

## Case Report

### Fibroepithelial Polyp of the Buccal Mucosa: a case report

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#### ABSTRACT

##### Background

Fibroepithelial polyp is one of the benign lesions of oral cavity which occurs as inflammatory response to trauma. It is mostly asymptomatic but sometimes causes problems of mastication. Clinically, patients with fibroepithelial polyp present to the hospital as a painless pedunculated or sessile swelling. They can be treated by simple surgical excision or by other methods such as electrocautery or laser ablation.

##### Methods

In our case, a 62-year-old man reported to the ENT OPD with a soft to firm, painless pedunculated swelling in the right buccal mucosa which was surgically excised under local anesthesia.

##### Results

Histopathological examination of the excised specimen confirmed the diagnosis as fibroepithelial polyp.

##### Conclusion

Fibroepithelial polyp should be kept as one of the differential diagnoses of benign soft tissue lesions of the oral cavity.

**Keywords:** Fibroepithelial, Oral cavity, Polyp, Benign

## INTRODUCTION

Fibroepithelial polyp is one of the benign soft tissue lesions of the oral cavity.<sup>1,2</sup> It is also known by various terms such as irritation fibroma, traumatic fibroma, and a fibrous nodule or fibroma. The prevalence of the lesion is 1% - 2%.<sup>1</sup> One such case of fibroepithelial polyp of right buccal mucosa is being reported here.

### Case History

A 62-year-old man reported to ENT OPD with a painless swelling over the right buccal mucosa appreciated since few months. It was insidious in onset and was non progressive. On examination, a solitary, pedunculated swelling about 1 cm X 1 cm with well-defined edges noted in the right buccal mucosa, which was soft to firm in consistency and non-tender (Figure-1). Preoperative blood investigations were

done and the lesion was surgically excised under local anesthesia. The excised specimen was sent for histopathology and reports came as fibroepithelial polyp.

## DISCUSSION

Fibroepithelial polyp occurs as an inflammatory hyperplastic lesion in response to chronic irritation. The sites of lesion in oral cavity include buccal mucosa and tongue.<sup>3</sup> The most common etiological factors in oral cavity are repeated lip/cheek biting, irregular denture borders, overhanging restorations, calculus, sharp tooth edges, or other oral prostheses. It is more commonly found in the second to fourth decade of life. It is more predominantly seen in females.<sup>3</sup> Mostly it is asymptomatic but can cause problems in speech and mastication if it attains big size.<sup>4</sup> The most common clinical presentation is a painless swelling which is either sessile or pedunculated. The size of

such fibromas is generally 1.5 cm or less. They are typically pink in color similar to the color of surrounding mucosa.<sup>5</sup> If they are infected, the color may change to red. The differential diagnoses of lesion are mucocele, lipoma, salivary gland tumor, neoplastic lesion.<sup>2</sup> It is most commonly treated by conservative surgical excision.<sup>2</sup> The other modalities of treatment are electrocautery, laser, cryosurgery, intralesional injection of ethanol or corticosteroids, or sodium tetradecyl sulfate sclerotherapy.<sup>1</sup>



**Figure-1:** A 1 cm X 1 cm swelling over the right buccal mucosa

## CONCLUSIONS

Fibroepithelial polyp, even though rare, should be kept as a differential diagnosis of soft tissue lesions of the oral cavity. It is managed by surgical excision and diagnosis is confirmed by histopathological examination.

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