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CASE REPORT

SURGICAL EXCISION OF AN EPULIS ALONG WITH TOOTH EXTRACTION: A CASE REPORT

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ABSTRACT

An epulis is any localised swelling of gingiva usually results from local irritants such as calculus formation, poorly adapted margin of dental restorations. Mostly it does not involve underlying bone but occasionally it may invade underlying bone which results in displacement and mobility of the affected tooth. In advanced cases along with surgical excision of an epulis, removal of involved teeth and alveolar bone is required.

INTRODUCTION

An epulis is a generic term used for any localised, developmental or reactive swelling of gingiva or periodontal ligament origin (Besas, 2018; Khzam, 2017; Karimi, 2016). Although the causative factor which determine the presentation, growth and recurrence of an epulis are not known yet. However several factors such as trauma or inflammatory process, oral hygiene conditions, ill fitting denture, nutritional status, smoking habits, alcohol and nicotine consumption, pharmacotherapy, hormonal imbalance and immune efficiency and periodontal conditions can be associated with it (Khzam, 2017; Karimi, 2016; Choudhari, 2013). Based on their tissue of origin, Zang summarized epulis into 3 main types: granulomatous epulis (epulis haemangiomas), fibrous (fibroid) epulis and giant cell (myeloid) epulis (Khzam et al., 2017; Liu, 2012). Due to slow growth and mild symptoms of the lesion, the duration may vary from weeks to months. Mostly they are not painful but results in inadequate plaque control and presents difficulty in maintaining oral hygiene (Rossmann, 2011).

Epulis most commonly occur in the age group of twenty and sixty years but can be seen at any age and shows female predilection. Clinical presentation usually shows round, oval or lobular gingival mass which is mostly less than 2cm but in some cases can exceed 4cm in size (Khzam, 2017). The treatment of choice for most epulides is surgical excision. Epulis has high recurrence rate, due to which wider excisions along with removal of causative factors are recommended. Occasionally if an epulis invades underlying bone, causes mobility and displacement of the involved teeth which requires extraction of infected teeth along with removal of alveolar bone (Khzam, 2017; Qin, 2012).

CASE REPORT

A 40 years female patient with no relevant medical history visited Department of Periodontology, Govt. Dental College & Hospital, Patiala with a chief complaint of large tissue swelling on the lower left back region that arose 3-4 months before the referred time. Clinical examination revealed a lesion of approximately 3 x 1.9 x 1 cm in dimension w.r.t tooth no 35, 36. (Fig 1) The swelling was firm in consistency, pinkish red in colour and showed no pain and bleeding on palpation. Involved tooth showed Score 3 mobility (Miller's Classification). The patient had mild to moderate masticatory interference.

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Fig 1. Preoperative photograph showing epulis swelling



Fig 4. Suturing done



Fig 2a. Intraoperative photograph with epulis removal

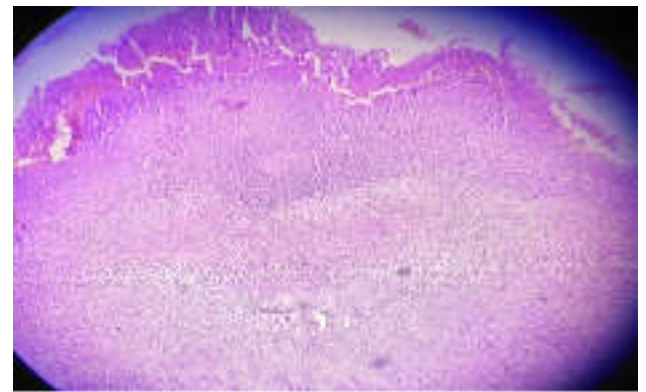


Fig 5. Histological view of biopsy sample



Fig 2b: Intraoperative photograph after extraction of involved tooth (36)



Fig 6. Postoperative view



Fig. 3. surgically excised epulis and extracted tooth

Radiographic examination revealed severe bone loss around the involved tooth. Based on the above mention findings, a provisional diagnosis of epulis was made. Following the initial examination, non-surgical periodontal therapy such as scaling and root planning was done and after the completion of this initial phase of treatment, the overgrowth was removed surgically (Fig 2a) followed by removal of involved tooth (36) (Fig 2b) under local anaesthesia (Fig 3). Sutures were placed at the surgical site (Fig 4). After the surgical removal of the gingival enlargement, the excised tissue was submitted for a biopsy. The biopsy specimen was then sent for histological examination which showed results in favour of an epulis (Fig 5). Post-operative instructions were given to the patient including oral hygiene instructions to maintain the surgical area using a 0.12% Chlorhexidine mouth rinse twice daily. The patient was recalled after 1-week for suture removal (Fig 6).

The healing was satisfactory and no postoperative complications were seen. Patient was advised that the lesion could recur if the underlying plaque related cause was not eliminated. At 1 month post operative visit, the lesion displayed complete healing with no pain. Patient was kept under observation on regular basis up to 6 months which showed no signs of recurrence.

DISCUSSION

Fibrous epulides are reactive lesions which are mostly associated with some kind of chronic irritation. Growth of the gingival tissues are common and often result from underlying systemic disease, drug-induced stimulus, local iatrogenic factors, and dental plaque (Karimi, 2016; Choudhari et al., 2013). Treatment of choice for most epulis lesions are surgical removal. Involvement of the teeth with epulis is a rare condition but if teeth are involved, shows mobility and bone loss radiographically with poor prognosis, needs to be extracted along with removal of the lesion (Qin, 2012). They are not considered as neoplasms and presents distinctive histopathology to confirm their diagnosis. Although these are benign in nature but still have a tendency towards recurrence with inadequate removal of the epulis lesion or the local etiological factors involved at the site. Surgical excision can be the treatment in each case (Rossmann, 2011). The identification of the lesion must be confirmed histologically since they often show similar clinical appearance with peripheral ossifying fibroma and fibroma (Choudhari, 2013; Rossmann, 2011). On microscopic examination, these are lined with a predominantly hyperplastic stratified squamous epithelium and consist of connective tissue characterized by variable collagen deposition and variable chronic inflammatory infiltration depending on the stage of development (Khzam, 2017).

Conclusion

In conclusion, for treating such type of lesion, a complete surgical excision along with its base and involved tooth and elimination of etiological factors seems satisfactory to prevent further recurrence.

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Conflict of interest- Nil

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