A bizarre presentation of fibroepithelial polyp – A case report

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Abstract
Fibroepithelial polyp is the most common epithelial tumor and a proliferative fibrous lesion that causes esthetic and functional discrepancies. These are commonly present in the buccal mucosa, labial mucosa, and tongue. In this case, the patient had a solitary swelling of size approximately 10 cm extending from the labial to the lingual aspect (in between 42 and 43), up to the floor of the mouth. The lesion was surgically excised and sent for biopsy, which confirmed it to be a fibroepithelial polyp. These types of lesions are commonly traumatic in origin and are difficult for proper diagnosis. They pose practical difficulty for the dentist in treatment planning like any fabrication of prosthetic appliance. Thus, the recurrence of such lesions can be avoided by successful surgical excision by the dentist.

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Introduction
Teeth and their supporting structures along with the oral mucosa are continuously susceptible to various external and internal stimuli as a result of which a gamut of diseases ranging from developmental, reactive, inflammatory, and neoplastic are liable to occur.¹⁻² These diseases are either generalized or localized. Gingival overgrowths cause both functional and esthetic problems in the oral cavity.

Solitary gingival enlargements are the commonly occurring soft-tissue enlargements of the oral cavity. Chronic and repeated tissue injury results in exuberant lesions which are nodular swellings both clinically and histologically. Such lesions are predominantly found involving the gingiva, with less involvement of intraoral sites such as cheek, tongue, palate, and floor of the mouth.³⁻⁴

Fibroepithelial polyp is the most prevalent fibrous enlargement which resembles small round knob-like outgrowths occurring on the mucosa most commonly on the tongue, lips, and cheek along the occlusal line. These polyps are usually firm, pink, either sessile or pedunculated, which are of varying size, measuring few millimeters. They are frequently painless.³

Fibroma, mucocele, giant cell fibroma, peripheral giant cell granuloma and papillomas are often the differential diagnosis as these lesions are clinically similar in appearance to fibroepithelial polyps and can be differentiated with histopathological examination.⁶

This article deals with the management of one such fibroepithelial polyp case.

Case Report
A male patient aged 22 years, reported to the Department of Periodontics, Tagore Dental College and Hospital, with the chief complaint of growth present in the lower jaw for the past 4 months. History of the presenting illness disclosed that the swelling gradually increased in size. History additionally uncoined the presence of discomfort to the patient during mastication but the absence of pain. The dental history revealed the appearance of a similar swelling at the same site, which had been excised. There was recurrence after 6 months. Familial history elicited that all the family members are healthy.

Intraoral examination confirmed a solitary swelling of size approximately 10 cm in relation to the 42 and 43 regions, extending from the labial to the lingual aspect, up to the floor of the mouth [Figure 1]. The swelling was firm, pedunculated in both the labial and the lingual aspects, which had resulted in spacing between 42 and 43 [Figure 1].
Routine oral prophylaxis was done and oral hygiene instructions were given to the patient. The patient was recalled and reviewed a week later after which surgical excision of the lesion was performed. The local anesthetic agent was administered through infiltration and the proliferative lesion, its stalk along with normal tissue was excised with a surgical blade no. 15 [Figure 2], and the tissue was sent for histopathological examination. Bleeding was controlled with pressure packs. The patient was given NSAID to relieve the pain. Post-operative instructions were given.

Histopathology report
Histopathology report revealed that the given soft tissue showed a non-keratotic and parakeratotic hyperplastic stratified squamous epithelium with connective tissue pores. Subepithelial parallel bundle of collagen fibers with fibroblasts and fibrocytes was present. Few budding capillaries lined with endothelial cells were seen. Sparse chronic inflammatory cells were seen. The histopathological diagnosis confirmed the lesion to be a fibroepithelial polyp [Figure 3].

The patient was recalled at regular intervals to assess the excision site for any recurrence. Six months post-operative review was uneventful with no recurrence of the lesion [Figure 4].

Discussion
Focal fibrous hyperplasia is a non-neoplastic proliferative growth, fibrous, therefore, termed as a fibroepithelial polyp or fibrous hyperplasia.[7-9] This commonly occurs due to trauma. The most common etiological irritants are calculi, overhanging margins, restorations, foreign bodies, chronic biting, margins of caries and sharp spicules of bones, and overextended borders of appliances.[10] This case report had an unknown etiology.

The prevalence rate of fibroepithelial polyp is the same among both males and females, the age of occurrence predominates after the fourth decade.[4] In this case report, the patient’s age is 22 and is unusual for the lesion to appear at this age. The most common site of occurrence of these lesions is labial mucosa, lingual mucosa, and tongue,[11,12] whereas in this case, the lesion was present in between the teeth as firm swelling attached to the underlying surface with a stalk, extending from the labial to lingual surface creating diastema.

Apart from irritants which are etiological agents, few drugs have induced fibrohyperplastic gingival overgrowth. Wysocki et al. reported six patients on cyclosporine medication with gingival fibrous hyperplasia.[13] Similarly, Arvio et al. reported gingival overgrowth in patients with aspartylglucosaminuria, a lysosomal storage disorder with the main symptom as progressive mental retardation.[14] In this case report, there was no such drug history.

Figure 1: Clinical presentation of the lesion

Figure 2: Excised lesion

Figure 3: Histopathological features

Figure 4: Six months post-operative view
Conclusion

Such type of lesions plays a challenging role for the dentist in diagnosis due to their resemblance to other such lesions. These lesions are found to be of traumatic origin as per previous literature. They possess a functional, esthetically unpleasing appearance to the patient, difficulty in maintaining oral hygiene, and practical difficulty for a dentist in case of fabrication of any prosthetic appliance. Thus, successful management and proper excision of the lesion to prevent its recurrence is mandatory for the dentist.

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Conflicts of Interest

None.

Informed Consent

The patients consented for the investigation and publication of the case report.

References
