Giant fibrous epulis

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Abstract A variety of swellings located on or near the gums is clinically included under the heading of epulis. There are various types of epulis. In today's era of super specialization gum swellings more commonly present to the dental surgeon than to the practicing otolaryngologist. We present an interesting case of a fibrous epulis managed in our institute along with a brief review of literature.

Keywords Epulis · Fibro epithelial polyp.

Introduction

Jaw bones not only develop the same tumours as any other bones of the body, but can also be affected by site specific tumours like epulis and odontomes. Tumours arising in relation to the alveolar process are named epulis and those originating in the embryological components of the developing teeth are called odontomes [1]. A variety of swellings located on or near the gums is clinically included under the heading of epulis. There are various types of epulis. We present a case of a fibrous epulis along with a brief review of literature.

Case Report

A 50-year-old lady presented to our institution with a swelling in the lower jaw (Fig. 1). It had started insidiously 7 months back and has been progressively increasing in size. For the last month she had also developed progressive dysarthria and dysphagia to solids probably secondary to mass effect. There was no respiratory distress or voice change. Patient was addicted to tobacco chewing since young adulthood. Examination revealed an $8 \times 7 \times 3$ cm swelling arising from the mandibular gingival in relation to the lower incisors. It was firm in consistency; irregular surfaced and did not bleed on touch. The lower teeth were displaced to the right by the mass. There were no palpable cervical nodes. Orthopantomogram and other radiologic examination did not reveal any evidence of bony erosion. Clinically the mass exhibited features of a benign tumour. Biopsy of the mass failed to reach any definitive histopathological diagnosis.

Wide excision of tumour was planned. Under general anaesthesia the tumour was excised off the mandible along with a margin of surrounding normal tissue. The bony base of the swelling was curetted and the healthy gingiva was sutured over it. The misaligned teeth in relation to the tumour were also extracted. The patient

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Fig. 1 Epulis as seen with mouth kept wide open

Fig. 2 Picture of the patient 1 week post operatively

enjoyed uneventful postoperative recovery with minimal scar (Fig. 2).

The patient has been following up with us for the last 1 year and is without any recurrence. The extracted teeth have been replaced with prosthesis, achieving excellent cosmesis and functional results. Histopathology of excised mass revealed elongated fibrocollagenous tissue with moderate lymphocytic infiltrate which was suggestive of a fibro epithelial epulis.

Discussion

Epulis has been classified into various types (table 1) [2]. False or granulomatous epulis refers to a mass of granulation tissue in relation to infected gum, carious teeth or the site of irritation, usually by an artificial denture. Some patients with prominent alveolar process and short upper lips

keep their lips apart at rest exposing gingival margin which becomes dry and chronically inflamed. False pockets form between the swollen gum and tooth crown. With time fibrosis causes these enlargements to be permanent.

In familial fibromatosis gingiva [2, 3], the enlargement is so gross that the teeth, though fully erupted from the jaw, are buried in the enlarged gums. Treatment involves, treating the cause, removal of excess tissue, elimination of false pockets and gingivectomy (recontouring of gums).

Other causes of gingival hyperplasia include hormonal changes during adolescence, pregnancy and drugs like phenytoin. These causes can be controlled with meticulous oral hygiene. Acute leukemia can present with oral manifestations of pale swollen gums with purple patches due to sub mucosal haemorrhage.

Fibrous epulis arises in response to local irritation from sharp margins of a carious tooth or the presence of sub gingival calculi. It is the commonest variety of epulis and often arises from the interdental papilla. It may be pedunculated or sessile. Trauma during mastication may ulcerate this lesion imparting it a malignant look. Treatment involves excision with gingival recontouring. The source of irritation must be removed to prevent recurrence.

The giant cell epulis has been variously accepted as an inflammatory granuloma or an osteoclastoma in relation to hyper parathyroidism. Usually presenting under the gum, it may also arise adjacent to an infected socket or the site of a empty primary tooth socket. They are characteristically sessile. Treatment includes local excisions with curettage of the bony surface and removal of the local irritant.

Melanotic epulis is a rare tumour found in children, commoner in the maxilla than in the mandible. Microscopically they have spindle cells laden with melanin. Treatment includes excision of the tumour along with the surrounding healthy teeth, gum and with the margins of the alveoli of the extracted teeth.

Fibrosarcomatous epulis occurs as a result of malignant change in a fibrous epulis. The carcinomatous epulis is an epithelioma of the gum arising around a tooth or its socket. Treatment involves adequate resection of the jaw with block dissection of neck nodes and post operative radiotherapy.

Conclusion

Epulides usually occur as a result of gingival hyperplasia due to local irritation of the gums. They can be

Avoided or controlled by practicing good oral hygiene. Once present, treatment involves wide resection with gingival recontouring and treatment of the local irritating factor to prevent recurrence. Final histopathology report should be carefully reviewed in consultation with the pathologist to rule out any malignant change.

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