

# Impacted Tooth Behind the Traumatic Fibroma: Case Report

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## Abstract:-

### ➤ *Background:*

Traumatic fibroma or irritational fibroma are one of the most common intra oral soft tissue lesions. Traumatic fibroma represent the soft tissue response to a constant irritant. These irritants can be a faulty restoration, plaque or calculus induced inflammation. Site of occurrence is not fixed but buccal mucosa is most commonly involved.

### ➤ *Methods:*

Surgical excision of fibroma and impacted tooth and placement of Platelet rich Fibrin.

### ➤ *Results:*

Because PRF was used, it was seen that the region healed more efficiently and without any complications.

### ➤ *Conclusions:*

Complete excision of the lesion with treatment of any irritating factor like tooth should be considered. Healing of the site was seen to be faster and without any complication seen due to use of PRF. PRF should be considered as part when treating large defects.

**Keywords:-** Fibroma, Impacted Tooth, PRF.

## I. INTRODUCTION

The most common benign development in the oral cavity is a fibroma.<sup>[1]</sup> A frequent benign exophytic and reactive oral lesion that forms after an injury is the traumatic or irritational fibroma.<sup>[2]</sup> It is a fibrous submucosal tumor which is the end result of a chronic healing process that includes granulation tissue and scar formation. Recurrences are uncommon and may be brought on by consistent trauma to the same area. There is no chance that the lesion will become cancerous.<sup>[1]</sup> Considering all the aspects it can be said that it is a common benign, slow-growing tumour of the soft tissue. Typically, this is a slow-growing lump without any symptoms.<sup>[1]</sup> These lesions may be brought on by any irritants, including plaque, calculus, overhanging edges, and restorations.<sup>[3-5]</sup> A focal fibrous hyperplasia may have caused an injury or localized inflammation that led to fibroma.<sup>5-8</sup> This article explains a case of a 50-year-old woman with a traumatic fibroma in the upper front buccal mucosa of the mouth cavity. Which was present with an impacted incisor.

Before closing the site, we put the PRF for better post-operative results.

## II. CASE DESCRIPTION AND RESULTS

A 50-year-old woman who had been complaining of fibrous development in the upper front buccal mucosa region for four months had visited the department of oral and maxillofacial surgery. According to a detailed case history recorded, she had no pertinent medical or dental history. On clinical examination there was an impacted incisor presented behind the fibroma. Four months ago, it was just a little lesion that gradually grew to its present size. Growth has interfered with proper mouth function and chewing. A solitary, painless, sessile, well-defined lump with a smooth surface was visible during intraoral examination. Palpation revealed a firm, lobulated swelling with a maximum diameter of about 3 x 3 cm in relation to teeth 12 and 21 on the upper buccal mucosa, along with a pointed cusp that could cause traumatic occlusion with the side (Figure 1).

### ➤ *Surgical Procedure:*

The patient was informed about the treatment process and given the opportunity to provide her informed consent. Standard blood tests were run, and the results fell within the acceptable range. Under all aseptic precaution and under local anesthesia the lesion was completely excised from its base. Then the impacted central incisor was removed (Figure 2, 3&4). 5 ml blood was withdrawn from cuboidal vein for preparation of PRF (Figure 5). PRF was placed inside the socket of 11 and in surgical defect (Figure 6). Closure done with 3-0 black braided silk suture (Figure 7). Amoxicillin (500 mg), paracetamol/acetaminophen, and serratiopeptidase were prescribed as post-operative drugs for a period of five days beginning on the day of surgery.

## III. DISCUSSION

In the literature, it has been reported that certain oral lesions, including irritational fibromas and mucoceles, can be brought on by traumatic occlusions, local etiological factors, and oral behaviours like lip-biting and sucking. A fibrous submucosal tumour known as a fibroma is the end consequence of a prolonged healing process that creates granulation tissue and scarring. In the case report from 2018, Parkavi et al. discussed the diagnostic, histological details, and surgical therapy of an irritational fibroma brought on by

local trauma.<sup>[8]</sup> 153 (53.3%) of the 300 patients in a study by Santiago Torres Domingo et al. in 2008 looking at the frequency and type of the most common oral mucosal benign tumours were histologically identified as fibromas, providing that this is the most prevalent benign tumour of the oral cavity.<sup>[9]</sup>

Surgery is frequently used to remove it, and unless the damage or irritation's source is fully eliminated, recurrence is uncommon. Females have been documented to have irritant fibromas in 66 percent of cases. The first ten years of life are the rarest for its occurrence. The lesion normally grows slowly over the course of a few months, reaching its maximal size whether it is sessile or has a pedunculated base. Rarely does the size reach 1.5 cm. The lesion in the current example, however, was much greater than usual. In most cases, it does not convert into cancer. To notice change and recurrences of these lesions, however, long-term evaluation is necessary. PRF shows better post operative healing, control in the swelling and pain when used. (Figure 7 & 8)

Depending on clinical and anatomical factors, different treatment techniques have been employed to treat such lesions, including the use of surgical scalpels, electrocautery, lasers, etc. However, compared to conventional methods addition of use of PRF shows faster and better healing. scarring and tissue contraction is less.

Platelet-rich fibrin (PRF) is a second generation platelet concentration which is produced by simplified protocol. PRF consists of a fibrin matrix polymerized in at extra molecular structure, the incorporation of platelets, leukocyte, and cytokines, and the presence of circulating stem cells <sup>[10-12]</sup>. There are many studies showing accelerating wound healing of PRF in periodontal defects, cyst cavities and sinus floor augmentation in the literature. <sup>[13-15]</sup>

#### IV. CONCLUSIONS

Complete excision of the lesion with treatment of any irritating factor like tooth should be consider. Healing of the site was seen to be faster and without any complication seen due to use of PRF. PRF should be considered as part when treating large defect.

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- The authors report no conflicts of interest related to this study.

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**FIGURES**



Fig 1 Pre-OP Photo Showing Impacted Tooth and Fibroma.



Fig 6 Placement of PRF in the Defect.



Fig 2 Removal of Fibroma and Impacted Tooth.



Fig 7 Suturing of the Defect.

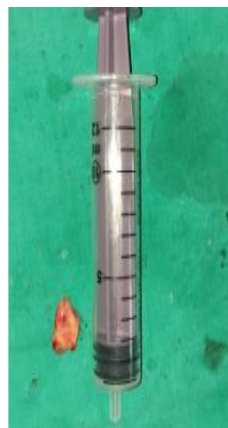


Fig 3 & 4. Showing Removed Tooth and Fibroma.



Fig 8 7 days Follow-up of site.

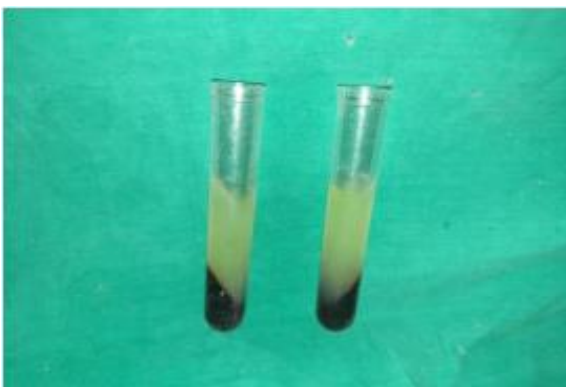


Fig 5 Showing Prepared PRF.



Fig 9 15 days follow-up.