

Inflammatory fibrous hyperplasia

Hiperplasia fibrosa inflamatoria

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Abstract

Introduction: The term hyperplasia refers to an increase in the volume of a tissue produced by the increase in the number of its cells. Inflammatory fibrous hyperplasia is a reactive, localized, and inflammatory type of enlargement of the connective tissue, more frequent in adolescents, adults and relatively common in children. The main etiology of inflammatory fibrous hyperplasia is associated with malocclusion, as well as the presence of bacterial plaque.

Objective: To evaluate the clinical and histological aspects and the possibilities of treatment, emphasizing the importance of an early and correct diagnosis of inflammatory fibrous hyperplasia for a better state of oral health.

Clinical Case: The surgical treatment implemented was the total removal of the lesion. Histopathological diagnosis: Inflammatory fibrous hyperplasia.

Malocclusion, Gingivitis, Oral health

Resumen

Introducción: El término hiperplasia se refiere a un aumento del volumen de un tejido producido por el incremento del número de sus células. La hiperplasia fibrosa inflamatoria es un agrandamiento del tejido conectivo de tipo reactivo, localizado e inflamatorio, más frecuente en adolescentes, adultos y relativamente común en niños. La principal etiología de la hiperplasia fibrosa inflamatoria está asociada a la maloclusión, así como a la presencia de placa bacteriana.

Objetivo: Evaluar los aspectos clínicos e histológicos y las posibilidades de tratamiento, destacando la importancia de un diagnóstico temprano y correcto de la hiperplasia fibrosa inflamatoria para un mejor estado de salud bucal.

Caso clínico: El tratamiento quirúrgico implementado fue la extirpación total de la lesión. Diagnóstico histopatológico: Hiperplasia fibrosa inflamatoria.

Maloclusión, Gingivitis, Salud oral

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Introduction

Fibroma is the most common benign tumor in the oral cavity, it consists of fully developed connective tissue, it has a superficial or deep location and there are different types, depending on its origin they can be odontogenic, not odontogenic, among the latter, peripheral fibroma stands out. or by irritation. Irritation fibroma, also called fibrous hyperplasia or hyperplastic scar, is long-lasting, can appear anywhere in the oral cavity, associated with the reaction of chronic trauma, such as cheek biting, cheilophagia, a sharp edge of a tooth, amalgam fractured or irritation due to prostheses, which in many cases has to do with defective acrylic relining or maladapted dentures that irritate the palate, inducing a pathological overgrowth of fibroblasts and the collagen produced by them, which causes a submucosal mass evident on clinical examination. On clinical observation, it appears as a solitary, smooth tumor with a color equal to that of the buccal mucosa, a hard or soft consistency, sessile or pedunculated, whose growth is usually slow and continuous. Histologically, the fibroma has a connective tissue origin, consisting of a large number of collagen fibers, cells (fibroblasts), blood vessels, sometimes it presents calcifications.

Traumatic fibroma is considered the most frequent benign tumor of the oral cavity. Cooke in 1952 closely related it to Fibrous Hyperplasia. It is slow-growing, and some authors such as Pinborg in 1981 suggest that constant trauma to the lesion accelerates the growth of the lesion, favoring the invasion of the underlying tissue, thus giving rise to a malignant transformation. However, some authors assure that it is predominantly female, in the same way that it can occur at any age but is more frequent after the second decade of life, in adult individuals. Its most frequent location is in areas prone to trauma, such as the cheeks, tongue, palate and lip.

However, some authors assure that its most frequent location is the gingiva, cheeks, lips and lateral edges of the tongue; when it appears in the gum it arises from the connective tissue or the periodontal ligament.

The importance of traumatic fibroma is that it has characteristics of malignancy when its size exceeds normal and the physical injury is constant, which can compromise the patient's life if it is not treated on time, despite the fact that it is a benign neoplasm without recurrence; there are few cases reported with a rapid evolution situation which causes alarm since the acuity sign suggests a malignancy trait; The presentation of a new case was considered of interest where its fundamental characteristic was the growth that it reached in 5 months.

Presentation of the case

The treatment of choice for traumatic fibroma is traditional surgical excision, and this rarely recurs since the usual approach is to eliminate the traumatic factor, waiting for the lesion to subside; in addition, any identifiable etiologic agent, such as calculus or any other foreign material, must be removed. In case of recurrence, its effect is attributed to continuous trauma in the affected region, the treatment of choice would be wide reexcision. Among other treatment alternatives. 27-year-old female patient, without relevant pathological data. Intraoral exploration shows increased volume adhered to the labial region of the right upper quadrant (Fig. 1) of five months of evolution, sessile projecting cheek and causing facial asymmetry, not painful, painless to the touch, not hyperemic, presumptive of hyperplasia inflammatory fibrosis, I present generalized gingivitis, (Fig. 3) the first appointment was performed prophylaxis, curettage, the brushing technique was changed and 2% chlorhexidine gluconate Bexident was prescribed, fifteen days after evaluating the female patient for inflammation With analgesic therapy for five days it decreased, for surgical treatment it was performed under local anesthesia, later it was removed surgically with scalpel No. 15 and an orange slice cut extended to healthy tissue to avoid recurrence (Img. 2), finally 3 stitches were made with no. 3.0 black silk. The patient was instructed to take Amoxicillin 500mg x 7 days every 7 hrs, Ibuprofen 400mg x 6 days every 7 hrs and return in 8 days.

Clinical procedure



Figure 1 Clinical appearance of the lesion
Source: Direct Source

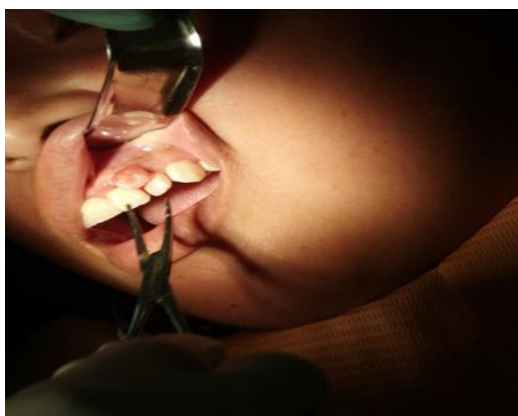


Figure 2 Removal of the tumor
Source: Direct Source



Figure 3 Presence of generalized gingivitis
Source: Direct Source



Figure 4 Appearance of Direct Source Suture

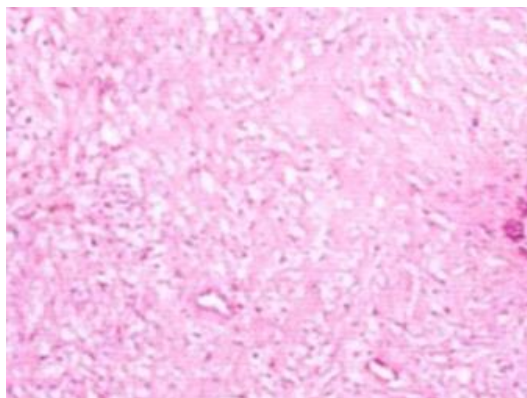


Figure 5 Result of the excisional biopsy

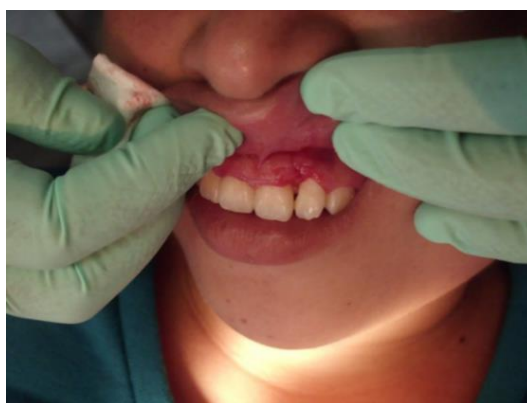


Figure 6 Appearance of healing Direct Source

Results

His prognosis is favorable, so it was decided to take a surgical therapeutic approach, by means of excisional biopsy, (Fig. 7), scheduling his next appointment seven days after surgery to remove the suture, the healing of the gingival tissue was observed (Fig. 5 , 6) as a result of the pathological study fifteen days after surgery, the final diagnosis was obtained, verifying the presence of an inflammatory fibrous hypertrophy.

Conclusions

Due to the fact that there are several lesions with clinical characteristics very similar to those presented by the patient, it is necessary to know the differential diagnoses, as well as to make an early diagnosis of the lesion in order to carry out an effective and adequate treatment.

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