# **Case Report**



# **Paediatrics**

# FIBRO-EPITHELIAL POLYP OF A GINGIVAL COL IN A 5YR OLD PEDIATRIC PATIENT: A RARE CLINICAL SCENARIO

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Children exhibit a wide spectrum of oral lesions including hard and soft tissue lesions of the oral maxillofacial region. These lesions include mucosal conditions, developmental anomalies, neoplastic, reactive or inflammatory lesions. Such children displaying intraoral lesions decree detailed assessment, diagnosis, management and parental counselling in conjunction with a reassurance aiding in timely diagnosis of both usual and rare oral tissue presentation in them. This case article presents an overview for recognition and management of fibro-epithelial polyp of gingival col, a rarely witnessed clinical scenario in children under 5yrs of age.

# KEYWORDS: Fibro-epithelial Polyp, Gingival Col, Oral Lesions, Pediatric

#### INTRODUCTION

The lesions presenting in the oral cavity of children under 10-12yrs are considerably significant in pediatric dentistry. Although they pertain to the oral cavity they may reflect an underlying systemic condition. These may be clinically misdiagnosed or left untreated owing to lack of parental education, awareness and resources<sup>1</sup>.

Cooke referred to any pedunculated lesion of the mucosal surface as a "polyp" (fibro-epithelial polyp) and any pedunculated or sessile lesion in the gingiva as "epulides." Fibro-epithelial polyps most commonly occur in the buccal mucosa along the line of occlusion while epulides commonly occur in the maxillary anterior region<sup>2</sup>. The following termininolgies synonyms are commonly used to describe FEP (fibroepithelial polyp) of gingiva; Fibroepithelial Polyp of Gum; Fibroepithelial Polyp of the Gingiva; Fibroepithelial Polyp of the Gingiva; Fibroepithelial Polyp of the Gum; Fibroepithelial polyp<sup>3</sup>.

Such an instance reinforces the importance of oral care from the very first month's of life in order to enable dentists to make precocious diagnosis and offer more appropriate treatments to oral diseases, as well as to promote efficient oral health from the beginning years of life.

# CASE REPORT

A baby girl aged 5yrs with her parents visited our unit with a chief complaint of swollen gum in the mandibular anterior region from past few months with no change in its size. Intra oral examination revealed satisfactory occlusion with no occlusal interferences and generalised spacing in between the maxillary and mandibular anterior teeth. There was no history of any deleterious habits.

#### **CLINICAL FINDINGS:**

There was a painless pedunculated nodular overgrowth arising from the interdental gingiva between 81 and 82 (Figure 1). It appeared to be mobile with no tendency to bleed on probing. (Figure 2). No occlusal interference (Figure 3).

## RADIOLOGICAL FINDINGS:

A periapical intra oral radiograph revealed no significant lesion. No signs of caries in the teeth in question. (Figure 4) Children of such young ng age usually show resistance to dental treatment and, therefore, this is why diagnosis and treatment of oral lesions are not always made and offered at such an early age. In this case, the parents did not express their consent for tissue biopsy and hence histopathological report could not be sought.

## DISCUSSION

The oral cavity is a dynamic region that is constantly exposed to various external and internal stimuli, resulting in a myriad of diseases, from developmental to reactive and neoplastic. Their management requires thorough knowledge of the various lesions and accurate clinical assessment for diagnosis, prognosis, treatment and parental counselling. Majority lesions are asymptomatic and benign hence

resolve without any intervention<sup>4</sup>.

The common reason for occurrence of such oral polyps could be tissue irritation or any mild trauma from external objects such as pencil or brush

Pediatric patients can present with various intraoral lesions that require accurate diagnosis, treatment or reassurance, and possible referral for a dental evaluation. Periodic review of oral soft-tissue pathology can help the medical team to easily recognize common and rare abnormalities affecting children. Recent years have brought new insights into the causes and treatment of periodontal diseases of children, making prevention or treatment of many formerly untreatable conditions possible. Early detection of these oral conditions may be life saving<sup>5</sup>.

## CONCLUSION

Oftentimes, the parents of such young age are not aware that there exists an oral lesion in their child's oral cavity. This is probably due to the difficulty in examining their child's mouth and in identifying the exact time of eruption of the primary teeth, as well as others issues such as poor oral hygiene and presence of gingivitis.

The purpose of presenting such a rare clinical scenario was to create awareness amongst fellow dentist's about such occurrences and emphasis on reassurance to the over concerned parents from non-threatening oral lesions.

Oral and dental care should start at a very young age in order to enable dentists to provide effective guidelines for prevention and precocious diagnosis and enable them to offer adequate treatment of diseases of the oral cavity, thereby improving the chances of a correct prognosis and avoiding future problems.



Figure 1



Figure 2



Figure 3



Figure 4

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