

Unusual Large And Abiding Fibroepithelial Polyp in Oral Cavity: A Case Report.

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Abstract : A fibroepithelial polyp is the epithelial benign tumor of the oral cavity and which is presented clinically as a tiny size but may be seen as a huge mass in some cases which can create a dilemma to operating surgeon to diagnose and treat such lesion. So it is very necessary for a surgeon or a clinician to differentiate and correctly diagnose a lesion to decide appropriate treatment plan for the lesion. In this article we have put forth conservative intervention of a lesion having rare, unusual and abiding features but which is one of the most common lesions of the oral cavity i.e. fibroepithelial polyp which states that only size and characteristics of the lesion doesn't matter, the histopathology and surgical intervention go hand in hand which is eventually beneficial to an operating surgeon as well as the patient.

Keywords: benign tumors, fibro epithelial polyp, oral fibroma, unusual exophytic growth

I. Introduction

A fibroepithelial polyp is the most common epithelial benign tumor of the oral cavity and which is presented clinically in tiny size. So it is very necessary for a surgeon or a clinician to differentiate and correctly diagnose a lesion to decide appropriate treatment plan for the lesion. In 1967, D.S. Baker et al stated that the incidence of the localised overgrowths of fibrous tissue are common in the oral mucosa. Nevertheless they are possibly the commonest soft-tissue lesions with which the Maxillofacial Surgeon has to deal, there is much miscellany of opinion as to their nature. Thus, in the standard textbooks of oral surgery and oral pathology they are described as fibromas, fibrous epulides, fibrous hyperplasias, fibro-epithelial polyps (FEP) etc. Bloodgood, in 1929, published the first English-language review of benign exophytic lesions of the mouth. The etiology of FEP is not clear. It may be due to chronic irritation, infection, hormonal imbalance, allergic factors, minor trauma or some developmental defects. Fibro epithelial polyps are painless but are imperiled to trauma, so the chance of infection triumphs. They are typically pink in color unless irritated or infected. If infected the color may change to red. Though these lesions are harmless and only cause functional problems they mimic fibromas or papillomas or other neoplastic lesions in appearance. Hence surgical intervention and histopath diagnosis is essential to rule out such lesions.³

In this article we have put forth conservative intervention of a lesion having rare, unusual and abiding features but which is one of the most common lesions of the oral cavity i.e. fibroepithelial polyp which states that only size and characteristics of the lesion doesn't matter, the histopathology and surgical intervention go hand in hand which is eventually beneficial to an operating surgeon as well as the patient.

II. Report Of A Case

A 45 year old female patient reported to us with a chief complaint of growth in the left posterior maxillary teeth region over the alveolar region which was extending till the midline of the palate from the buccal aspect of left maxillary first molar. Patient gave the similar history of the lesion at the same area which was surgically excised 20 years ago. The lesion started as a small nodule and there was slow growth seen. Thorough extra and intra-oral examination of the patient revealed a firm, solitary, irregular, painless, well defined, exophytic and pedunculated growth involving the left maxillary posterior region between left maxillary second premolar extending to left maxillary second molar laterally and till the midline of the palate mesially with grossly carious left maxillary first molar. The growth was smooth and shiny in appearance. The color of the lesion was reddish pink measuring about 4x3x0.5 cm in dimensions. Patient had a poor oral hygiene with a generalized periodontal condition. Radiographic investigation (OPG) was done and the interpretation revealed grossly carious left maxillary first molar with radiolucency at the apex of the 26. Treatment plan was decided. Results of the blood investigations were within normal limits. (Fig.1)

Painting and draping of the patient was done. Operative area was anaesthetized locally by lignocaine with adrenaline 1:200000. The excision site was visualized and was excised in Toto with left maxillary first molar. Irrigation with normal saline and betadine was done. Gauze pack was kept in the operated site. The excised lesion measuring 4x3x0.5cm was irregular, well encapsulated mass, smooth, soft to firm in consistency and in cross section thick fibrous cut surface with vascular congestion was seen. The specimen was stored in

formalin bulb and was sent to histo-path laboratory. (Fig.2) Post-operative antibiotics and analgesics were prescribed the patient. Post-op instructions to the patient were given.

Microscopically section show a large, benign mass, the exophytic growth shows a squamous lining of stratified squamous epithelium displaying extensive hyperkeratosis, acanthosis and surface ulceration. The stroma consists of fibromyxoid and collagenous tissue showing marked, mixed, inflammatory infiltrate with increased vascularity. There was no atypia or malignancy seen. The histopathological diagnosis turned out to be benign, exophytic, fibroepithelial polyp with marked inflammation. Follow up of the patient was done for three months and there was no recurrence.

III. Discussion

Oral fibromas is the most common benign soft tissue neoplasm occurring in oral cavity which occurs due to trauma or local irritation. This lesion may occur at any oral site, most commonly it is seen on the buccal mucosa along the plane of occlusion. Other frequent sites are the gingiva, buccal mucosa, the tongue, lips and the palate. The traumatic irritants which lead to such lesion include calculi, overhanging margins, restorations, foreign bodies, chronic biting, margins of caries and sharp spicules of bones and over extended borders of appliances. On the other hand Cooke believes that they are rare, and so do Colby, Bhaskar and Stones. Clinical experience of these common lesions has shown beyond any doubt that the overwhelming majority pursue an entirely benign course, and that where a competent histological diagnosis of benignity is made initially, there need be no fear of recurrences later, due to malignant propensities that have not been obvious on histological examination.¹

Clinically, they look as if they are broad-based lesions, lighter in color than the adjacent normal tissue, with the superficial surface often appearing white because of hyperkeratosis or with surface ulceration affected by secondary trauma. The growth potential of fibroma does not exceed 10-20 mm in diameter. They rarely occur before fourth decade. Clinically this lesion should not be misdiagnosed as neurofibroma, neurilemmoma or granular cell tumor, pyogenic granuloma and peripheral giant cell granuloma and lipoma etc.⁵

Fibroepithelial polyp develops more commonly in females than in males. It develops often between second and fourth decades of life. The high female predilection and a peak occurrence in the second decade of life suggested hormonal influences. Histopathologic characteristics such as the significant demarcation of the lesion from the surrounding tissues and the presence of the presence of spindle fibroblast-like cells, and the absence of cellular pleomorphism also suggested benign mesenchymal neoplasm. Histopathologic differential diagnosis included neurofibroma, leiomyoma, angioleiomyoma, and fibroma. Fibroepithelial polyp can treated by conservative surgical excision. Other protocols have also been proposed like the use of electrocautery, Nd: YAG laser, flash lamp pulsed dye laser, cryosurgery, intralesional injection of ethanol or corticosteroids or sodium tetradecyl sulfate sclerotherapy.⁵ It does potential to transform into a malignant lesion. Recurrence of such lesion are rare, but can recur due to repetitive trauma at the same region.⁸

Figures and Tables

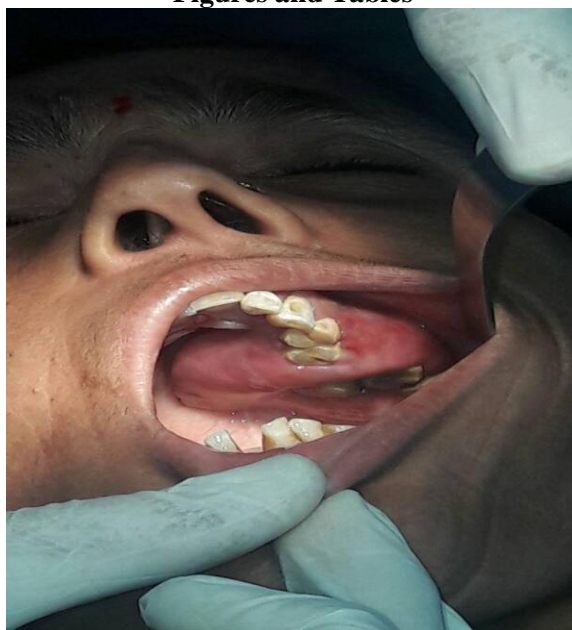


Fig.1: showing a huge unusual exophytic growth in left maxillary posterior region.

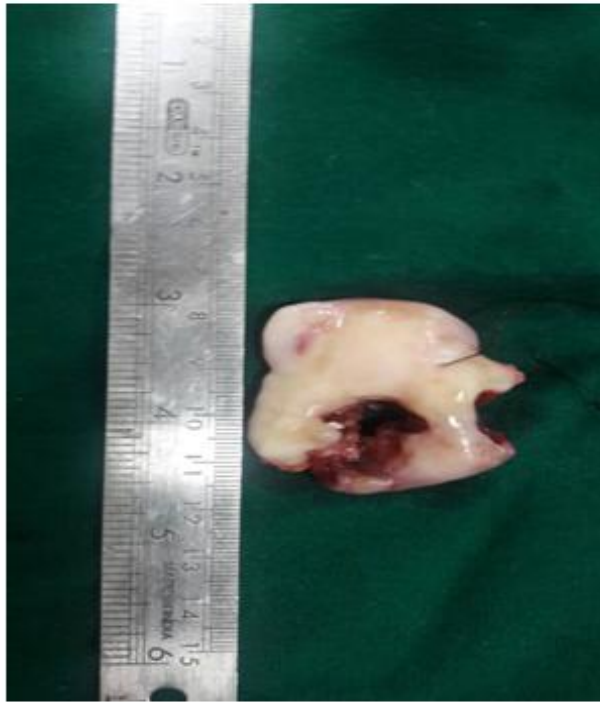


Fig.2: showing excised mass



Fig.3: follow up after 10 days

IV. Conclusion

Our case report reveals that long standing fibroepithelial polyp attaining large size and can have such unique characteristics which haven't been reported in the literature very often. A thorough intra and extra oral examination of the patient is must which indeed will lead to correct diagnosis which will help an operating surgeon to plan for the appropriate treatment plan. We found excision is best suitable conservative treatment plan for the patient which reduces the operative time of a surgeon and gives optimum results post operatively.

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