

## Giant Lobular Fibrous Epulis- A Case Report

Dr. Archana H Dhusia

MDS Oral And Maxillofacial Surgery  
Associate Professor And Head Of The Department,  
Department Of Dentistry And Oral And Maxillofacial Surgery  
HBT Medical College And Dr R N Cooper Hospital Mumbai

Dr. Hemant Dhusia

MDS Oral And Maxillofacial Surgery  
Former Dean (Academics) And Emeritus Professor Of Dentistry  
Department Of Dentistry And Maxillofacial Surgery  
LTM Medical College And General Hospital Sion Mumbai

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### Abstract-

The Fibrous epulis, is a tumour like lesion arising from the gingiva, periosteum or periodontal ligament and is commonly involving the interdental papilla. Its etiology is attributed to a reactive mechanism in response to chronic irritation or tissue injury which stimulates excessive tissue response. They are usually asymptomatic and have a very slow rate of growth. The recurrence rate is high and they are commonly treated by a combination of surgical excision, thorough curettage and oral prophylaxis. We report a case of a Giant lobular fibrous epulis in a 62 year old female which was located in the left maxillary canine, first premolar region since 6 months. It was asymptomatic and was pale pink in colour and pedunculated and lobular with no involvement of the underlying bone. It was surgically excised along with thorough curettage and oral prophylaxis. The histopathology report was suggestive of fibrous epulis.

**Keywords:** fibrous epulis, interdental papilla, reactive, chronic irritation, lobular, high recurrence, excision, curettage

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### I. Introduction

Epulis is any tumour like growth which is commonly seen attached to the gingiva or the alveolar mucosa [1,2]. It can be classified into three types – fibromatous, ossifying and acanthomatous. Parulis is a related term which is nothing but a gum boil or a mass of inflamed granulation tissue at the opening of a draining sinus, near the root of an infected tooth [2]. Another closely related term is gingival enlargement which is more generalized. Epulis being a localized overgrowth, its development is attributed to a reactive mechanism in response to chronic irritation or tissue injury which stimulates excessive tissue response [2,3]. There are 3 main types of epulis – fibrous epulis, granulomatous epulis and giant cell epulis [5].

Histological picture shows collagen fibre bundles covered with keratinized squamous epithelium. It may contain inflammatory infiltrate when it has been subjected to trauma [6]. Common site of occurrence is the interdental papilla, the triggering factor being calculus, caries and irregular restorations.

### II. Case Report

A 62 year old female reported to our opd with the chief complaint of a growth on the left maxillary gingiva in the anterior region, present since 06 months. The mass was gradually increasing in size. There was no history of pain. Clinically, on examination, there was a well circumscribed firm, elastic, nodular/lobular growth which was 2x1cm in size on the left maxillary gingiva overlapping the canine and first premolar of the same side, and extending interdentally to the palatal mucosa. Oral hygiene was poor with abundance of calculus. The growth was pedunculated, pale pink in colour and bleeding on provocation. (fig-1). The growth was so big that it was leading to a swelling extraorally over the upper lip on the left side.

An orthopantomogram revealed no underlying bone erosion. There was some alveolar bone loss.

A differential diagnosis of fibrous epulis, fibroma, peripheral giant cell granuloma was made. Excision was planned under local anesthesia after all routine blood urine investigations were found to be within normal limits.

Procedure- the maxillary anterior region was infiltrated from central incisor to first premolar region with 2% lignocaine with 1:200000 adrenaline. The lesion was excised using 15 and 12 number scalpel from the base as it was pedunculated after demarcating it from the underlying mucosa with a black silk suture material around its base or stalk ( fig-2) . Thorough curettage of underlying granulation tissue from the interdental papilla and neighbouring area was done. Extensive oral prophylaxis was also carried out. After achieving haemostasis , single interrupted suture was place with 3-0 vicryl ( fig -3 ). The excised specimen was sent for histopathological investigation ( fig 4). The biopsy report confirmed the diagnosis as fibrous epulis. Patient was followed up for 6 months and was free of recurrence till then ( fig-5 ).

### III. Discussion

Fibrous Epulis is a type of inflammatory hyperplasia of the gingiva arising in the periosteum or periodontal ligament [6,7] and the predisposing factors are usually the irritants like calculus, poor overhanging restorations [7,8 ]. It has a prevalence rate of 0.09% and is seen mostly in women [ 9] and has a preponderance for maxillary anterior region [ 6,7,9 ].

Clinically, Fibrous Epulis is an asymptomatic growth, with smooth or ulcerated surface, is pale pink in colour and is usually pedunculated. It has an extremely slow rate of growth. On radiographs and CT scans they can be seen as soft tissue mass in the gingiva with slight enhancement , and about 1/3 rd may have calcifications within [ 6,8 ]. In such cases with calcifications, it is called peripheral ossifying fibroma [6]. Bone resorption is rare [ 10] .

Histology reveals Fibrous Epulis to be made of hyperplastic epithelium over fibrous connective tissue [6].

They need to be differentiated from pyogenic granuloma, peripheral giant cell granuloma and fibroma [ 6,8,10].

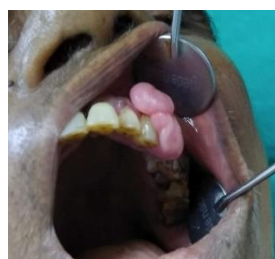
The best treatment is surgical excision with scalpel, electrcautery or laser along with thorough curettage to prevent recurrence. The recurrence rate of these lesions is high 7-45% [8]. Long term follow up is mandatory . Extractions are usually not carried out as the underlying bone shows hardly any resorption.

### IV. Conclusion

It is not enough to come to a diagnosis of Fibrous Epulis just on the basis of clinical presentation. Histopathological examination is absolutely mandatory for a definite diagnosis. Treatment of choice is always surgical excision , curettage and oral prophylaxis. The removal of irritating factors like calculus, overhanging restorations and caries need to be addressed too.

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**Fig 1- Fibrous Epulis In Maxillary Left Canine Premolar Region Arising From The Interdental Papilla In Between The 2 Teeth And Appears Lobulated.**



**Fig 2- Black Silk Suture Material Used To Demarcate The Fibrous Epulis From The Underlying Mucosa**



**Fig 3 - Fibrous Epulis Excised**



**Fig 4 - Excised Fibrous Epulis Specimen**



**Fig 5 -Post Operative Healing After 6 Months. No Recurrence.**