

Mass under the lip

A 60-YEAR-OLD MAN WAS REFERRED by his primary care physician to the oral and maxillofacial surgery clinic with a mass under the upper lip. The mass had grown slowly over the past 2 to 3 weeks while the patient was in rehabilitation after a stroke that had occurred 3 months earlier. He reported no symptoms other than minor bleeding of the gums after brushing his teeth. He was not a smoker. His oral hygiene during his hospitalization and rehabilitation had been poor.

On physical examination, a large, firm, non-tender, sessile mass was visible on the gingiva of the upper incisors (Figure 1). The surface was erythematous and smooth with no ulceration. Excisional biopsy of the entire mass was performed under local anesthesia. Histopathology revealed a fibroma with fibrous strand proliferation and no dysplastic changes, suggesting a diagnosis of benign fibroma. No additional treatment was necessary.

The patient was instructed on the importance of maintaining oral hygiene. At a 2-week follow-up visit, the gingiva had healed with restoration of its contour. The patient had no bleeding gums or other symptoms.

DIFFERENTIAL DIAGNOSIS OF GINGIVAL MASS

The differential diagnosis of a gingival mass includes peripheral ossifying fibroma, peripheral giant cell granuloma, and pyogenic granuloma.¹ Fibromas are benign growths that occur most commonly along the buccal mucosa secondary to accidental biting of the cheek.² Due to their slow growth, they typically have a subacute onset.

The gingival fibroma in our patient stemmed from poor oral hygiene resulting in plaque with a calculus deposit acting as an irritant. This is histologically different from a cutaneous fibrous neoplasm, which is rarely seen in the mucosal tissue in the head and neck.³ Excisional biopsy is diagnostic and curative. Laser removal has been described in the literature.⁴

doi:10.3949/ccjm.90a.22053



Figure 1. A large, firm, non-tender, sessile mass was seen on the gingiva of the upper incisors.

Recurrence is prevented with attention to good oral hygiene.⁵

The development of the oral mass in this patient illustrates the importance of oral health, which is often overlooked in the hospital and outpatient settings. Patients at risk include those with prolonged stays in the hospital and in rehabilitation facilities. Patient education and attention to oral hygiene can prevent oral infections and will improve the overall health of patients. ■

DISCLOSURES

The author reports no relevant financial relationships which, in the context of his contributions, could be perceived as a potential conflict of interest.

REFERENCES

1. Salum FG, Yurgel LS, Cherubini K, De Figueiredo MA, Medeiros IC, Nicola FS. Pyogenic granuloma, peripheral giant cell granuloma and peripheral ossifying fibroma: retrospective analysis of 138 cases. *Minerva Stomatol* 2008; 57(5):227–232. pmid:18496485
2. Panta P. Traumatic fibroma. *Pan Afr Med J* 2015; 21:220. doi:10.11604/pamj.2015.21.220.7498
3. Elledge R, Nandra B, Bates T, Zardo D, Parmar S. Storiform collagenoma (sclerotic fibroma) of the oral mucosa. *Br J Oral Maxillofac Surg* 2020; 58(2):231–233. doi:10.1016/j.bjoms.2019.11.005
4. Javid K, Kurtzman GM, Boros AL. Oral fibroma removal with an Er,Cr:YSSG laser. *Compend Contin Educ Dent* 2020; 41(5):e17–e22. pmid:32369382
5. Zhang W, Chen Y, An Z, Geng N, Bao D. Reactive gingival lesions: a retrospective study of 2,439 cases. *Quintessence Int* 2007; 38(2): 103–110. pmid:17263149

.....
Address: Sagar Khanna, BDS, DDS, Department of Oral and Maxillofacial Surgery, A71, Cleveland Clinic, 9500 Euclid Avenue, Cleveland, OH 44195; docsagarkhanna@gmail.com