ejpmr, 2024, 11(5), 677-679

SJIF Impact Factor 7.065

EUROPEAN JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.ejpmr.com

Case Study

ISSN 2394-3211

EJPMR

REMOVAL OF ORAL INFURIATION – A CASE REPORT

Dr. Kshitija Deshmukh*, Dr. Mona Shah, Dr. Vishnu Maske

India.

***Corresponding Author: Dr. Kshitija Deshmukh**

India.

Article Received on 29/03/2024 **Article Revised on 18/04/2024** **Article Accepted on 08/05/2024**

ABSTRACT

Fibroma is a benign tumor of oral cavity. A traumatic fibroma most frequently occurs on the inside of the cheek. Common locations are inside of the lower lip, the gingiva and the sides of the tongue. In this case we report a traumatic fibroma associated with left buccal mucosa and treated with conventional scalpel technique. The sample was sent for histopathological evaluation & patient reviewed at 1st week and 12th week postoperatively and revealed complete satisfactory healing and no recurrence. The case demonstrates the need for awareness, and role of biopsy and histologic evaluation in management if this type of reactive lesion, as long-standing lesion in presence of chronic irritation may convert into malignancy.

KEYWORDS: Common locations are inside of the lower lip, the gingiva and the sides of the tongue.

INTRODUCTION

A local response of tissue to injury is characterized by an increase in the size of consistent cells in a tissue or an organ, leading to an inflammatory hyperplastic lesion. In response to these local irritants or trauma, reactive hyperplasia of fibrous connective tissue occurs, called Fibroma.[3]

Fibroma is a benign neoplasm of fibroblastic origin. Traumatic or irritation fibroma is a healed inflammatory hyperplastic lesion that can involve any age group and any soft tissue site of oral cavity. The most commonly involved oral tissues are buccal mucosa, gingiva and tongue. Traumatic fibroma is a common submucosal response to trauma from teeth or dental prostheses and was first reported in 1846 as fibrous polyp and polypus.[1,2] It is also known as "Irritation fibroma, Focal fibrous hyperplasia, Inflammatory fibrous hyperplasia, Fibrous nodule or Fibroepithelial polyp".[3] Commonly localized soft tissue growths of the oral mucosa are considered to be reactive inflammatory hyperplasia than neoplastic in nature.[4]

CASE REPORT

A 38-year-old female patient was reported in the outpatient department of Periodontology and oral implantology with a chief complaint of nodular overgrowth on the left buccal mucosa opposite to premolar region for the past 3 months. The medical history if patient was non -contributory. The lesion started as a small nodule which gradually increased in size. Patient has no history of pain, bleeding or pus discharge at that site of growth. The patient did not take any medicine for the same.

Intraoral clinical examination shows an exophytic growth present of buccal mucosa on left opposite to the premolars, which was oval in shape measuring approximately 2mm*2mm. (figure 1). The growth was normal in color, resembling color of normal mucosa with a smooth surface texture. On palpation the growth was observed to be peduncaleted, non-tender and firm in consistency. The extraoral examination revealed no abnormality. Based on case history, clinical findings and location of the growth, the provisional diagnosis of Traumatic Fibroma was made. Routine hematological investigation values were in the normal limits.

The area was anesthetized using 2% lidocaine hydrochloride with epinephrine (1:2,00,000). To facilitate the line between the mucosal tissue and the overgrowth the retraction suture technique was used (figure 2). Excision of soft tissue overgrowth was done using bard parker blade no. 15 (figure 3).

To give definitive diagnosis excision biopsy specimen (figure 4) was given to the oral pathology department for histopathological evaluation. Postoperative bleeding was controlled (figure 5). Simple interrupted suture was given. (figure 6)

The H and E-stained section shows a stratified squamous epithelium layer, which is Ortho keratinized and show basilar hyperplasia. The underlying connective tissue is fibro cellular in nature and has dense inflammatory

response. These features are suggestive of inflammatory fibro epithelial hyperplasia.

DISCUSSION

Almost all lesions in the oral cavity that are called fibromas are not true neoplasms. The fibrous epulis, a focal hyperplasia found on gingiva or alveolar mucosa, is often related to chronic irritation. Therefore, many authors preferred these terms to describe the lesion.[4] In the oral cavity, fibroma seems to be the most prevalent benign soft-tissue neoplasm. Fibroma also known as irritation fibroma, traumatic fibroma, focal fibrous hyperplasia. most of the fibromas represent reactive focal fibrous hyperplasia occurred due to trauma or local irritation.[5] They are not true neoplasm, but merely fibrous growth.

There are various etiologies for the trauma and irritation which may lead to fibroma like calculi, overhanging margins & restorations, foreign bodies, chronic sharp tooth cusp biting, and sharp spicules of bones and over extended borders of appliances.[6] Clinically most commonly it is seen on the buccal mucosa along the plane of occlusion, other frequent sites are gingiva, buccal mucosa, tongue, lips and palate.[5] The surface may be traumatized, inflamed and may show superficial ulceration or hyperkeratosis. They occur more frequently in females than in males between third and fourth decade of life, but in our case traumatic fibroma occurred in a 38-year-old male.

Histopathologically, traumatic fibroma can exhibit as an intact or ulcerated stratified squamous epithelium along with shortening and flattening of rete pegs.[4] In this case the histopathological reports show the stratified squamous epithelium layer, which is Ortho keratinized and show basilar hyperplasia. The underlying connective tissue is fibro cellular in nature and has dense inflammatory response. And these are the features of inflammatory fibroepithelial hyperplasia. Cooke[6] observed the greatest number of cases of fibrous hyperplasia's in the fourth decade whereas Darlington, found the greatest number in the third decade.[7]

The choice of treatment of traumatic fibroma or focal inflammatory hyperplasia as the case may be, is conventional surgical excision. In order to prevent the recurrence, any defective restoration, open contact, and trauma in forms of parafunctional habits should also be addressed and treated in addition to removal of fibroma.

CONCLUSION

Oral cavity is an ideal niche for manifestation of various reactive soft tissue overgrowths which poses a diagnostic dilemma due to their similar clinical presentations. Continuous trauma and irritation are the main etiological factors associated with this; therefore, it is also important to manage the source of the irritation and then is treated by conservative surgical excision.[7] Irritational fibroma has various differential diagnosis such as peripheral giant cell granuloma, ossifying fibroma, giant cell fibroma etc. So proper histopathologic investigation and radiographic evaluation are necessary for exact and final diagnosis.

Figure 1: Preoperative Intraoral View.

Figure 2: Retraction Suture Used.

Figure 3: Excision.

Figure 4: Biopsy Specimen.

Figure 5: Postoperative View.

Figure 6: Suture Given.

Figure 7: After 1 Week.

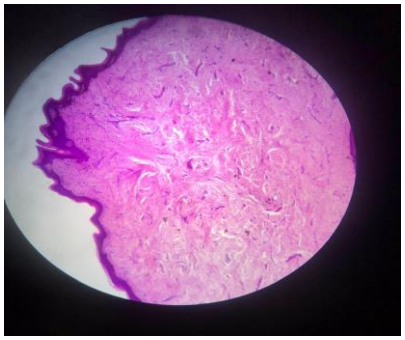

Figure 8: Histopathologic Appearance.

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