

## Case Report

### Fibroma- A Case Report

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#### INTRODUCTION

Benign fibrous overgrowths arising from the mucous membrane are termed as fibromas and are frequent growths in the oral cavity. Many of the fibrous growths originate from underneath the periodontium, similar to peripheral ossifying fibroma. Fibroma is a reactive hyperplasia of fibrous connective tissue in response to local irritation or traumatic irritants such as calculi foreign bodies chronic biting overhanging margins restoration sharp spicules of bones and over extended borders of appliances (Neville et al. 2009, Singh et al. 2012).

It was first reported in 1846 as fibrous polyp and polypus (Singh et al. 2012). Usually it is a slow, painless growth occurring over a period of months or years (Wood and Goaz 2006). Histologically, it is characterized by excessive proliferation of fibroblast cells with synthesis of large amount of collagen.

A fibroma may occur at any oral site but most commonly it is seen on the buccal mucosa along the plane of occlusion. Other frequent sites are gingiva, tongue, lips and palate. The surface may be hyperkeratotic or ulcerated due to repeated trauma.

#### A-CASE REPORT

A female patient aged 28 years reported with a chief complaint of pain, irritation and swelling along the upper left anterior tooth region since 7-8 years. On eliciting the history the patient revealed that she had first noticed the swelling 7-8 years ago and since then there has been increase in its size. The swelling was

found to be associated with mild discomfort while eating. There was no associated history of pus discharge from swelling. Past medical, dental, family history was found to be non contributory. No abnormalities were detected on general and extra oral examination.

An intraoral examination revealed an overgrowth in relation to 23 on buccal aspect involving marginal and attached gingiva up to buccal vestibule which appeared as a pale white growth without ulceration.

#### TREATMENT

The lesion was completely excised under local anesthesia and was followed up for 6 months with no signs of recurrence. The treatment showed excellent healing with no intra and post operative complications without any signs of recurrence for 6 months.

#### HISTOPATHOLOGY

Histopathological report showed parakeratinized and stretched stratified squamous epithelium overlying a highly fibroma stroma. The stroma was fibrous with dense collagen fibers with proliferating plump fibroblasts and few blood vessels suggestive of fibroma. It measured about 5 x 6 mm in size with an oval shape, with well defined margin. It was solitary, sessile and non-ulcerated fibroma.

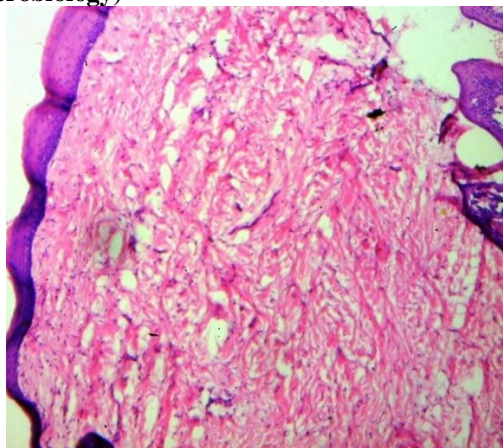
**Figure 1: Pre-operative view**



**Figure 2: Post-operative view**



**Figure 3 Photomicrograph showing dense collagen bundles and stretched epithelium (10 x H & E) (Courtesy: Department of Oral Pathology and Microbiology)**



#### **DIFFERENTIAL DIAGNOSIS**

**Giant cell granuloma:** It consists of a non-encapsulated mass of tissue composed of a delicate reticular and fibrillar connective tissue stroma containing large number of ovoid or spindle shaped young connective tissue cells and multinucleated giant cells.

**Pyogenic granuloma:** Lesion is deep red or red purple with smooth, lobulated or even warty surface which commonly is ulcerated and shows tendency for haemorrhage either spontaneously or upon slight trauma.

**Giant cell fibroma:** Rete ridges are thin and elongated whereas epithelium is corrugated and atrophic.

#### **DISCUSSION**

The etiology of an irritational fibroma is usually a source of irritation. It occurs more commonly in females than males in between 3rd and 4th decade of life. In this study also, we are presenting a case of 28 years old female. Arora et al. (2016) and Jain et al. (2017) also reported similar cases of fibroma in 17 and 44 years old females, respectively. In a retrospective study of 193 cases of focal fibrous hyperplasia of the oral cavity by Santos et al. (2014), it was observed that the most commonly affected site was the buccal mucosa (n = 119, 61.7%). In our case it was observed in relation to 23 on buccal aspect involving marginal and attached gingiva up to buccal vestibule. The surface of the lesion may be ulcerated (66% cases) or in tact (34% cases) (Bagde 2013). In our case it was non-ulcerated.

Surgical excision is the choice of treatment of fibroma with total removal of involved periodontal ligament and periosteum to minimize recurrence rate of lesion. However, Gupta et al. (2015) a case of irritation fibroma in a 46 years old women on left buccal mucosa which was excised with diode laser under local anesthesia. Similarly, Bakhtiari et al. (2015) removed an extra large irritational fibroma in a woman wearing maxillary complete denture with a combination of diode laser and scalpel for its excision. Long term follow up in these cases is important because of high growth potential of incompletely removed lesions.

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#### **CONCLUSION**

The soft tissue overgrowths occur due to continuous trauma and/or irritation in the oral cavity. It is therefore, important to manage the source of the irritation and its treatment by conservative surgical excision. If the lesion is treated without removing the irritation source, the lesion will recur.

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