Focal fibrous hyperplasia: A Case Report
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Abstract
Local reactive focal overgrowths are frequently found in the oral cavities. This case report describes a case of focal fibrous hyperplasia which was successfully treated by using surgical excision method.

Key words: Focal Fibrous Hyperplasia; Gingiva; tooth

Introduction
Local reactive focal overgrowths are frequently found in the oral cavities. Different types of localized reactive lesions may occur on the gingiva, including focal fibrous hyperplasia, pyogenic granuloma, peripheral giant cell granuloma and peripheral ossifying fibroma (POF). The causative etiology for this lesion can be attributed to the local irritants like plaque, calculus, overhanging margins, trauma, and dental appliances.

Case Report
A 24 year old female reported to the department of Periodontics, Pacific Dental College and Hospital, Udaipur with a chief complaint of pain and swelling in the upper left front teeth region. Medical history of the patient revealed no systemic illness or pregnancy. History reveals that the intra oral swelling had been present since past 1 year and was not increasing in size for last 6 months. The patient complains that the lump was interfering chewing and was uncomfortable. Due to bleeding from gum the patient stopped brushing for last 4 months and halitosis present

Clinical examination of the patient revealed an exophytic, lobulated rhomboidal growth with irregular surface (Figure 1) which measured approximately 2 cm in height, 2 cm in anterior-posterior direction starting from the distal surface of upper left central incisor to the mesial surface of the upper left canine. The lesion measured about 6 mm facio-palatally covering the distal third incisal edge of the lateral incisor and the tip of the canine interfering with the occlusion.

The colour of the lesion appeared reddish pink with scattered white patches within. The lesion had a pedunculated base between the lateral incisor and canine. The lesion was not tender on palpation and had a firm consistency. The oral hygiene of the patient was poor considering the amount of plaque and calculus present. Occlusal analysis revealed anterior open bite. Radiographic analysis was within normal limits with no finding related to the lesion. Considering the amount of local irritants and the negative pregnancy history it was diagnosed as irritational fibroma and it was finally decided to perform excisional biopsy. Preoperative full mouth oral prophylaxis was performed before excision of the lesion.

Discussion
The term “inflammatory hyperplasia” is used to describe a large range of commonly occurring nodular growths of the oral mucosa that histologically represent inflamed fibrous and granulation tissue. The size of these reactive hyperplastic masses may be greater or lesser, depending on the degree to which one or more of
the components of the inflammatory reaction and healing response are exaggerated in the particular lesion. On the gingiva, a similar lesion is often referred to as an epulis (4, 5). Focal fibrous hyperplasia is also known as irritational fibroma, oral fibroma or as fibromatosis fibrosa. It is a connective tumor and is the most common benign soft tissue neoplasm occurring in the oral cavity. Most fibromas represent reactive focal fibrous hyperplasia due to trauma or local irritation. Although the term focal fibrous hyperplasia more accurately describes the clinical appearance and pathogenesis of this entity, it is not commonly used. It is intimately related to fibrous hyperplasia and in many instances is histologically indistinguishable from it. A fibroma may occur at any oral cavity, most commonly seen on buccal mucosa along the plane of occlusion. Other frequent sites are gingiva, buccal mucosa, tongue, lip and palate. It is nearly always a well-defined lesion slowly growing lesion that occurs at any age but it is most common in third, fourth and fifth decade. Females are affected twice as frequently as male. The differential diagnosis of fibrous inflammatory hyperplasia should include consideration of the possibility that the lesion is a true papilloma (a cauliflower-like mass made up of multiple fingerlike projections of stratified squamous epithelium with a central core of vascular connective tissue) or a small verrucous carcinoma(6). Other differential diagnosis includes giant cell fibroma, neurofibroma, peripheral giant cell granuloma, mucocele, benign and malignant salivary gland tumor. Areas of diffuse or focal calcification or even ossification are found in some fibromas chiefly those occurring on gingival and these lesions sometimes be called peripheral ossifying fibroma, ossifying fibroadenoma, peripheral cementifying fibroma or peripheral odontogenic fibroma(7). Sometimes similar lesion is referred to be as pregnancy epulis or pyogenic granuloma when associated with pregnancy(3).

Conclusion
Focal fibrous hyperplasia is a slowly progressing lesion, the growth of which is generally limited. Many cases will progress for long periods before patients seek treatment because of the lack of symptoms associated with the lesion. Discussion of the differential diagnosis should be done tactfully. Focal fibrous hyperplasia is a slowly progressing lesion, the growth of which is generally limited. Many cases will progress for long periods before patients seek treatment because of the lack of symptoms associated with the lesion. Discussion of the differential diagnosis should be done tactfully. Long term follow up of the case is required to prevent recurrences of the lesion.

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References

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