

Irritational Fibroma- A Case Report

¹Dr. K. Naresh, MDS, Senior Lecturer, Department of Periodontics, Tirumala Institute of Dental sciences, Nizamabad, Telangana.

²Dr. K. Rajashekar, MDS, Riya Dental Care, Ramanthapur, Hyderabad, Telangana.

³Dr.S.Gangaraju, MDS, Senior Lecturer, Department of Endodontics, Meghana Dental College, Nizamabad.

Corresponding Author: Dr. K. Naresh, MDS, Senior Lecturer, Department of Periodontics, Tirumala Institute of Dental sciences, Nizamabad, Telangana.

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Abstract

Traumatic or irritation fibroma is a benign exophytic oral lesion that develops secondary to tissue. It is the benign reactive lesion, and the treatment of choice is surgical excision. Here is a case of Irritational fibroma on buccal mucosa of cheek which was managed by surgical excision.

Keywords: Traumatic fibroma; Irritation fibroma; Hyperplasia

Introduction

Irritational Fibroma or Traumatic Fibroma is considered the most common benign growth in the oral cavity¹. They may arise from the gingival connective tissue or from the periodontal ligament.1. Gingival lesions are also common, although at gingiva they are a result of chronic infection rather than trauma.²

Inflammatory hyperplastic lesion is defined as an increase in the size of an organ or tissue due to a local response of tissue to injury or an increase in the number of constituent

cells. These traumatic irritants include calculi, foreign bodies, overhanging margins, restorations, margins of caries, chronic biting, sharp spicules of bones, and overextended borders of appliances.

Fibroma, a benign neoplasm of fibroblastic origin, is reactive in nature and represents a reactive hyperplasia of fibrous connective tissue in response to local irritation or trauma rather than being a true neoplasm.³

It is characterized by a slow, painless growth accumulated over a period of months or years⁴. Clinically, the growth is localized, with a smooth surface and a hard consistency usually with normal colored mucosa, sessile, or pedunculated base.⁵

In the present case report, the benign lesion is posteriorly positioned in the buccal mucosa of cheek near to maxillary 3rd molar region.

Case Report

A 40 year old female patient visited private dental clinic in Hyderabad, Telangana with the chief complaint of pain

and swelling in the buccal mucosa of cheek in the left upper back tooth region for 1 year(Fig 1). On intraoral examination, the patient was found to have a well circumscribed, smooth surface, tender and firm in consistency, and lobulated pink swelling measuring 2×2 cm in its greatest diameter in relation to buccal mucosa near left 3rd maxillary molar region.

After phase 1 therapy, surgical excision of the fibroma was planned with the surgical scalpel technique. Topical anesthetic agents (2% lignocaine hydrochloride and 1:80,000 adrenaline) was applied to the surgical site and local anesthetic infiltration was administered. After anesthesia was found to be effective, surgical excision of irritational fibroma was done by using Blade no. 15 with Bard Parker handle(Fig 2&3).

Sutures were placed(Fig4). Postsurgical instructions were given, and antibiotic capsule amoxicillin (500 mg) thrice a day for 5 days and nonsteroidal anti-inflammatory drug paracetamol thrice a day for 3 days were prescribed to prevent postoperative infection and pain.

However, swelling and pain were present on the 1st postoperative day, which subsided with the continuation of medication. The postoperative period was uneventful with no delayed hemorrhage. Patient recalled after 1 week for suture removal and post-surgical evaluation.



Fig. 2: While performing surgical excision



Fig. 3: After removal of the lesion

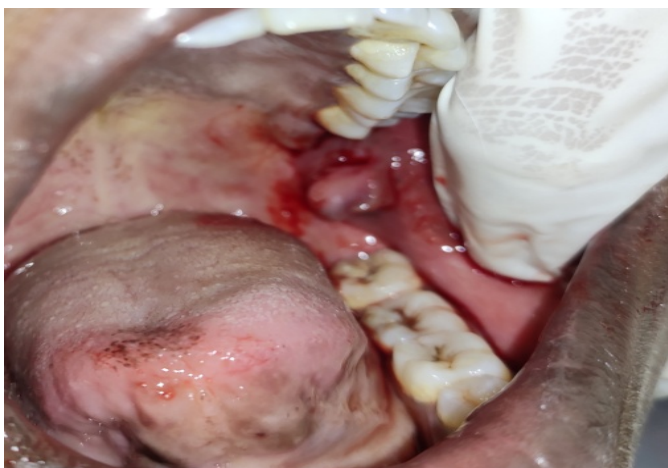


Fig. 1: Preoperative irritational fibroma

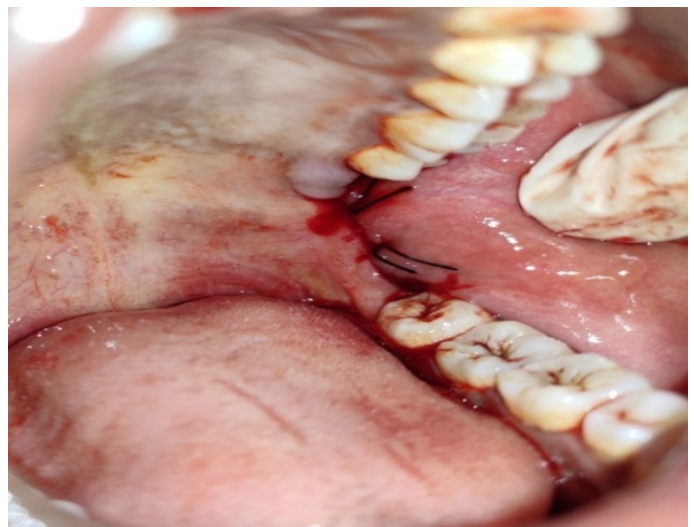


Fig. 4: After suturing

Discussion

Localized fibrous tissue overgrowths are very common in the oral mucosa. The etiology of an irritational fibroma is usually a source of irritation. These lesions often present as a diagnostic challenge. Within these lesions, a group of reactive hyperplasia that develop in response to a chronic, recurring tissue injury stimulates an exuberant or excessive tissue repair response⁶. Reactive gingival lesions have been classified into pyogenic granuloma, peripheral giant cell granuloma, fibrous hyperplasia, and peripheral fibroma with calcification by Kfir et al.⁷

Histologically, these lesions vary from granulation tissue to mature scar-like tissue, depending on age and vascularity. Lesions are collagenous and composed of mature fibrous tissue with prominent vascular pattern. Epithelial changes also correlate with the lesion's age and degree of inflammation.

Fibroepithelial hyperplasias, when inflamed, are covered by uniformly hyperplastic epithelium, with arcading rete pattern when ulcerated. The formulation of a differential diagnosis requires identification of any reactive hyperplastic gingival lesion to enable accurate patient evaluation and management. It is important to differentiate these lesions clinically and histologically from precancerous, developmental, and neoplastic lesions.

Differential diagnoses include gingival non-Hodgkin's lymphoma angiosarcomas, metastatic tumors in the oral cavity, Kaposi's sarcoma, and hemangioma.⁸ In the present case series, patients did not reveal any specific history of trauma to oral mucosa. Clinical findings suggest that occlusal forces might be the cause of traumatic fibroma in these cases

The treatment of irritation fibroma consists of elimination of etiological factors, scaling of adjacent teeth, and total aggressive surgical excision along with involved periodontal ligament and periosteum to minimize the

possibility of recurrence. Any identifiable such as an ill-fitting dental appliance, root stumps, and rough restoration should be removed.

Long-term postoperative follow-up is extremely important because of the high growth potential of incompletely removed lesion which is 8%–20%.⁹

Conclusion

Fibroma in most cases is self-limiting and benign conditions, diagnosed based on clinical and pathological examination. Swellings arising in the soft tissue should be diagnosed clinically and histopathologically to arrive at a definitive diagnosis. Complete excision has been the choice of treatment. Removal of source of trauma or irritation remains important to prevent the recurrence of the lesions and post-operative follow up is required considering the chances of recurrence.

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