

# Irritational Fibroma – A Case Report

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## Abstract

Chronic irritational factors like plaque, calculus, overhanging margins, trauma and dental appliances are the major causes for reactive hyperplastic growths seen in the oral cavity. This paper reports a case of irritation fibroma in a 40-year-old female in relation to gingiva of 12, 13, 14 region. Excisional biopsy was done and diagnosis of irritational fibroma was rendered on the basis of histopathological evaluation.

**Keywords:** Irritation fibroma, buccal mucosa, reactive fibrous hyperplasia

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## Introduction

Overgrowths which are frequently observed in the oral cavities are usually benign. Various kinds of reactive lesions may occur on gingival mucosa. The etiology for these lesions may be irritants like plaque, calculus, overhanging margins and restorations. Irritational fibroma represents a reactive focal fibrous hyperplasia due to trauma or local irritation. In the present paper, a case of irritation fibroma in a 40-year-old female in maxillary anterior region has been presented.

## Case Report

A 40-year-old female patient came with chief complaint of persistent swelling of gingiva in maxillary anterior region from past two years. Her medical, dental and family history was non-contributory. The lesion was gradually increased in size with no history of bleeding and pain. Intra-oral clinical examination revealed a well defined sessile and firm growth in relation to buccal aspect of gingiva of 12, 13, 14 region, measuring approximately 3.5 x 2.5 cm in diameter, extending from distal surface of 12 to mesial surface of 14, lower border of the lesion extends up to the middle third level of 12, 13 and upper border extends up to the vestibule. (Figure 1). On basis of clinical symptoms; provisional diagnosis of irritational fibroma was given. Differential diagnosis included chronic fibrous hyperplasia, pyogenic granuloma, peripheral ossifying fibroma and peripheral giant cell granuloma. Under local anesthesia, excisional biopsy was performed (Figure 2) and sent for histopathological examination. Histopathological features of the excised specimen showed epithelium and connective tissue. Epithelium is parakeratinized stratified squamous with thin rete ridges. The subepithelial stroma was composed of fibrous connective tissue which showed chronic inflammatory infiltrate and few blood vessels. (Figure 3). Thus, irritational fibroma was given as final diagnosis for lesion.

## Discussion

Irritational fibromas are also known as focal fibrous hyperplasia or fibromatosis fibroma. It occurs usually more in females than in male patients in third and fourth decade of their life. The present case is representing a 40-year-old female patient with the problem of focal fibrous hyperplasia. The high tendency of the problem and peak occurrence in female in the first and second decade and declining incidence after the third decade of life indicated hormonal influences. The irritational fibromas are found

more frequently in maxilla than mandible and more often it occurs in incisor cuspid region, ranging between 55-62% as found in the present case. The lesion was present in relation to 12,13,14 teeth region. As per recent past literature, very few cases lesions of 6 cm and 9 cm are reported. The surface of lesion may be ulcerated in 66% of cases and intact in 34% of cases. In our case, dimensions of lesion were 3.5 cm x 2.5 cm. The lesion represents a range of stages of fibroma with ossification. Bone formation or dystrophic calcification may be seen with foci of radiopaque material, especially in large lesions. Fibroma can produce interdental destruction of bone with migration of teeth. Histopathological features of irritational fibroma are stratified squamous epithelium which can be intact or ulcerated along with atrophy. Treatment of irritational fibroma include scaling, root planing and surgical excision of lesion with totally removal of the lesion with healthy margins including periodontal ligament and periosteum to minimize recurrence of lesion. Any other local irritants like an ill-fitting denture or dental appliance and high restoration present in any tooth should be removed. Long-term follow-up is very important as these types of lesion have high growth potential due to incomplete removal.



Fig. 1: Intra-oral clinical examination revealed a well defined sessile and firm swelling in relation to buccal aspect of gingiva of 12,13,14 region



Fig. 2: Excision of the swelling was done under local anaesthesia

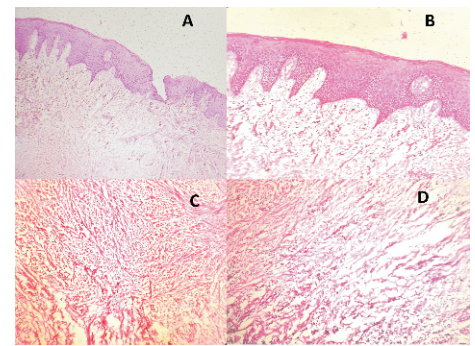


Fig. 3: Histopathological features of the excised specimen showed epithelium and connective tissue (A & B). Epithelium is parakeratinized stratified squamous with thin rete ridges (B). The subepithelial stroma was composed of fibrous connective tissue which showed chronic inflammatory infiltrate and few blood vessels (A,B,C,D)

## Conclusion

Irritational fibroma clinically resembles with various lesions such as and peripheral giant cell granuloma, pyogenic granuloma so proper histopathologic investigation and radiographic evaluation are necessary for exact and final diagnosis.

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