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Oral Fibromas

Overview:

A wide variety of benign tumors are present in the oral cavity. An oral fibroma, also known as “reactive hyperplasia”, is a benign tumor/lesion derived from fibrous connective tissue. In response to a stimulus, the oral cavity develops an overgrowth of soft or hard tissue often called a tumor. Many times, the stimulus is caused by trauma or chronic localized irritation on your tongue, lip, gums, or the inner surfaces of your cheeks. A fibroma mostly remains the same color of the surrounding tissues; however, with consistent trauma, bleeding will occur and this may change the color of the fibroma to red or pink. Fibromas can resemble the initial stages of some types of oral cancer but they are generally not cancerous. Although its recurrence rate is rare, it may happen in case of repeated trauma at the same site; Which is why patient compliance is key, in order to maintain and optimize their oral health.

Etiology:

Fibrous hyperplasias are considered reactive proliferations of fibroblastic tissue. Most are the result from irritation and chronic injury. Fibromas are easily determined by evaluating patients' habits as patients are usually aware of their own behavior. Physical manifestations of stress like biting your cheek is common as well as ill-fitting dentures or other dental appliances that irritate the same area of the mouth over a period of time.

It's imperative to make sure the patient is aware of the trauma they are causing and educate them on ways to stop such detrimental oral habits.

Clinical Presentation:

With proper dental examination, an oral fibroma presents itself as an asymptomatic raised lesion, firm, smooth & dome shaped (*Afify Elrahawy, Khaled Mohamed, et al 2017*). It is usually the same color as the oral cavity; however, in some cases, the surface of the fibroma may be ulcerated due to trauma, or become very rough or scaly. Fibromas may be pedunculated and are found most commonly on the gingiva, with the mandibular gingiva being affected more than the maxillary. They are usually round or oval and less than one centimeter in diameter but with increased irritation it can sometimes become larger.

Demographics:

There is no gender or race predilection of a fibroma, it equally affects both men and women; However, fibromas do occur amongst the first three decades of life. Being that it affects young adults most, as what we know, it is a pivotal time in life where many life changes and obstacles happen. So, in response to trauma, an unwanted coping mechanism is developed.

Biopsy / Histology / Radiographs:

The histologic composition of a fibroma consists of a nodular mass of fibrous connective tissue covered by stratified squamous epithelium. The connective tissue is usually dense and collagenized. Sometimes chronic inflammation may be seen and it consists of lymphocytes and plasma cells. The diagnosis of an oral fibroma is usually

suspected clinically during examination findings. A biopsy may be taken to exclude other conditions or to remove the lesion. Radiographically, fibromas appear as unilocular radiolucencies with well-defined and sometimes sclerotic borders.

Differential Diagnosis:

A differential diagnosis includes the following:

Neurofibroma - which is a slow-growing mass usually found on the tongue or buccal mucosa, but other locations as well.

Neurilemmoma - which occurs most frequently on the tongue and is most often accompanied by some pain.

Lipoma - which usually has a yellow hue due to lipid content.

Peripheral Ossifying fibroma- which occurs on the gingiva.

Fibrosarcoma- which is very rare, but all soft-tissue tumors must be ruled out.

Treatment:

The treatment of choice for an oral fibroma is conservative surgical excision while the patient is anesthetized with local anesthesia and in some cases, periodontal root planing is also suggested to remove possible sources of irritation and for a less invasive procedure, laser removal of an oral fibroma is also an option (*Afify Elrahawy, Khaled Mohamed, et al 2017*). The healing process is relatively short with minimal scarring but patient's will be able to continue with their routine oral care. Although there is treatment, patients' must be aware of there possibly being a recurrence of the fibroma, if the source of irritation continues. Without treatment, oral fibromas will not disappear.

Prognosis:

Treatment is not always necessary when having an oral fibroma. They are usually harmless unless they interfere with the patients' daily functioning oral habits. The only effective treatment is surgical excision. With surgical excision, stitches must be placed depending on the size of the fibroma. Aftercare for surgical removal is imperative and patients' must monitor and be able to identify signs of infections like discharge, swelling and excessive pain. With or without treatment of an oral fibroma, simple precautions apply.

Professional Relevance:

Understanding the importance of diagnosing a patient appropriately is imperative. Diagnosing refers to identifying a disease based on its presentation, symptoms and signs. As I learn the responsibilities that come with being an oral health care provider, learning about different types of oral fibroma lesions is relevant when conducting a thorough dental exam on a patient. With proper dialogue, I will be able to identify this type of oral lesion and educate the patient on ways to avoid and have the oral fibroma lesion treated.

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