



GROWTH IN THE VERMILLION BORDER OF LIP: A CASE REPORT

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ABSTRACT

Traumatic fibroma, (also called Irritation fibroma, Focal fibrous hyperplasia, Fibrous nodule or Fibro epithelial polyp) is the benign soft tissue neoplasm occurring in the oral cavity. It is a painless, localized, mass of normal color with a smooth surface and a sessile or, occasionally, pedunculated base. The buccal mucosa, labial mucosa, tongue and gingiva are common sites. Here we report a rare case of traumatic fibroma in the ventral portion of the tongue in a patient twenty years of age.

KEYWORDS: Fibrous hyperplasia, Vermillion border of lip Growth, Traumatic Fibroma.

INTRODUCTION

Irritation fibroma or traumatic fibroma was first reported in 1846 as polypus and fibrous polyp.^[1] It is a common submucosal response to trauma from teeth or dental prostheses and found in 1.2% of adults worldwide. It is a benign exophytic oral lesion.^[1]

Clinically it appears as a painless, localized, mass of normal color with a smooth surface and a sessile or, occasionally, pedunculated base.^[2] It may be formed by the proliferation of dense fibrous "scar" tissue which can result from a single traumatic episode or from repeated, less severe traumatic episodes and chronic inflammation or infection. It is most common in the third to fifth decades of life.^[2] The prevalence of oral mucosa fibroma is higher in female (71%) than male (29%).^[3] Irritation fibroma can occur anywhere in the mouth but the buccal mucosa along the bite line is the most common sites.^[4,5] Here we report a rare case of traumatic fibroma in the vermillion border of lower lip in a thirty-three years old male patient.

CASE REPORT

A 33 year-old male patient, reported to the department of oral medicine and maxillofacial radiology, with the chief complaint of a growth in the vermillion border of lower lip [Figure 1].

Growth was insidious in onset & gradually it progressed over a period of 1 year to the present size. It was solitary & was found to be increased in size since last 2 months. It was associated with mild throbbing type of pain present on biting which lasted for few minutes & relieved by itself. Pain was found to increase on speech & mastication. No history of associated swelling, fever or medications. Patient had undergone extraction with respect to upper & lower posterior region since 2 years. Patient's medical & family history was non-contributory. He was in apparent good health & he consumed cigarette 1 packet per day since 5 year, alcohol 1-2 glass since 10 years. General and extraoral examinations appeared non-contributory.

On intra oral clinical examination a uniform solitary cuboidal sessile growth was seen in labial aspect of

vermillion border of lower lip measuring approximately 1.5 X 1.5 cm in diameter with no surface ulceration, erythematous area and pus discharge. Surrounding area appeared to be normal & it impinged while closing the lips. Margins were regular & smooth. On palpation the lesion was tender, mildly firm, non-fluctuant, non-compressible, non-reducible, non-pulsatile, non-translucent. The adjacent mucosa is normal and the patient oral hygiene was appeared to be poor. Based on the clinical appearance and the lesion's history, the differential diagnosis included mucocele, giant cell fibroma, papilloma, lipoma, granular cell tumor. The lesion was excised under local anaesthesia and hemorrhage control was achieved. Filing the sharp edges of the offending teeth was also done. [Figure 2].

Microscopic examination of the excised specimen revealed a nodular mass of fibrous connective tissue covered by stratified squamous epithelium. The connective tissue is usually dense and collagenized. The lesion is not encapsulated and the collagen bundles may be arranged in a radiating, circular or haphazard fashion. The covering epithelium shows atrophy of the rete ridges and the surface may exhibit hyperkeratosis. Scattered lymphocytes and plasma cells may be seen, most often beneath the epithelial surface [Figure 3].

No postoperative complications were present and the surgical site appeared to have healed well. The patient presented for follow-up examination seven days, fifteen days and two years postoperatively [Figure 4]. There was no evidence of recurrence of the lesion and the patient had no complaints pertaining to the lesion.

FIGURE LEGEND:

Figure 1: A growth in the vermillion border of lower lip

Figure 2: Surgical excision of lesion followed by suture placed.

Figure 3: Histopathologic picture showing proliferation of fibroblasts and deposition of collagen fibers in short and cluttered beams

Figure 4: Follow up after 7 days



Figure 1



Figure 2

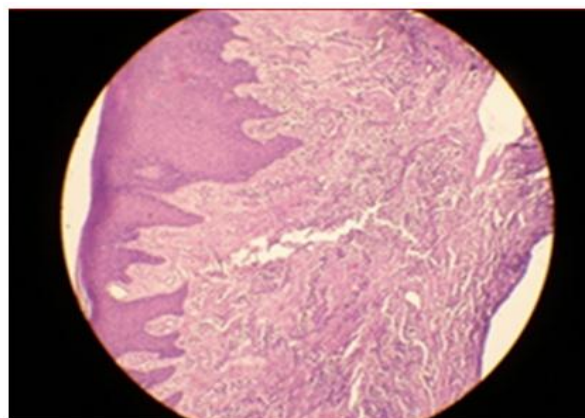


Figure 3



Figure 4

DISCUSSION

Traumatic fibroma is most common in the third to fifth decades of life.^[2] In the present case, the patient is a thirty three year old male. Although irritation fibroma can occur anywhere in the mouth, the buccal mucosa along the bite line is the most common sites, however in the present case the fibroma is in the vermillion border of lower lip, which is rare. This inflammatory hyperplasia is the most common oral mucosal mass submitted for biopsy and is usually composed of Types I and III collagen. It is a reactive hyperplasia of fibrous connective tissue in response to local irritation or

trauma.^[3, 6] Studies on the mean sizes of the different benign tumors have found that the largest of them were lipomas; while on the other hand, the smallest were the fibromas and papillomas.^[7,8] Traumatic fibromas have no malignant potential.^[9,10] Multiple fibromas are seen in conditions like familial fibromatosis, fibrotic papillary hyperplasia of the palate, tuberous sclerosis, or multiple hamartoma syndromes (Cowden syndrome).^[11] The irritation fibroma is usually treated by conservative surgical excision, electro surgery or soft tissue laser. In the present case surgical excision was the treatment done. Abdul hamed and Merry in their study proved that diode laser provides a marked clinical improvement in excision of soft tissue oral lesions including traumatic fibroma, without the need for surgical intervention.^[12]

CONCLUSION

The great majority of soft tissue masses of the oral mucosa are considered to be reactive rather than neoplastic in nature. These benign reactive proliferations are much more common in the mouth than the other parts of body, because of the tendency of mucosa to get traumatized by sharp, hard teeth and prosthetic appliances. The differential diagnosis of irritation fibroma is based mainly on the location of the soft tissue swelling and the final diagnosis should be always based on histopathological examination.

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