

Clinical Image

Pathological Nagging Nugget of the Oral Cavity – A Case of an Irritation Fibroma

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Received: July 18, 2017; Accepted: July 31, 2017;

Published: August 07, 2017

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A 60-year-old male patient visited our department with the chief complaint of a growth near the lower left anterior teeth region since 1 year. The swelling was insidious in onset and had no associated pain or discomfort. Patient gave no known history of lip biting. His medical history was non-contributory. On clinical examination, the swelling was on the labial mucosa in the region of 33. There was chronic generalized attrition with evident sharp edges in the region (Figure 1A). On inspection, the growth was well-defined, exophytic, lobulated, round, appeared smooth and measured approximately 0.3cm in diameter and height (Figure 1B). Palpation revealed it was firm in consistency, had a pedunculated base, was non-tender and non-compressible, no pulse was felt; temperature was not raised, and was movable over the peduncle. Based on the history, clinical presentation and surrounding etiological factors a diagnosis of irritation fibroma of the lower lip was given. Surgical excision was carried out after blood examination, followed by endodontic treatment of the teeth in need.

Fibroma is a benign tumour of oral cavity, with usually the tongue, gingiva, and buccal mucosa being the most common sites. The intraoral fibroma typically is well demarcated; and its size can vary from millimetres to few centimetres. Intraorally the growth is attached to the mucosa by means of a peduncle [1]. Reactive hyperplastic outgrowths are seen in the oral cavity due to chronic irritation by plaque, calculus, overhanging margins, trauma and dental appliances. Irritation fibroma represents a reactive focal fibrous hyperplasia mainly due to trauma or local irritation [2]. Other causes

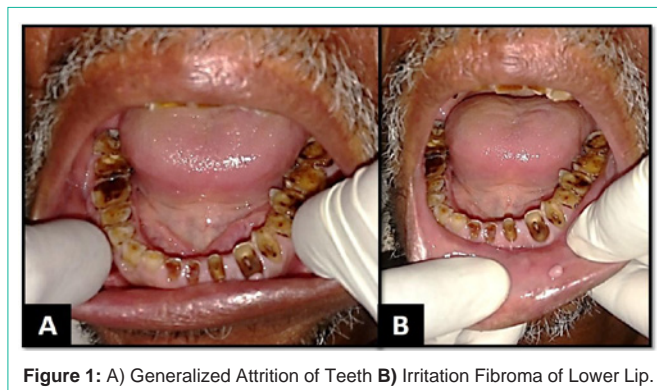


Figure 1: A) Generalized Attrition of Teeth B) Irritation Fibroma of Lower Lip.

include bad oral habits, which when repeated excessively becomes harmful, contributing to associate with alterations in bone growth, dental malposition, and dentofacial abnormalities. Biting, licking, or sucking of lips and cheeks are frequently accompanied by chapping, dryness, erosion, irritation of one of both lips, and/or vermilion borders [3]. 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 irritant such as an ill-fitting dental appliance, rough restoration or sharp cusps should be removed. Long-term postoperative follow-up is extremely important because of the high growth potential of incompletely removed lesion [4].

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