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A Case Report of: Traumatic Fibroma

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Abstract

Irritation Fibroma is a bening fibrous connective tissue tumor. It is basically reactive proliferation of fibrous tissue in retort to injury or irritation. It occurs at any age, but more common in 3rd ,4th & 5th decades of life. The present case report highlights the surgical management of this rare soft tissue entity.

Keywords: Fibroma, Traumatic Fibroma

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 Fibro-epithelial polyp.[i] 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).[ii]

The fibroma, is the most common oral fibrous tumor like growth. Most if not all fibromas represent reactive focal fibrous hyperplasia can be attributed to the local irritants like plaque, calculus, overhanging margins, trauma and dental appliances. Traumatic Fibroma is the healed end product of inflammatory hyperplatic lesions. Most common site is gingiva, buccal mucosa ,tongue &Palate. Usually painless. Mostly sessile, dome shaped or slightly pedunculated with smooth contour. However lesion on lip & tongue present as circumscribe nodules. When irritated or inflamed shows superficial ulceration. Conservative Surgical excision is the treatment of choice. They do not have malignant potential and recurrence is mostly as a result of failure to eliminate the irritation.[iii]

Case report

A 53 years old male reported to the Department of Periodontology with the chief complaint of a painless enlargement on the left side of lower lip opposing the crown of 34 since 1year. Detail history revealed that the patient had a history of trauma to the lower lip 1 year ago. The growth gradually increased in size since its inception to the noticeable current state. No history of lip biting habit was reported.

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 34 (Fig 1). The soft tissue growth was 0.25cm x 0.25cm x 0.25 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.

Fig-1

Fig-2a

Fig-2b

After hematological and general medical evaluation of patient. An excisional biopsy was performed, intraorally under local anesthesia by using electrocautery. (Fig-2a,b) Postoperative wound was seen. (Fig-3) On histopathological examination, 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.(Fig-4) Based on the microscopic findings a diagnosis of Traumatic Fibroma was made which co-related the clinical findings. No recurrence was reported on follow-up.(Fig-5)

Fig-3

Fig-4

Fig-5

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.[iv] 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.[i] 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. Approximately 60% of Irritation Fibromas occur in the maxilla and they are found more often in the anterior region, with 55- 60% presenting in the incisor-cuspid region.[v]In our case, lesion was present in left maxillary bicuspid region. It usually measures 0.25cmx0.25cm.excision of fibroma is done by electrocautery as the lesion was small and it is safe and quick procedure without postoperative complications.

Conclusion

Fibroma is the most common, benign and self-limiting entity, diagnosed based on clinical and histopathological examination. 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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