Irritational Fibroma: A Case Report

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ABSTRACT

Irritational fibroma is a lesion of reactive nature afflicting gingival with idiopathic etiology. This paper reports a case of Irritation fibroma in a 17- year -old female in relation to the lower front tooth region. On basis of histological evaluation diagnosis made by fibroma and excisional biopsy was taken.

KEYWORDS: Irritational fibroma, Epulis

INTRODUCTION

In oral cavities most frequently found overgrowths are local benign. Different types of reactive lesions may occur on gingival.[1-3] The etiological factors for these lesion can be impute to the irritants like plaque, calculus, overhanging margins and restorations.[3,4] Irritational fibroma represents a reactive focal fibrous hyperplasia due to trauma or local irritation.[5,6] Here we are presenting case of Irritation fibroma in a 17- year- old female in mandibular anterior region.

CASE REPORT

With The chief complaint of bleeding from gums in mandibular anterior region from past 6-7 months back a 17-year-old female patient reported to the out patient department with not any relevant medical history reported .The lesion was gradually increased in size with no history of bleeding and pain. Intra-oral clinical examination revealed a pedunclated firm in consistency and well defined growth in relation to 31,32 and 33 on the buccal side, measuring approximately 1.5 x 1 cm in diameter, extending from distal surface of 31 to mesial surface of 33, upper border covers the middle third level of 31,32 and lower extension till vestibule (Fig 1).

On basis of histological evaluation and clinical symptoms provisional diagnosis made was irritational fibroma. Differential diagnosis was given included the following chronic fibrous epulis,osteosarcoma and pyogenic granuloma.[6]

A complete haematological investigation, radiograph (IOPA) and biopsy(excision) were included (Fig 2). Intra operative and post operative figures have been mentioned in Figure 3-6. No positive findings were found related to alveolar bone loss were seen. Under local anaesthesia biopsy (excisional) was performed and analysed under microscope. Different sizes of multiple foci of same calcified areas within connective tissue were found. Thus, irritational fibroma was given as final diagnosis for lesion.

The overlying mucosa was found to be normal in color and showed no vascular markings. The mass was pedunclated firm in nature,non tender and non pulsating .

Figure 1- Pre operative

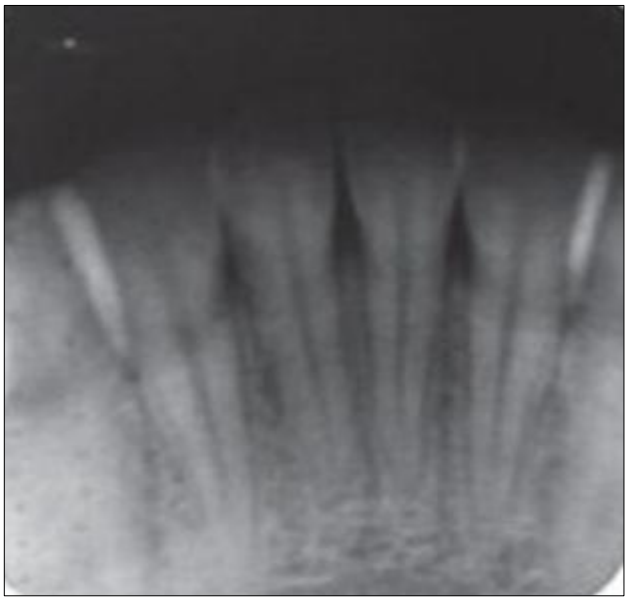

Figure 2- IOPA irt 31,32,33,41,42

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Figure 3- Intra operative

Figure 4- Immediate post op

Figure 5- 2 week post operative

Figure 6- 3 months post op

DISCUSSION

The "inflammatory hyperplasia" is non specific term used to appreciate nodular growths of the oral mucosa that histologically shows inflammed granulation tissue.[3,5,6] Epulis is often referred to a similar lesion on the gingival and size of these masses (hyperplastic) may be smaller or larger ,which depend on components of inflammatory reaction and response of healing are overemphasized in particular lesion.[3,7] Different synonyms for irritational fibroma are focal fibrous hyperplasia[6] or fibromatosis fibroma. [7] In between third and fourth decade of life it occur more commonly in females than in males . As in our case report we are presenting a case of 17-year-old female. The high female predilection and a peak occurrence in the first and second decade and declining incidence after the third decade of life suggested hormonal influences.

The frequency of irritational fibromas is found to be more in maxilla than the mandible and more often in incisor cuspid region,ranging between 55-62%.[8] In our case, lesion was present in relation to 31,32,33 tooth region . Diameter of these lesions usually measures less than 1.5cm and more than 3 cm in rare cases. In very few cases lesions of 6 cm and 9 cm have also been reported. The surface of lesion may be ulcerated in 66% of cases and intact in 34% of cases.[9] In our case diameter of lesion was 1.5 cm x 1 cm in diameter. The lesion represent various stages of fibroma with ossification . However, ossification or calcification may not be present in all such cases, particularly in early stages of growth of lesion.[9]

Bone formation or dystrophic calcification may be seen with foci of radiopaque material,especially in large lesions or lesion with veraciously mineralization. Fibroma can produce interdental destruction of bone with migration of teeth.[9]

Histopathologically, irritational fibroma can seen as an stratified squamous epithelium which can be intact or ulcerated along with atrophy(Figure 7).

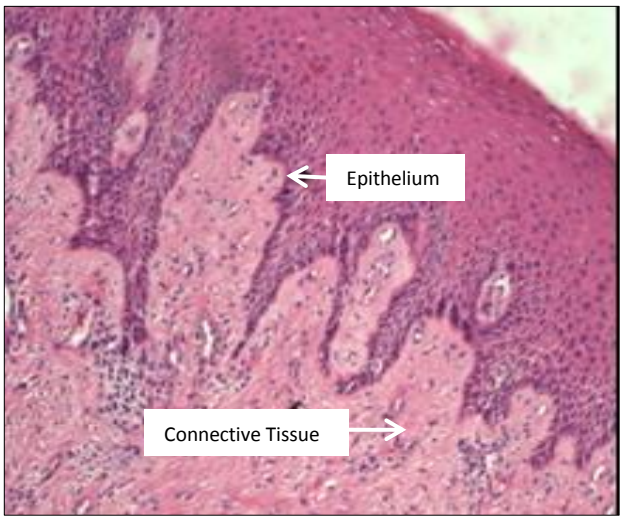

Figure 7- Histologucal Picture of Irritational Fibroma

Treatment includes Scaling and Root Planing and excision(surgical) of lesion with totally removal of involved periodontal ligament and periosteum to minimize recurrence rate of lesion. Any other irritants such as an ill-fitting of dental appliance and high restoration should be removed.[10] Long-term follow-up is important for these types of cases because of the high growth potential of incompletely removed lesions.

CONCLUSION

Irritational fibroma clinically resembles with other lesions named as pyogenic granuloma and peripheral giant cell granuloma .so proper histhopathologic investigation and radiographic evaluation are necessary for accurate and final diagnosis.

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