Focal Fibrous Hyperplasia: Report of two Cases
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Abstract
Focal fibrous hyperplasia is a localized reactive progressive, proliferation of oral mucosa in response to injury or local irritation. The most common site is the buccal mucosa along the line of occlusion and sessile lesion on the gingiva. This paper reports two cases of focal fibrous hyperplasia.

Key Words: Epulis; Gingival neoplasms; Hyperplasia; Fibroma; Polyp; Gingival diseases.

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Introduction
Focal fibrous hyperplasia is a localized reactive progressive, proliferation of oral mucosa in response to injury or local irritation.(1) The term “focal fibrous hyperplasia” implies a reactive tissue response and is therefore preferable to the term “fibroma” which implies incorrectly, a benign neoplastic proliferation of fibrous connective tissue.(2, 3) This paper reports two cases of focal fibrous hyperplasia.

Case 1
A 70 year old male patient reported to the Department of oral medicine and radiology, with the chief complaint of difficulty in chewing food due to absence of teeth. The patient was known asthmatic and was under medication for the same. Intra oral examination revealed a pinkish, pedunculated, fibrous mass present on the palatal alveolar ridge mucosa in relation to 11, 12, 13 and 21 regions which was non tender and firm on palpation (fig 1). The radiographic imaging did not reveal any hard tissue involvement. Excisional biopsy was done.

The gross macroscopic examination of the tissue received was grayish white in colour, soft to firm in consistency and measured 3 x 2 mm (fig 2). The microscopic examination of the hematoxylin and eosin stained section shows, a single bit of tissue with epithelium and underlying fibrous connective tissue stroma under scanner view. High power view reveals a stratified squamous parakeratinized epithelium with both areas of hyperplasia and atrophy. The underlying stroma was dense fibrous in nature with less vascularity and cellularity. Collagen fiber bundles are scattered in all direction with stellate fibroblast between them. The subepithelial chronic inflammatory cell infiltrate like lymphocyte and plasma cells were noted. All the above features were suggestive of fibrous hyperplasia. The patient did not complain of any recurrence till the follow up period of one and half year.

Case 2
A 40 year old male patient reported with a complaint of asymptomatic mass in the lower front region of the jaw from past 2-3 years. On intra oral examination, the growth was present on the alveolar ridge extending from distal of 31 till the distal of 41. It was pink, firm, nontender and measured 1x1cm. The radiographic picture did not reveal any hard tissue involvement. Excisional biopsy was carried out.

Under gross macroscopic examination, the soft tissue specimen measured 6 x 6 mm, grayish white in color and was soft to firm in consistency. Histopathologically the hematoxylin and eosin stained section revealed hyperplastic stratified squamous orthokeratinized epithelium with proliferative rete pegs and underlying dense fibro-cellular stroma. High power view showed numerous...
hyalinized collagen fibers bundles, plump stellate shaped fibroblast and few small blood capillaries. Chronic inflammatory cells like lymphocytes and plasma cells were also noted. The overall features were suggestive of focal fibrous hyperplasia.

**Discussion**

The focal fibrous hyperplasia is reactive lesions which proliferate in response to injury. The reactive lesions are common in the oral cavity because of the frequency with which the tissues are injured. They can be classified into focal fibrous hyperplasia, peripheral ossifying fibroma, pyogenic granuloma, and peripheral giant cell granuloma.(4) Localized overgrowths of fibrous tissues are of frequent occurrence in the oral mucosa. Several authors (5) believed that many of these lesions are true fibromas, whereas Cooke 1956(6) believed that, the cause being local irritation as they are reactive in nature. Barker and Lucas 1967(7) examined 650 fibrous overgrowth of the oral cavity and felt that only 2 could be considered neoplasms. Deley et al. 1990(4) suggested the term “focal fibrous hyperplasia” which implies a reactive tissue response and is therefore preferable to the term “fibroma” which implies incorrectly, a benign neoplastic proliferative fibrous connective tissue.

Cooke called all the pedunculated swelling from a mucosal surface as “polyp” (fibro epithelial polyp), where maximum number of lesions occurred on the mucosa in the line of occlusion, and the entire pedunculated and sessile lesion in the gingiva as “epulides” (fibrous epulides), which commonly occurred in the maxillary anterior region.(6) In certain cases the histology may reveal the presence of spindle or stellate cells and multinucleated giant cells both of which appear to be of fibroblastic origin. These lesions have been termed by several authors as “giant cell fibroma”.(2,8) They appear in the interdental papilla as a result of local irritation from calculus; caries or restorations with irregular margins. Histologically they are characterized by a focal sub epithelial mass of fibrous connective tissue composed of interlacing or parallel bundles of collagen, containing occasional vascular channel and variable inflammatory infiltrate. The fibroblast are apically narrow and elongated and relatively few in number. Recurrences of this lesion are uncommon or rare. However cook in his review reported 3 cases recurrences out of 78 biopsy specimens.(6)

**Conclusion**

Oral lesions are first detected by general dental practitioners. Knowledge of the frequency and presentation of the most common oral lesions with its differential diagnosis is beneficial in developing an early clinical impression of such lesions and its management in the primary stage with minimum surgical intervention.

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**References**


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