Irritation fibroma: A case report

Shaik Ali Hassan[1*], Sumit Bheteja[2], Neha Aggarwal[3], Geetika Arora[4]

[1]Dental Surgeon, [2]HOD, [3,4]Reader, [2]Dept. of Oral Medicine & Radiology, [3]Dept. of Public Health Dentistry, [1-3]Manav Rachna Dental College, Faridabad, Haryana, [4]Inderprastha Dental College & Hospital, Ghaziabad, Uttar Pradesh, India

***Corresponding Author: Shaik Ali Hassan**
Email: alishaikhassan@gmail.com

Abstract
Irritation fibroma is reactive hyperplasia of fibrous connective tissue due to local irritation or continuous trauma. It mostly occurs on tongue, gingiva and buccal mucosa. The aim of this case report is to show the clinical features and management of the benign lesion which was seen on left buccal mucosa.

Keywords: Fibroma, Buccal mucosa, Benign lesion.

Introduction
A fibroma may occur at any oral site, but it is seen mostoften on the buccal mucosa along the plane of occlusion ofthe maxillary and mandibular teeth.Cause of the irritational fibroma are calculus, overhanging margins, restorations, margins of caries, chronic biting, sharp spicules of bones, and overextended borders of appliances.Fibroma, is a benign neoplasm, it is reactive in nature and represents the reactive hyperplasia of fibrous connective tissue in response to local irritation or trauma rather than being a true neoplasm.[1] It is usually characterized by a slow, painless growth occurring over a period of months or years.[2] The surface may behyperkeratotic or ulcerateddue to repeated trauma. it mostlyseen in the anterior maxilla.[3]

Fig. 1: Shows extraoral photo of patient

Fig. 2: Intraoral photograph showing irritation fibroma

Case Report
A 40-year-old male patient reported to the department of oral medicine and radiology with the chief complaint of decayed teeth in upper right back tooth region since 5-6 months. Patient was apparently well 5-6 days back he started noticing food lodgement and discoloration of tooth. Patient has no history of drug allergy. Patient brushes once daily. Patient gives a history of tobacco in form of beedi since 5years. No significant medical and dental history was reported by the patient.

On extraoral examination the face appeared bilaterally symmetrical, with competent lips, and lymph nodes were not palpable. On intra oral

examination it was seen that there were decayed tooth 36,16, missing 46,22,24,25,26,27,42. On inspection a reddish white ovoid growth is seen on left buccal mucosa, with size of 1cmx1cm (approx), it had regular margin, fluctuant, firm in consistency, 1 in number and oval in shape, extends from mesiodistaly from 34,35,36. On palpation the white fluctuant growth was non tender, soft to firm in consistency, it was compressible, and movable and it does not bleed on manipulation. All inspectory findings were conformed on palpation.

Discussion

Localized fibrous tissue growths are common in the oral mucosa. The etiology of an irritational fibroma is usually due to continuous irritation. irritational fibromas shows a pattern of collagen arrangement depending on the site of the lesion and the amount of irritation. There are two types of patterns: (a) radiating pattern and (b) circular pattern. Thus, they hypothesized that when there is a greater degree of trauma, the former appears in sites which are immobile in nature (e.g., palate), while lesser trauma induces the latter and it occurs in sites that are flexible in nature (e.g., cheeks).[4] Other lesions, which may also arise as a result of irritation due to plaque microorganisms and other local irritants, include pyogenic granuloma, peripheral giant cell granuloma, and peripheral ossifying fibroma. The treatment of irritation fibroma is removing the etiological factors, scaling of adjacent teeth, and total surgical excision along with periosteum to minimize the possibility of recurrence. any irritant which can be seen, such as an ill-fitting denture, root stumps, and rough restoration should be removed. Long-term postoperative follow-up is most important because of the high growth potential of incomplete removed lesion.[6] It does not have a risk for malignancy.[5] excisional biopsy is curative and its findings are diagnostic,sometimes recurrence is possible if the exposure to irritant persists.[6] femalesare affected more than males.[7] The high female predilection and a peak occurrence in the second decade of life suggested hormonal influences.[8] It Commonly occurs on buccal mucosa and other sites like gingiva, palate, tongue, lips. It appears as an elevated growth of normal color with a smooth surface and a sessile or ocassionally pedunculated base.

Conclusion

So, it is of importance to distinguish between hyperplasia and neoplasia as neoplasias are not self-limiting conditions and long-standing hyperplastic lesions in presence of chronic irritation can get converted to neoplasia. In addition to thephysical characteristics of the lesion, the patient's demographics, presence of associated symptoms, related systemic disorders, and location and growth patterns of the lesion all give clues to adequately diagnose and treat their typical histopathologic architecture.

Source of Funding

None.

Conflict of Interest

None.

References

1. Barker DS, Lucas RB. Localised fibrous overgrowths of the oral mucosa. *Br J Oral Surg* 1967;5:86-92.
2. Wood NK, Goaz PW. Differential Diagnosis of Oral and Maxillofacial Lesions. 5th ed. Missouri: Mosby; 2006:136-8.
3. Kohli K, ChristianA, Howell R. Peripheral ossifying fibroma associated with a neonatal tooth: Case report. *Pediatr Dent* 1998;20:428-9.
4. Barker DS, Lucas RB. Localised fibrous overgrowths of the oral mucosa. *Br J Oral Surg* 1967;5:86-92.
5. Esmeili T, Lozada-Nur F, Epstein J. Common benign oral soft tissue masses. *Dent Clin North Am* 2005;49:223-40.
6. Saharan K. "Irritational fibroma of gingiva in a young female: A case report". *J Med, Radiol, Pathol Surg* 2017;4:15-17.
7. Ashish Lanjekar. "An Unusually Large Irritation Fibroma Associated with Gingiva of Lower Left Posterior Teeth Region". *Case Rep Dent* (2016).

How to cite this Article: Hassan SA, Bheteja S, Aggarwal N, Arora G. Irritation fibroma: A case report. *J Surg Allied Sci* 2019;1(3):66-7.