Traumatic Fibroma - A Rare Soft Tissue Entity in a Paediatric Patient

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ABSTRACT

Traumatic injuries are very common in children below 12 years. Trauma to the soft tissue like lips can lead to entity like traumatic fibroma, which can be effortlessly treated without complications, if intercepted an at early stage. The present case report highlights the surgical management of this rare soft tissue entity.

KEYWORDS: Fibroma, Traumatic Fibroma, Paediatric Patient

INTRODUCTION

A general soft tissue reaction to strain from tooth/teeth or dental prostheses was first reported in 1846 as fibrous polyp and polypus. It is currently also known as Irritation fibroma, Traumatic fibroma, Peripheral fibroma, Focal fibrous hyperplasia, Inflammatory fibrous hyperplasia, Fibrous lump, or Fibroepithelial polyp.[1] The fibroma, is the common oral fibrous tumor resembling growth.[2] Traumatic fibroma is a local reactive growth and proliferation of mucosa of the oral cavity in retort to injury or irritation.[3]

CASE REPORT

A 3 years old female reported to the Department of Paediatric and Preventive Dentistry with the chief complaint of a painless enlargement on the right side of lower lip opposing the crown of 83 since 5 months. Detail history revealed that the patient had a history of trauma to the lower lip 5 months ago. The growth gradually increased in size since its inception to the noticeable current state which made parents report. No history of lip biting habit or any other habit was reported by parents.

On intra-oral examination, a pale pink, solitary, well-defined, pedunculated, non-tender mass was present on the labial mucosa of the lower lip adjacent to tooth number 83 (Fig 1). The soft tissue growth was 0.5cm x 0.5cm x 0.5 cm in dimensions and was superficially present on the inner aspect of the labial mucosa of the lower lip. The growth was firm in consistency. On extra-oral examination, the regional lymph nodes were not palpable, and no abnormalities were detected. The growth interfered the normal functioning of chewing since 10 - 15 days.

Figure 1: Soft tissue growth

The line of treatment was explained to the parents, and an informed consent was obtained before the surgical procedure. A conservative surgical excision (Fig 2) was carried out, under local anaesthesia following which the wound was sutured (Fig 3). Postoperative healing was uneventful. Recurrence was not reported on follow-up visit after 15 days (Fig 4,5) and one month and three months.

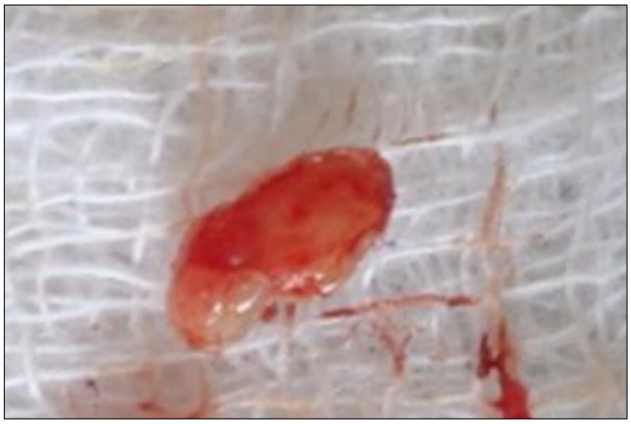

Figure 2: Excised soft tissue specimen

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Figure 3: Sutures post excision

Figure 4: Follow up - 7 days

Figure 5: Follow up - 15 days

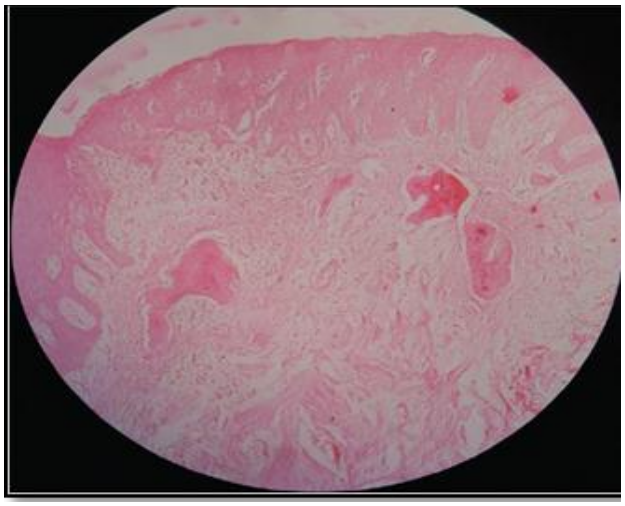

Figure 6: Figure 6: Histopathological section

Post minor surgical procedure the excised soft tissue growth was sent for biopsy. On histopathological examination, (Fig 6) an atrophic stratified squamous parakeratinized epithelium without rete-ridges was seen covering the connective tissue stroma. The connective tissue stroma was collagenous with dense collagen fibres, fibroblasts along with plasma cells and lymphocytes. Based on the microscopic findings a diagnosis of Traumatic Fibroma was made which co-related the clinical findings.

DISCUSSION

Traumatic fibroma generally presents as a non-tender, sessile, round or ovoid growth with a broad base, that is pale in colour than surrounding tissue due to a reduced vascularity. It usually varies in size and is asymptomatic with a 66% of female predilection. It is mostly encountered in fourth to the sixth decade of life and is extremely rare during the first decade of life. [1] The patient reported in the present article is a 3 years old female. Soft tissue lesions in the oral cavity may cause discomfort and distress to a paediatric patient. Traumatic Fibroma or Irritation Fibroma is a consequence of trauma to the lip or cheek or from biting the lip or cheek.[4] It usually presents as an ovoid or round asymptomatic pale pink growth.[5] The only line of treatment is a conservative surgical excision under local anaesthesia followed by sutures for traumatic fibroma.[6] Prognosis of traumatic fibroma is good. Recurrence of traumatic fibroma is rare or uncommon. It may reoccur if the source of trauma is not removed.[3]

CONCLUSION

Fibroma is the most common, benign and self-limiting entity, diagnosed based on clinical and pathological examination. Soft tissue injuries to the oral musculature in children are more common because of trauma to these regions leading to abnormal soft tissue growths. The key to prevention of ill effects of such soft tissue growth is the early education of parents and interception of oral habits by dentists in children. Soft tissue growths and lesions should be diagnosed clinically and histopathologically to arrive at a definitive diagnosis. The patient in the present case had reported with good prognosis and an uneventful post-operative recovery and has been advised with a every three months routine to follow-up

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