**Epulis Fissuratum**
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 **Overview**
**Epulis fissuratum,** also referred to as denture-induced fibrous hyperplasia, can be defined as a benign lesion characterized by hyperplastic fibrous connective tissue that presents in the oral mucosa. This lesion is most commonly identified in patients who wear dentures; furthermore, epulis fissturatum presents due to an *ill-fitting* denture appliance.

**Etiology**
The underlying cause of epulis fissuratum is primarily due to the prolonged use of a denture appliance that does not fit properly and/or is damaged. In addition, an application of excessive amounts of pressure such as the forces of mastication on an ill-fitting prosthesis will ultimately predispose the individual to this condition. Other factors that may contribute to this condition include age, inadequate oral hygiene, smoking, and immunocompromised individuals.

**Clinical Presentation**
Although epulis fissuratum is often asymptomatic, the subjective data obtained from a patient who presents with epulis fissuratum may include complaints regarding the fit of the denture. The objective data that can be obtained from a clinical examination of epulis fissuratum includes smooth folds of pink hyperplastic mucosa and a fissure that is indicative of the location in which the flange of the denture fits in between the folds of excess tissue. The tissue may appear erythematous if inflammation is present and ulcerations may also be identified. The following findings are primarily observed on the buccal aspect.

**Demographic**
Epulis fisurratum most often occurs in middle aged or older adults. Although this lesion may be observed in children, the incidence of this condition is predominantly associated with older adults who wear a denture appliance. In addition, there is a female predilection due to the fact that women are more likely to overuse an ill-fitted denture appliance to accommodate for their physical appearance. Lastly, epulis fisurratum is prevalent in denture-wearers of the white race.

**Biopsy / Histology / Radiographs**
A biopsy is not indicated for epulis fissuratum; however, an incisional biopsy may be performed if an ulceration is present in order to confirm whether it is benign or malignant. The histological features of epulis fissuratum,when examined under a microscope reveals hyperkeratotic epithelium overlying a proliferation of dense, fibrous connective tissue, and course bundles of collagenous fibers (Blue, 2015). An inflammatory infiltrate containing lymphocytes and plasma cells can also be observed. (Neville, 2008). Furthermore, there are no radiographic features associated with epulis fissuratum.

**Differential Diagnosis**
Prior to arriving at a definitive diagnosis, epulis fissturatum can reasonably be mistaken for a Pyogenic Granuloma, Metastatic Neoplasms to the Oral Cavity, and Squamous Cell Carcinoma.

**Treatment**
 When managing a patient who presents with epulis fisturratum, there are several approaches that can be made. Firstly, the ill-fitting denture should be removed immediately and a topical antifungal agent and analgesic should be applied to the affected site. An additional treatment option is to surgically excise the excess tissue folds which can be achieved by the use of a scalpel or a laser. Although epulis fissturatum is a benign condition, the surgically-removed tissue should be sent to a pathologist to be evaluated. Treatment of epulis fissturatum can also be accomplished by fabricating an entirely new denture, or relining the poorly fitting denture using a soft reline material. A denture reline is a procedure that can be performed chairside or in a laboratory, and involves the application of a soft reline material containing silicone. The addition of this material to the ill-fitting denture will correct the way in which the denture fits, and enable the ability for the individual to function without being in discomfort.

**Prognosis**
The prognosis of epulis fissturatum *with* treatment, which includes surgical excision of the tissue folds, fabrication of a new denture, or a denture reline, is excellent. *Without* treatment, the individual may experience chronic inflammation and ulcerations may develop due to the continued use of the ill-fitting appliance.

**Professional Relevance**
The responsibility of the dental hygienist is not limited to non-surgical therapy; moreover, patient education is an essential component of the dental hygiene process of care. Although the dental hygienist cannot diagnose, it is imperative that he or she is familiar with conditions such as epulis fissturatum. When treating a patient who wears dentures, the dental hygienist must ask the patient the following general questions: How does the denture feel when it is being worn? How often is the denture being worn throughout the day? Do you clean your denture/Are you aware of how to clean your denture? If the patient complains that he or she is uncomfortable when wearing the dentures and objective data is present upon clinical examination, the dental hygienist’s findings can aid in the diagnosis of the lesion which will ultimately be determined based on the doctor’s evaluation. In conclusion, the clinician must be able to differentiate between normal findings and abnormalities when treating patients.

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