Case Report

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"STEROTYPED OR EGREGIOUS" A CASE REPORT OF FIBROEPITHELIAL POLYP

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ABSTRACT:

Fibroma or fibroid tumors or fibrinoids are benign tumors that are composed of fibrous or fully developed connective tissue. These can occur anywhere in the body and do not require treatment or removal. Fibro-epithelial hyperplasia is a histological variant of fibroma and a proliferative fibrous lesion of the gingival tissue that causes esthetic and functional problems. Similar to fibroma they may arise anywhere on the oral cavity, but more commonly seen in gingiva, tongue and lip. They are small and generally painless. They rarely continue to grow, unlike fibroma and papillomas, which have similar clinical features. They may be single or multiple and treatment includes excision.

Key words: Fibroma, Fibroid tumors, Fibrinoids, Benign tumors, Fibro epithelial hyperplasia, Papillomas.

INTRODUCTION:

Oral cavity is constantly subjected to external and internal stimuli and therefore presents with a spectrum of diseases that range from developmental, reactive and inflammatory to neoplastic.[1, 2] These lesions can range from being generalized to ones restricted to the site. Reactive lesions of the gingiva are clinically and histologically non-neoplastic nodular swellings that develop in response to chronic and recurrent tissue injury which stimulates an exuberant or excessive tissue response [3,4,5,6,7].They may present as pyogenic granuloma, fibrous epulis, peripheral giant cell granuloma, fibro epithelial polyp, peripheral ossifying fibroma, giant cell fibroma, and pregnancy epulis. Such reactive lesions are less commonly present in other intraoral sites such as cheek, tongue, palate and floor of the mouth but very frequently present in relation to the gingiva [5,6,7]. Clinically, these reactive lesions often present diagnostic challenges because they appear similar. But they possess distinct histo-pathological features [6,7, 8]. Fibroma of the oral mucosa is the most common benign "tumor" of oral cavity. It is a neoplasm derived from fibrous connective tissues.

This contemporary article deals with the management of a case of fibro-epithelial polyp.

CASE DETAIL:

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A 19 year old male presented to the Department of Periodontics with a chief complaint of swelling in the lower right front teeth region since 1 month. The growth was painless and bled on mastication and brushing. It was well-defined, smooth, pedunculated growth measuring about 1.4x 1.3cm present in mandibular anterior region in relation with 42 and 43 (Figure-1). In addition to the above, it was soft in consistency, pale pink in color and unattached to underlying mucosa. Apart from the features mentioned above, there were no other significant signs and symptoms or any associated syndromes. Radiographs revealed no significant bone loss and the patient's blood profile was within normal range. Initial phase-I treatment was planned for the patient that included through scaling and root planing. Patient was kept on regular recalls and oral hygiene instructions were reinforced.

After oral prophylaxis surgery was planned; crevicular incision was given in relation to distal aspect of 42 extending to mesial aspect of 43. The incisions were extended to the lingual interdental papilla of 42 and 43. Then the growth was excised along with the stalk. The area was curetted and examined carefully for any remnants. A tin foil was placed in interdental are of 42 and 43 and periodontal dressing was placed. Since healing was expected to take place by secondary intention the periodontal dressing was changed after a week and was kept in the affected area for 15 days.

The periodontal dressing was removed after 15 days and the surgical site regained its normal anatomy with no inadvertent recession. No recurrence was noted in this particular case and the patient was kept on regular recalls.

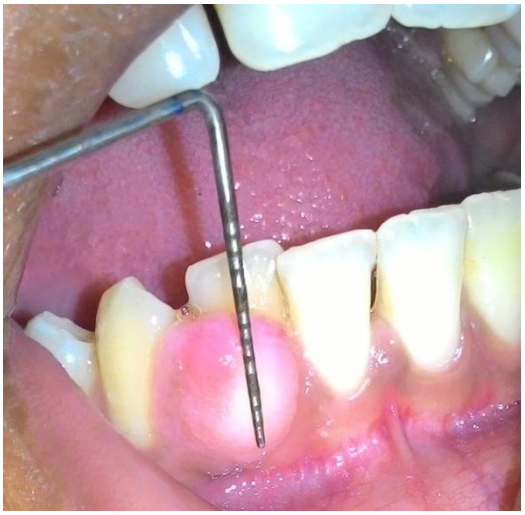

FIGURE-1 showing the size and extent of the growth

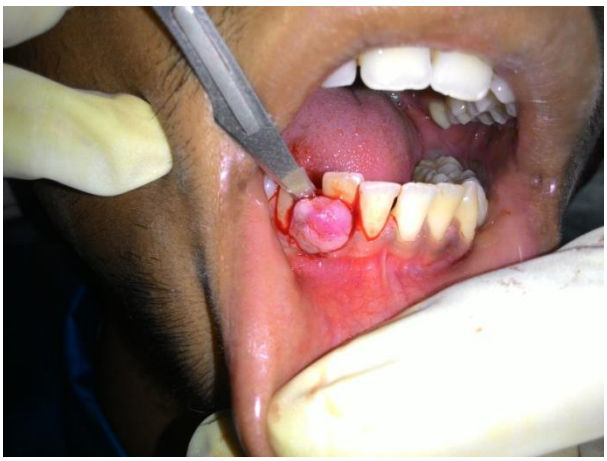

FIGURE-2 depicting crevicular incision

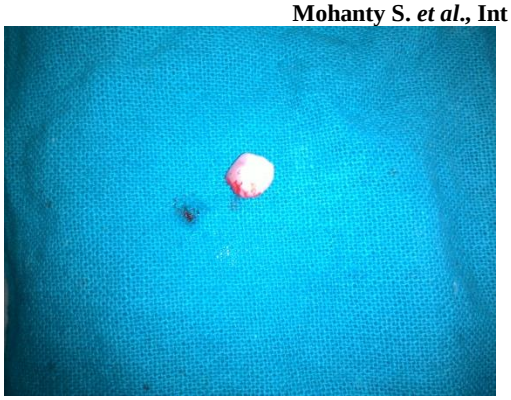

FIGURE-3 excised tissue

FIGURE-4 healing of the site after 15days

DISCUSSION:

As seen in many case reports fibro epithelial polyps are formed as a result of irritation and they are not true neoplasm, rather considered as mere fibrous overgrowths. Fibroma occurs as a result of a chronic repair process that includes granulation tissue and scar formation resulting in a fibrous submucosal mass.[9] The traumatic irritants include calculi, overhanging margins, restorations, foreign bodies, chronic biting, margins of caries and sharp spicules of bones and over extended borders of appliances.[9] Axell encountered prevalence of 3.25% for fibroma in the adult Swedish population. They rarely occur before fourth decade and show no preference for either sex.[10] But the present case report shows variation in the age predilection as the affected male was in his second decade. They occur more frequently in buccal mucosa, labial mucosa and tongue in this particular case it is found to be in the marginal gingiva. Clinically, they appear as broad-based lesions, lighter in color than the surrounding normal tissue, with the surface often appearing white because of hyperkeratosis or with surface ulceration caused by secondary trauma. The growth potential of fibroma does not exceed 10-20 mm in diameter.[11]

The clinical features of fibro epithelial polyp are not unique and the differentiation of these lesions should be made from peripheral ossifying fibroma, pyogenic granuloma or peripheral giant cell granuloma. The fibro epithelial polyp and peripheral ossifying fibroma both appear pale, firm and non-tender. However, peripheral ossifying fibroma appears exclusively on gingiva, and they may be firmer to palpate because of calcified material in the stroma.[12, 13] In additions they have the tendency to displace the adjacent teeth. The pyogenic granuloma and peripheral giant cell granuloma generally appear more vascular and may bleed when palpated or probed.[13] Lipoma might be considered as differential diagnosis in this particular case but it is rarely seen in the oral cavity in addition to the above its pale yellow color and slippage on palpation excludes it from inclusion in this particular case.

The differential diagnosis of fibro epithelial polyp in this particular case is based primarily on the location of the soft tissue swelling. If it is present on the tongue, the possibility of neurofibroma, neurilemmoma or granular cell tumor must be considered. Fibro epithelial polyp does not pose a risk for malignancy. Recurrences rates are thin and are mostly caused by repetitive trauma at the same site. It can be treated by conservative surgical excision. Other protocols have also been proposed like the use of electrocautery, Nd: YAG laser, flash lamp pulsed dye laser, cryosurgery, and intralesional injection of ethanol or corticosteroids or sodium tetradecyl sulfate sclerotherapy. However, it is important to submit the excised tissue for microscopic examination because other benign or malignant tumors can also mimic the clinical appearance of a fibroma.[14]

CONCLUSION:

Reactive lesions can perplex dental practitioners due to their similar clinical presentation. In this particular case the presence of the lesion and its sudden growth to the present size posed difficulty to the subject while mastication, brushing etc, in addition to it the location of the lesion also caused an unaesthetic and unpleasant appearance. Thus conservative treatment was planned and complete excision and histopathological examination was carried out to rule out any other pathologies. The chances of recurrence is very common in these cases which was managed well in this particular case by didn't of complete removal of the growth along with its stalk.

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