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Fibroepithelial Hyperplasia in a Pediatric Patient: A Case Report

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ABSTRACT

Fibroepithelial hyperplasia is a common reactive lesion of the oral cavity resulting from chronic irritation or trauma. Although frequently observed in adults, its occurrence in pediatric patients is relatively uncommon. This case report describes a 5-year-old male patient presenting with fibroepithelial hyperplasia in the maxillary anterior region, which was successfully managed by complete surgical excision. No recurrence was observed after one year of follow-up.

Keywords: Fibroepithelial hyperplasia, pediatric oral lesion, reactive lesion, surgical excision

INTRODUCTION

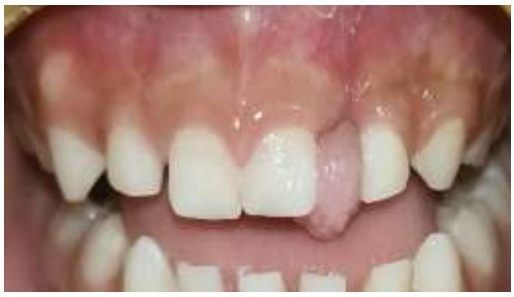
Fibroepithelial hyperplasia, also known as irritation fibroma, is a benign reactive proliferation of fibrous connective tissue caused by chronic mechanical irritation such as plaque accumulation, calculus, or traumatic occlusion. Clinically, it presents as a slow-growing, painless, sessile or pedunculated mass with a color similar to adjacent mucosa.
Early diagnosis and management are important in pediatric patients to prevent functional and esthetic concerns and to rule out other pathological entities.

Case Report

A 5-year-old male patient reported to the Department of Pediatric Dentistry with a chief complaint of a localized growth in the upper anterior region of the mouth. The parents noticed the lesion for several months, with no associated pain or bleeding.

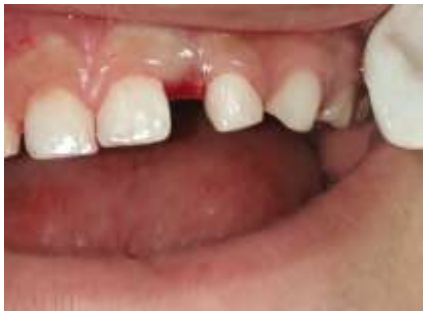
On intraoral examination, a **pedunculated soft tissue growth** was observed in the maxillary anterior region, located **between teeth 61 and 62**. The lesion was firm in consistency, non-tender, and covered by normal-appearing mucosa. There were no signs of ulceration or infection. The child's medical history was non-contributory.

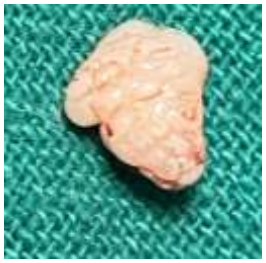
Based on clinical findings, a provisional diagnosis of fibroma was made.



Treatment

Considering the localized nature of the lesion, **complete surgical excision** was planned. Biopsy revealved a definitive diagnosis of fibroepithelial hyperplasia. Under strict **aseptic conditions**, the pedunculated lesion was excised in toto using a scalpel, ensuring removal from all sides and complete elimination of the base and sent for histopathological examination. Hemostasis was achieved, and postoperative instructions were given to the parents.





Intra-operative

Post-operative

Follow-Up

The patient was kept under regular follow-up. Healing was uneventful, and at the **1-year follow-up**, the surgical site showed healthy gingival tissue with **no evidence of recurrence**.

DISCUSSION

Fibroepithelial hyperplasia represents a reactive response of connective tissue to chronic irritation. In children, such lesions may arise due to poor oral hygiene or mechanical trauma. Differential diagnoses include pyogenic granuloma, peripheral giant cell granuloma, and peripheral ossifying fibroma.

Complete surgical excision along with removal of etiological factors is the treatment of choice and has an excellent prognosis.

CONCLUSION

Fibroepithelial hyperplasia, though uncommon in children, should be considered in the differential diagnosis of localized gingival growths. Early surgical intervention ensures complete resolution and prevents recurrence. Long-term follow-up is essential to monitor healing and recurrence.

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