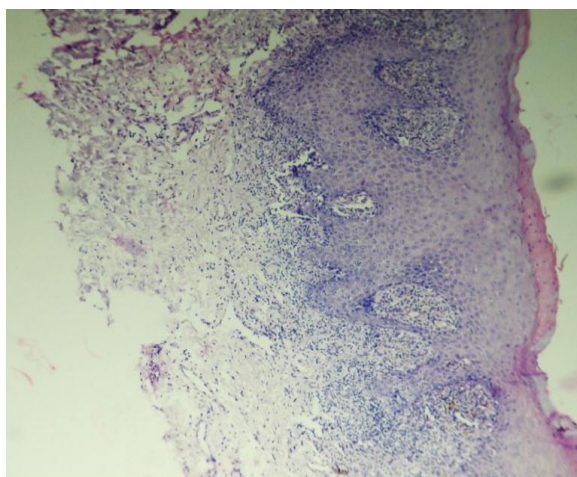


Fig. 3: Histopathological picture.

DISCUSSION

Gingival enlargements are quite common and may be either inflammatory, non-inflammatory or a combination of both.^[3] Inflammatory enlargement of gingiva usually results from prolonged chronic inflammation of the gingival tissue. In most cases, the enlargement results because of local irritations such as poor oral hygiene, accumulation of dental calculus or mouth breathing and represents a variation in host tissue response to dental plaque accumulation.^[1]

The etiology is still unknown, although there is a consensus from some Authors that chronic local trauma (plaque, poor oral hygiene, defective restoration, foreign bodies such as food impaction or toothbrush bristle) can trigger chronic inflammation of the periodontal tissue, together with an endocrine or metabolic imbalance, which may determine the onset of the lesions.^[4,5]

Gingival enlargement produces aesthetic changes and clinical symptoms including pain, tenderness, bleeding, speech disturbances, abnormal tooth movement, dental occlusion problems, enhancement of caries development and periodontal disorders.^[6,7]

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