

Fibroepithelial Polyp

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We Would Like to Bring to the Attention of Readers and Fellow Clinicians a Novel Case Report, the Clinical Course and Treatment of a Persistent Swelling on the Lower Labial Mucosa

A 60-year-old female patient presented to the Out-patient Department of Apollo Dental Clinic, Bengaluru in December 2023 with the chief complaint of a swelling on her lower left portion of labial mucosa (Figure 1). Her medical history was non-relevant. The patient was otherwise asymptomatic. On clinical examination, there was a persistent nodular swelling with respect to the lower labial mucosa. The swelling was soft, palpable and tender to touch. The patient gave a history of gradual increase in the size of the swelling over a period of last 6 months, also the swelling hampered her normal occlusion.

On thorough, extra-oral examination, there was no other gross facial asymmetry, and the lip seal appeared to be competent lip seal [1]. The intraoral and radiographic findings were otherwise non-contributory. The lower lip lesion was clinically diagnosed as a mucocele considering the history of chronic lip biting and similar swellings in buccal mucosa which ruptured recently. Differential diagnosis due to the firm nature of the swelling includes irritation fibroma, lipoma, and epulis. As a treatment option for the swelling, excisional biopsy was planned under local Anesthesia (2% Lignocaine with 1:80,000 adrenaline). Two oval shaped incision was given on the opposite sides of the swelling, and both the incisions were joined together, taking 2mm of the surrounding healthy tissue and a depth of 2mm to take the connective tissue portion also in consideration for the histopathological examination (Figure 2).



Figure 1: Pre-operative View.



Figure 2: Excisional Biopsy performed.

The tissue in between the incision lines (0.8cm X 0.5cm) was taken, kept in saline and sent to the laboratory for histopathological examination (Figure 3). The site was sutured with 4-0 non-resorbable silk sutures. Postoperative instructions, diclofenac sodium (50 mg) twice daily for 3 days and a chlorhexidine mouth rinse 0.2% twice daily for 2 weeks, 30 minutes after brushing were prescribed to the patient. The patient was called for suture removal after 15 days and was kept under follow-up. Patient did not report of any adverse effect,

was re-assessed after 1 month and there was no recurrence observed (Figure 4). Histopathological examination revealed a delicate dense connective tissue stroma with minimum to no inflammatory cell infiltrate with plump, proliferative fibroblasts, vascular spaces filled with RBCs and proliferating blood vessels. The overlying epithelium is parakeratotic, stratified squamous epithelium with squamous cells showing intracellular edema without having features of dysplasia.



Figure 3: Excised tissue specimen sent for biopsy.



Figure 4: One Month post-operative view.

The Above Features are Suggestive of Fibro-Epithelial Polyp

There are multiple oral lesions that mimic each other clinically [2] and hence, a thorough histopathological examination is a must to arrive at a proper diagnosis. Clinicopathological overview of such lesions will prevent misdiagnosis of such oral swellings.

Declaration of Patient Consent

The authors certify that they have obtained all appropriate written patient consent form. In the form, the patient has given her con-

sent for his images and other clinical information to be used for publication purpose. The patient understands that her name and initials will not be published, and due efforts will be made to conceal their identity.

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Nil.

Conflicts of Interest

There are no conflicts of interest.

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