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Gingival Overgrowth Extending on Retromolar Area: A Rare Case Report

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Abstract

Specialists are often interested in the various manifestations of gingival tissue. Gingival development is a common clinical finding and most of them represent active hyperplasia as a direct result of gingival-related gingival disease. These types of growths usually respond to good plaque control, removal of irritants, and control of retaining tissues. This case highlights the aspects of local gingival growth and management by emphasizing the importance of patient awareness and motivation.

Keywords: *Drug-induced gingival overgrowth, gingival overgrowth, peripheral ossifying fibroma, pyogenic granuloma*

Introduction

Gingival extensions are a common consideration in clinical practice that may be due to a variety of responses and / or interaction with the host and location. These sores may occur somewhere in a part of the oral cavity or affect large areas. Possible causes of this condition may be related to plaque, trauma (cheek biting), or systemic manifestations. **[**1**]** This excessive gingival disturbance may adversely affect speech, difficulty in chewing, grinding, tooth decay, and a major barrier to maintaining normal oral hygiene.

Proper treatment depends on an accurate diagnosis of the cause of the growth. Such cases should be treated systematically, involving a detailed medical history followed by conventional non-surgical treatment. Surgical treatment may be desirable in order to maintain the aesthetic and functional requirements. However, in order to maintain an effective therapeutic effect, it is important to create patient awareness and motivation, as well as memorable visits over time.

Case Report

Gingiva is a common site for neoplastic or nonneoplastic lesions. Neoplasms are characterized by progressive independent growth which can be a dangerous or dangerous course, while non-plastic lesions often become inflamed or represent a reaction to some form of irritation or low-grade injury. **[**2**]**

Most of these lesions have the same clinical effects as sessile or pedunculated nodule found on the interdental papilla of a different colour from yellow to red.

Fibroma

Chronic irritational factors like plaque, calculus, root pieces, overhanging margins, trauma and dental appliances are the major causes for reactive hyperplastic growths seen in the oral cavity. It represents a reactive focal fibrohyperplasia due to trauma or local irritation. **[**2**]**

The current case reports a 29-year-old patient who reported with a complaint of swelling inside the lower right jaw region, which caused discomfort while eating. The patient reported that he noticed the swelling 5-6 months ago, which was painless and small in size but gradually increased in size.

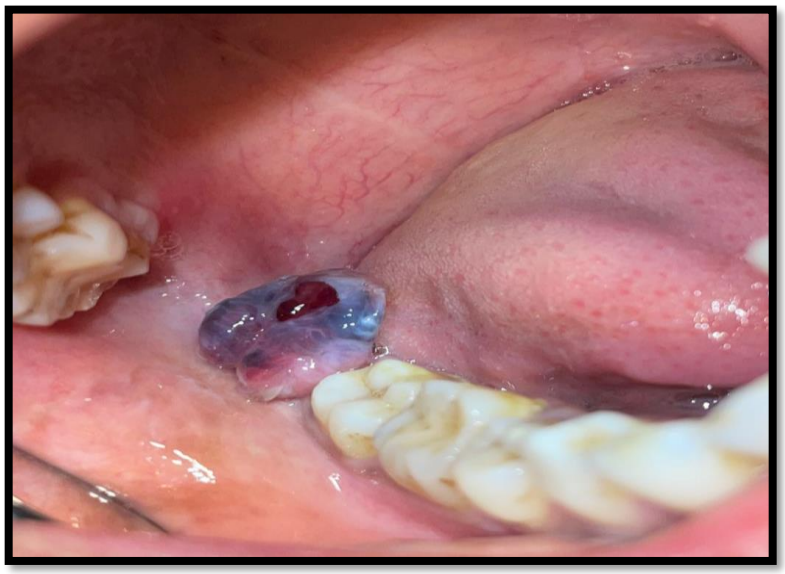

Figure 1

On clinical examination, the lesion was reddish pink to purple in colour with white patches, measuring 46 mm and 47 mm on the right side of retro molar area involving the gingiva **[**Figure1**]**. The growth was attached to the base. Chair side investigation was done i.e. Diascopy which was positive. After co-relating with patient's history and clinical findings, provisional diagnosis was made as "pyogenic granuloma." **[**4, 5**]**.

Patient was referred for routine blood investigations. Under local anesthesia, excisional biopsy was performed followed by sutures. Antibiotics and Analgesics were prescribed BD for 3 days. Patient recalled after 1 month for follow up. (Figure 6)

Histopathological report of the excised tissue showed fibrous connective tissue with collagen bundles interspersed with fibroblast, blood vessels and foci of haemorrhage. Overlying epithelium is hyperplastic. Negative for malignancy. Thus, irritational fibroma was given as final diagnosis for lesion. **[**6**]**

Figure 2

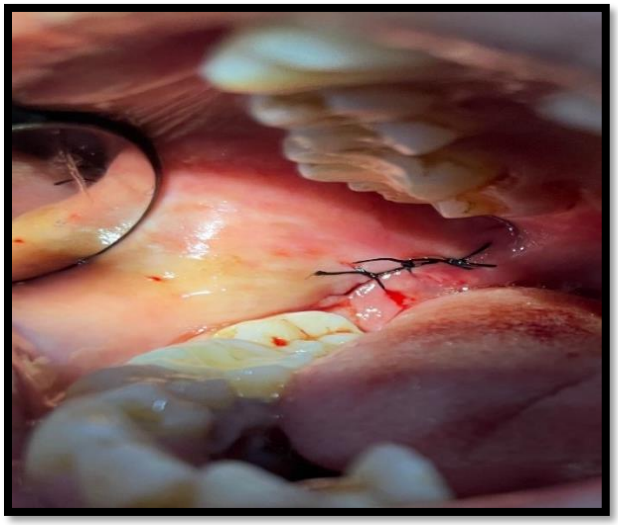

Figure 3

Figure 4

Figure 5

Figure 6

Conclusion

Irritational fibroma clinically resembles with various lesions such as peripheral giant cell granuloma, pyogenic granuloma, neurofibroma, mucocele (rare) so always co-relate with patient's history and the clinical findings and proper histopathological investigation is necessary for exact and final diagnosis.

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