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Gingival Fibroma: An Unusual Presentation

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Although fibroma is a common benign soft tissue neoplasm occurring in the oral cavity, it is generally small and occurs most commonly in the third to fifth decades of life(1). We report a case of unusually big fibroma in a child.

Case Report

An 8-year-old male child presented with a peduncular mass in the oral cavity for the last two years. Initially, it was pea sized and had steadily grown to the present size. There was no history of pain, ulceration or discharge, loss of appetite or weight. However, in the preceding few months there was difficulty in speech. The child could not articulate retroflex sounds (*e.g.*, /t/,/th/,/d/) clearly. The child belonged to a village and had never used a brush or "datun" (twig toothbrush).

Examination revealed a peduncular mass, 5×3 cm, normal in color with a lobular surface, firm in consistency, non tender, with no tendency to bleed and showed no ulceration or discharge, arising between the first and second deciduous molars. Major portion of the swelling lay on the lingual aspect (*Fig.*). The adjacent teeth were loose and the oral hygiene extremely poor with heavy plaque accumulation and severe halitosis. The gingiva was highly

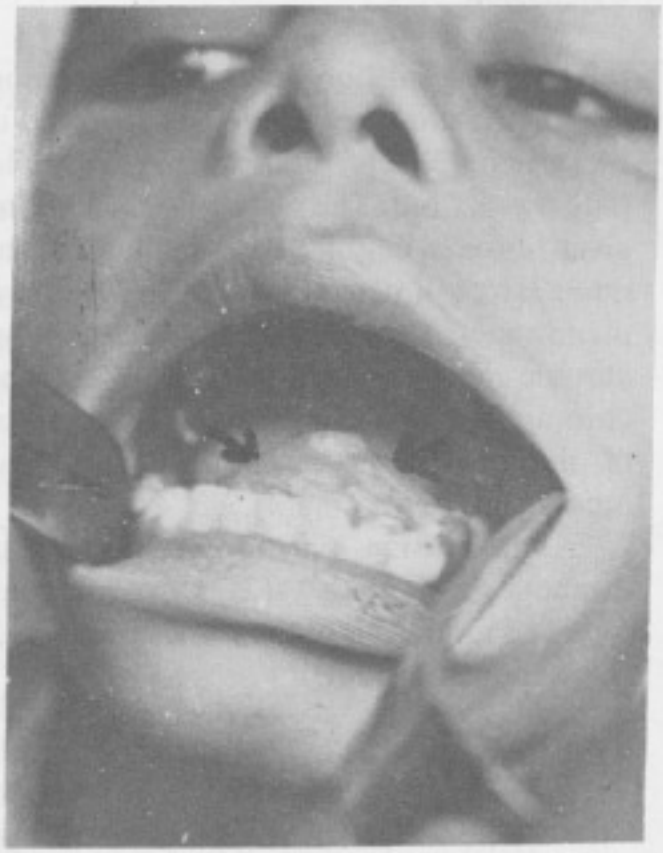

Fig. Photograph of the oral cavity showing the massive gingival fibroma arising between the first and second deciduous molars with a lobulated surface.

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inflamed and bled on probing. The tongue movements were however normal and there was no significant lymphadenopathy. Hematological profile was within normal limits. Intra-oral periapical *X*-ray was essentially normal.

A conservative excision of the mass, sparing the teeth was done. Histopathological examination revealed bundles of interlacing collagenous fibres interspersed with fibroblasts, fibrocytes and small blood vessels. The surface was covered by a layer of stratified squamous epithelium which showed shortening and flattening of rete pegs. A diagnosis of gingival fibroma was made. The patient was followed up till 3 months after discharge and showed no recurrence.

Discussion

The gingival fibroma is more common in females and the average age reported is 34.16 years(2). Our case was a male child only 8 years old. The cell of origin for gingival fibroma may be the submucosa, the outer layers of periosteum and periodontal membrane(3). Poor oral hygiene causing chronic gingivitis becomes a cause for chronic irritation stimulating proliferation of the fibroblasts which ultimately lead onto form the fibroma(4).

After excision, the fibroma may recur in about 8.9% of cases(2). Our child was followed up for 3 months after surgery and showed no recurrence.

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Follow-up of Children Surgically Treated for Nodular Goitre

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The incidence of nodular goitre varies between 1.8 and 6.0% in childhood(1-6). Thyroid nodules carry a high risk for carcinoma even in the hyperfunctioning nodules(1,2). Hopwood *et al.*(2) identified a carcinoma in one of four patients with hyperfunctioning nodules. Very little data is available on the long term follow-up of patients subjected to thyroidectomy for benign nodular disease. Thus no precise information is available on the type of operation to be carried out and the nature of postoperative therapy needed in these children.

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