Case Report

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Pediculated Giant Epulis For a Cameroonian Male

Nokam Abéna Marie Elvire[1,2], Essama Eno Belinga Lawrence[3], Boutchouang Raoul-Papy[4] and Bengondo Messanga Charles[2]

[1]*Odontostomatology Unit, District Hospital of Cite-verte, Yaounde.*

[2]*Departement of Periodontology, Oral and Maxillo-Facial Surgery; Faculty of Medicine and Biomedical Sciences of the University of Yaounde I.*

[3]*Faculty of Medicine and Pharmaceutical Sciences, University of Douala.*

[4]*University of the Mountains, Bagangté.*

***Correspondence:**
Dr. Nokam Taguemné Epse Abéna Marie Elvire, Odontostomatology unit, District Hospital of Cite-verte Yaounde, Tel : (237)699975202.

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ABSTRACT

Epulis is a benign inflammatory tumor with relapse potential, which is usually found on the gingiva. The main contributing factors of its appearance are chronic and recurring injury or inflammatory process, oral hygiene status, nutrition, alcohol intake, pharmacotherapy and hormonal disturbance. Clinically it presents as a non-painful nodule with a hard consistence, pedunculated or sessile which may bleed at touch. The appropriate diagnosis should be done by histological examination. The recommended treatment is surgical removal. We report the case of a 49-year-old rural Cameroonian male who presented with giant epulis which was successfully treated during a normal routine consultation at a District Hospital in Yaounde.

Keywords

Epulis, Benign tumor, Pseudotumor, Cameroun.

Introduction

Epulis is a relatively common tumor rather than a true neoplasia, usually asymptomatic with a variable growth rate [1]. It develops in response to certain chronic factors such as recurring gingival tissue injury or inflammatory process, excessive tarter accumulation, important tooth crown destructions, excessive alcohol intake, and hormonal disturbance, which stimulates an exuberant tissue response [2,3].

Current anatomopathologist classifications differentiate three types of epulis based on their tissue origin: fibrous epulis, granulomatous epulis and giant cell epulis (myeloid epulis) [2]. However, there are other forms described in literature such as congenital epulis fissuratum, pregnancy tumor and hormonal disorders this explains the predominance in women [2,3]. Epulis usually appears in the interdental papilla due to local irritation (DCI,Tartre) [1,2]. We present an interesting case of a massive fibrous epulis arising from the mandibular gingiva associated with tooth number 46 to Cameroonian male.

Case Report

49 year old male, resident at LEKIE subdivision (in the center region of Cameroon) presents upon consultation this November 2019, a large gingival mass of approximately 6cm x 4cm x 3cm in volume, slightly painful upon palpation, arising from the lingual surface of the mandibular gingiva, in relation to tooth 46 and growth since two years (Figure 1).

Figure 1: Mass located at the inferior labial gingival, associated with tooth 46, extending right up to the mesial border of the 43.

Consistency was firm, smooth surfaced, pedunculated, ulcerated, did not bleed when touched, mobility of the associated tooth objectivized, and without palpable regional lymph nodes. The mass which started around two years ago and progressively increasing in size, was preceded by spontaneous, insomnating tooth ache involving tooth 46. Patient presented considerable bacterial plaque deposit. His medical history revealed no pathological condition except for few episodes of epigastric pain. This mass imposed difficulty in speaking and eating. The above clinical signs oriented us towards the diagnosis of epulis.

Pre - operatory hematological findings were normal, fasting blood sugar was 1.48g/l. Radiographic findings did not demonstrate any bone involvement (Figure 2).

Figure 2: Pre operatory radiograph showing no signs of lysis of bone around 46 tooth.

The mass was surgically removed totally in one piece by excision of its peduncle with a surgical blade under local anesthesia using lidocaine 2% with vasoconstrictor associated with the extraction of the incriminated tooth. The base was evacuated, the bone thoroughly curetted and the healthy gingiva sutured over it. Macroscopically, the epulis appeared as a non-lobulated mass with a coral pink aspect (Figure 3).

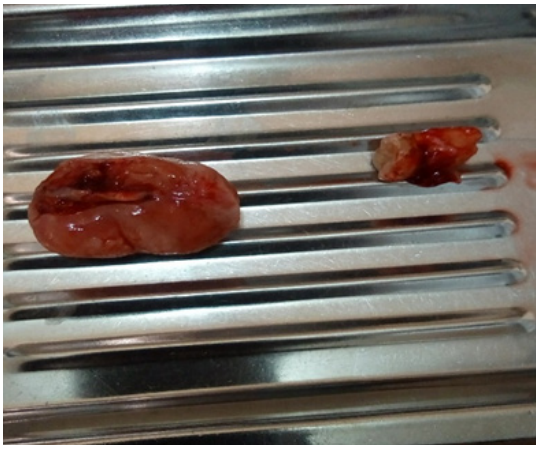

Figure 3: Coral pink mass, volume 6cm x4cm x3cm, firm consistency, smooth surface, non- lobular and tooth 46.

Treatment initiated before and after surgery was Ciprofloxacin 1500 mg with Metronidazole 1500 mg per os daily, associated with an antalgic anti-inflammatory Ketoprofen 300 mg daily and mouth wash with Chlorhexidine 0,12% in solution. Histological examination of the operating room revealed the presence of dense fibrous tissue, presenting calcification focus in some places and an important vascularization, without neoplasia, concluding with an ulcerated inflammatory epulis.

The patient was seen three days after surgery, and showed maximal recovery with excellent scarring (Figure 4). He was seen a week later for post- operative control and removal of sutures. Patient is without any recurrence at the time of this report.

Figure 4a: The surgical day.

Figure 4b: Three days post-surgical.

Discussion

Fibrous epulis is most often characterized by a well limited tissue growth, of smooth surface, usually with normal colored mucosa, of firm consistency, sessile or pedunculated base, may bleed on contact, mostly due to hormonal imbalance, reasons why it is most common in females than in males [2]. It is a highly recurrent inflammatory excrescence following chronic local irritation or hormonal disturbances, explaining its frequency in pregnant women [2,3].

Though the mentioned characteristics correlate with our case, it is important to highlight the fact that the occurrence of epulis in males, though rare, is mostly due to either repeated or recurrent localized trauma to the marginal gingiva or due to poor oral hygiene status, excessive consumption of alcohol, smoking of cigarette [4]. Etiologies of this nature are very common in the Sahel regions of Africa [5].

Whatever the etiology, it should be well noted that epulis is not a neoplasm and lacks malignant characteristics (well limited, no regional adenopathy's associated, non- painful, no invasion of neighboring tissues) [6]. Nevertheless, epulis left untreated may continue to increase in size considerably. Although the diagnosis of epulis is clinical, histological examinations permits us to affirm with precision our diagnosis. The anatomo-pathological examinations correlate with our clinical findings, affirming a benign tumor [6,7].

The treatment of choice remains surgical removal under local anaesthesia [5]. However, large lesions can sometimes be resected under general anaesthesia [6]. In our case, the choice of local anaesthesia was motivated by the need to minimise the costs of the procedure, given the satisfactory state of the patient's biological

and clinical parameters.

However, the tumor may recur despite surgical removal. This risk of recurrence implies the need for clinical surveillance.

Conclusion

In most cases the diagnosis of epulis is based on clinical findings. It can occur at any age when -ever the predisposing factors are present. It usually complicates the prognosis of the associated tooth by causing excessive tooth mobility in majority of cases. The recommended treatment is surgical excision after a local or loco-regional anesthesia. As in the case of any mass from the oral cavity, histological examination should be a routine, as it permits us to affirm with certitude our diagnosis.

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