Focal fibrous hyperplasia in a young patient – A case report

J. Bhuvaneswarri*, V. Ramya, Preethe Padmanabhan

INTRODUCTION
Fibroma is a benign tumor which is formed due to proliferation of the fibroblast. It occurs most commonly in buccal mucosa of the oral cavity. There are many types of fibroma. Most commonly, it is reported in females than males, especially in the age of the second and third decades. Mostly, these lesions are asymptomatic and the patient generally reports only when there are functional discrepancies.[1-5]

CASE REPORT
A female patient aged 12 years reported to our department with a complaint of painless, swelling in the upper palate maxillary region. The swelling is present in the maxillary 21, 22, and 23 regions; the gingiva appears erythematous in the buccal aspect and in the palatal aspect a painless soft ovoid, sessile, pedunculated swelling which is movable in all direction. It is pale pink in color, with well-defined borders. The growth measured around 1.5–2 mm in size [Figures 1 and 2].

The patient is well built and normal for her age. All the permanent teeth are erupted. Radiographical appearance and hematological findings are within the normal limits.

A surgical excision biopsy is planned and the patient was given local anesthesia using scalpel blade, the overgrowth was excised and the bleeding was controlled. A periodontal pack is placed. The patient is reviewed and the soft tissue healing is satisfactory [Figures 3-5].

On histological examination, it shows stratified squamous epithelium, with rete pegs, no giant cells are seen. The subepithelial lining showed avascular connective tissues. With these findings, it was diagnosed as a fibroma [Figure 6].

DISCUSSION
Inflammatory gingival lesions are commonly found around 90% of cases in the oral cavity. The most common ones are inflammatory fibrous hyperplasia, pyogenic granuloma, peripheral ossifying fibroma, and giant-cell granuloma. Peripheral ossifying fibroma has a high relapsing characteristic. Ossifying fibromas are rare lesions affecting, especially the craniofacial region. They are classified into two types, central and peripheral. The central develops from endosteum or periodontal ligament from radicular apex and grows at the cost of medullary bone expansion. The peripheral type develops in a continuous manner with periodontal ligament, involving only gingival portion.[1,2,6,7,8]

Benign neoplastic lesions due to proliferation of fibrous tissue are often found in oral areas in soft tissues region in the mucous membranes. It can be either reactive growths of fibrous tissue against chronic irritation. A study reported that true fibroid-like tumors in 0.21% represented only 2 of 650 cases among fibroma-like lesions.[3,9-11]
CONCLUSION

It is very difficult to distinguish fibroma; clinically, it can be differentiated through pathological findings. Rigid true fibroma is rich in cellular component and the epithelial structure has flattened cellular layer in true fibroma. Whereas in irritational fibroma, it is rich in collagen fibers which are irregularly arranged and boundaries are not well defined.

REFERENCES

2. Bagheri F, Rahmani S, Azimi S, Taheri JB. Giant Cell Fibroma

Source of support: Nil; Conflict of interest: None Declared