

IRRITATIONAL FIBROMA OF GINGIVA: A CASE REPORT

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ABSTRACT

Irritational fibroma is a reactive lesion that is among the most common oral soft -tissue lesions, caused due to local trauma or irritation by plaque, calculus, malocclusion, overhanging margins and restorations. It is most commonly seen on buccal mucosa along the line of occlusion and in the maxillary anterior gingiva. The consistency of the lesion is usually soft to firm with a colour usually similar to that of the surrounding mucosa. This report presents a case of irritational fibroma of the gingiva in a 25-year-old female patient.

KEYWORDS: Irritational fibroma, trauma, gingiva.

INTRODUCTION

Irritational fibroma is a common, slow-growing, benign, soft-tissue tumour, often seen associated with trauma and constant irritation. It is usually asymptomatic and presents as a painless mass with gradual increase in size. It might become painful, when it comes in the line of occlusion or when it is subjected to secondary trauma. There are no significant complications associated due to irritational fibroma. It usually shows excellent prognosis with infrequent recurrence after a conservative surgical excision and complete elimination of the source of irritation.^[1]

CASE REPORT

A 25-year-old female patient reported with the chief complaint of growth in the gums in the upper front teeth

region in the last four months. History of presenting illness revealed that, growth gradually increased in size and was associated with a mild, localized pain on the gingiva of the involved tooth for one month. Her past dental, medical, and drug history were not significant. On intraoral soft tissue examination, a solitary gingival overgrowth was evident with respect to the 13 tooth region, extending from the distal aspect of 11 to nearly 10mm beyond the distal aspect of 13 mediolaterally and from cervical third to incisal third of 13 superoinferiorly. The growth was whitish-red to pink in colour, roughly oval, measuring 1.5 x 1.3 x 0.9cms. It was multinodular in appearance, having a sessile base and was non-tender and firm in consistency. The associated canine, 13 was palatally placed and the deciduous canine was retained (**Fig.1 a, b**).



Fig. 1: a, b: pre-operative view.

After a local anaesthesia, surgical excision of the lesion was performed with no. 11 and 15 B. P. blades (**Fig.2**)

and the excised specimen measured about 9x9mm (**Fig.3**).

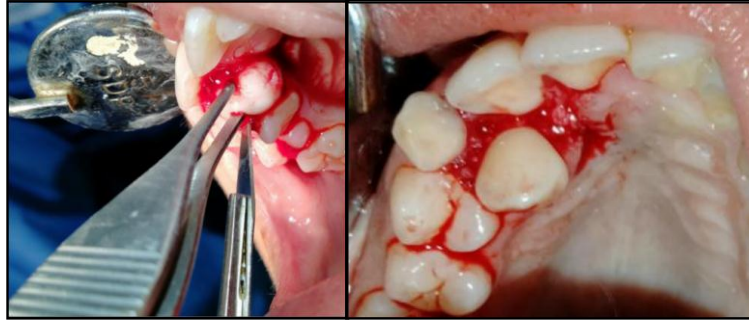


Fig. 2: Surgical excision of the lesion.

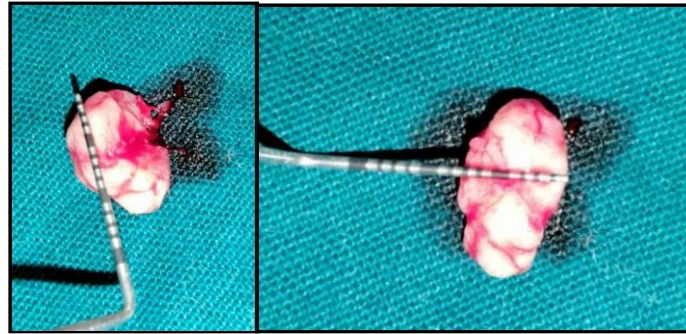


Fig. 3: Excised lesion.

Excised specimen was then sent for the histopathological examination. The histopathological report revealed, inflamed fibro-cellular connective tissue intermixed with myxoid areas. Inflammatory component showed focal aggregates and diffuse distribution of lymphocytes, plasma cells and mast cells. The overlying epithelium showed features of hyperplasia. Based on the clinical features and histological findings, a final diagnosis of “*Irritational Fibroma*” was made.

Patient was recalled at one week, two weeks, one month and three months following the procedure for evaluation, during which there was a satisfactory healing noted in the area, with no signs of recurrence (Fig. 4, 5). Patient was further referred for the management of malocclusion of teeth.



Fig. 4: post-operative view after two weeks.



Fig. 5: post-operative view after three months.

DISCUSSION

Irritational fibroma can also be termed as *traumatic fibroma* or *focal fibrous hyperplasia*.^[2,3] It occurs more commonly in females than in males, between the third

and fourth decade of life. The high female predilection might suggest a hormonal influence. It is found to be more frequent in maxilla than the mandible and more

often in the incisor cuspid region, ranging between 55-62%.^[4]

As the oral mucosa is constantly under the influence of various internal and external stimuli, a low-grade irritation/injury, such as chewing, food impaction, calculus, malocclusion, iatrogenic factors like fractured teeth and overhanging restorations, may cause irritation to the gingiva.^[5,6,7] Irritational fibroma that develops due to injury, constitutes about 7.4% of oral soft-tissue lesions.^[8,9] In the present case, retained deciduous teeth and the constant trauma to the palatal gingiva due to crowding of the teeth or malocclusion, could be the possible etiologic factor for the fibroma. Differential diagnosis includes pyogenic granuloma, peripheral ossifying fibroma, and peripheral giant-cell granuloma, which may also arise as a result of irritation due to plaque and other local irritants.^[10]

Management of this usually includes scaling and root planing and surgical excision. Any other irritants such as an ill-fitting dental prosthesis and high restoration should also be removed.^[11,12] Recurrence is rare and may be caused by repetitive trauma at the same site.^[13]

CONCLUSION

Irritational fibroma is one of the most common oral soft-tissue lesion which can be confused with similar other pathologies such as peripheral giant-cell granuloma and pyogenic granuloma. Therefore, thorough history and clinical and histological examination must be carried out to arrive at a definitive diagnosis. Furthermore, awareness of the incidence and description of these lesions can help the clinicians to make a better diagnosis and offer optimal treatment.^[1]

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