ISSN: 0975-3583, 0976-2833 VOL12, ISSUE03, 2021

TRAUMATIC FIBROMA OF LOWER LIP

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Abstract

One of the common exophytic benign lesion that develops from continuous irritation and trauma in the oral cavity is Traumatic fibroma. Tongue, buccal mucosa, and lower labial mucosa are the common sites involved and usually presented as a dome shaped lesion. In this case report we will discuss a traumatic lesion on the lower labial mucosa in a 41-year-old female patient.

Key words: Fibroma, lip, cheek biting

INTRODUCTION:

Traumatic fibroma is one of the common exophytic lesion of the oral cavity that is reactive in nature. It occurs due to repetitive irritation or trauma in the mouth and surrounding

ISSN: 0975-3583, 0976-2833 VOL12, ISSUE03, 2021

structures.⁽¹⁾ The recurrence rate is rare and it only recurs if the etiologic factor is not addressed.^(1, 2) The surface of the lesion is sometimes ulcerated due to trauma but has no change in color. Tongue, buccal mucosa, and lower labial mucosa are the common sites involved and the lesion is usually presented as a dome shaped lesion or is pedunculated occasionally.⁽³⁾

CASE REPORT:

A 41 year old female reported to the department of Oral Medicine and Radiology with a growth in relation to lower labial mucosa. On enquiry, she revealed that there has been gradual increase in the size of the lesion. There is no bleeding and pain associated with the growth. She gives a history of cheek bite during chewing and speaking. She has been having difficulty in chewing and talking due to interference from the growth. No medical or family history noted. Patient does not give the history of any deleterious habits. Patient is conscious, well oriented and cooperative, with a normal gait and average built.

Maxillofacial examination:

Extraoral:

No facial deformity, swelling or asymmetry was seen. Eyes, ears and nose appeared normal. Range of motion of temporomandibular joint was smooth. No associated lymph node enlargement was noted.

Intraoral:

Buccal mucosa appeared normal, there was a growth present in the lower labial mucosa adjacent to 33.

On inspection of the area of chief complain as shown in (Fig 1) is a single sessile growth present in the lower labial mucosa in the line of occlusion 2-3 mm away from the corner of mouth corresponding to the sharp cusp of 33 having colour similar to that of the surrounding mucosa. The growth is ovoid in shape, measuring approximately about $2 \times 2 \text{ cm}$. It has indented surface with well-defined edge. The area surrounding the growth appears to be normal.

All the inspectory findings were confirmed, on palpation. The swelling was firm in consistency and non-tender on palpation. No bleeding was noted from the growth.



Fig 1 showing: Pre operative image showing firm growth on the lower labial mucos

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The provisional diagnosis based on clinical findings suggests of a traumatic fibroma.

Differential diagnosis includes several other tumors depending on the location of the lesion in oral cavity.⁽⁴⁾ Thus, in this case we can consider masses such as lipoma, mucocele, and salivary gland tumors.⁽⁴⁾

MANAGEMENT:

Patient was explained about the treatment and was asked to sign an informed consent. Patient was advised a few routine diagnostic blood investigations which were necessary. The values in the reports were within the normal limits. Patient was referred to the department of endodontics for a selective cuspal grinding. Complete excision of the lesion was done using diode laser. Post operative medications and instructions were given to the patient along with instructions to maintain oral hygiene and the surgical site. Surgical site as shown in (Fig 2) showed improvement and complete healing of the lesion without any scars during the last follow up visit.



Fig 2 showing: Post operative image showing complete healing of the lesion after laser excision.

Histopathological evaluation revealed parakeratinised stratified squamous epithelium with rete ridges and underlying connective tissue stroma. The underlying connective tissue stroma is dense collagenous along with a few blood vessels and RBC's. Pathological diagnosis was suggestive of a FIBROMA.

Patient did not report with any kind of pain and discomfort during the laser excision. DISCUSSION:

Parafunctional habits such as lip biting/ sucking etc. can lead to traumatic and recurrent oral lesions, such as irritational fibroma and mucocele. ⁽⁵⁾ These lesions have not been associated with any other local etiological factors as mentioned in the literature. Fibroma, is a reactionary connective tissue hyperplasia in response to trauma and irritation. ⁽⁶⁾ The lesion has no history of malignant transformation.⁽⁷⁾

The lesion appears to be a fibrous swelling most commonly on the tongue, buccal and labial mucosa. It usually occurs in the buccal mucosa at the line of occlusion. ⁽³⁾ The surface is smooth but occasionally ulcerated. ⁽⁷⁾ The colour appears similar to adjacent oral structures.

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Apart from the growth and discomfort while chewing or speaking fibromas generally are completely asymptomatic except for the ulcerated one's. Hyperkeratosis can occur in cases with low grade friction giving the lesion a whitish appearance. ⁽⁷⁾

It is usually of 1 cm diameter but can rarely be of a larger size. ⁽⁸⁾ It mostly occurs in females aged 20-50 years. ⁽⁸⁾ Recurrence rate is generally low, it recurs only in the cases where the aetiology is still persistent. ⁽²⁾ However, the recurrence rate of mucocele is quite higher. The ideal treatment option for fibromas is surgical excision, or enucleation. ⁽⁸⁾

Normally, Mucocele occurs mostly on lower lip lower lip, however in this case because of constant trauma from the sharp cusp it has led to a firm and fibrotic growth.

CONCLUSION:

Laser excision is the preferred mode of treatment to eliminate the source of irritation and to prevent recurrence of the lesion. Excision was safe, quick and painless with diode laser, and resulted in speedy recovery and minimal complications.⁽⁵⁾

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