

Differential diagnosis of reactive tumoriform lesions in the gingiva - case series

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INTRODUCTION AND OBJECTIVE

The reactive tumoriform lesions in the gingiva represent a set of fibrous lesions of the connective tissue, which usually arise as a result of a local etiological factor such as irritation due to presence of calculus, food impaction, irregular restorations, low grade trauma and iatrogenic factors¹. The purpose of this communication is to demonstrate, through clinical cases, the most relevant reactive tumoriform lesions in the gingiva in the oral cavity.

DESCRIPTION OF CLINICAL CASES

A 79-year-old, with arterial hypertension and renal failure. Asymptomatic lesion, whose anatomopathological examination derived from the excisional biopsy revealed the diagnosis of

Pyogenic Granuloma (Lobular capillary hemangioma)

Exuberant proliferation of connective tissue in response to injury (traumatic injury, for example) or known stimulus. Pediculated or sessile lesion, color that varies from red to purple and occurs predominantly in the gingiva. It shows rapid growth and is asymptomatic. Its treatment is surgical excision.^{2,3,4}



A 42-year-old female patient medicated with paroxetine. Asymptomatic lesion, whose anatomopathological examination derived from the excisional biopsy revealed the diagnosis of

Peripheral giant cell granuloma (Lobular Capillary Injury or Epulis)

It occurs exclusively in the gingiva or alveolar ridge and presents as a relatively uncommon hyperplastic response. It is asymptomatic, its coloration varies from red to bluish red and may be sessile, pediculated and / or ulcerated. Histologically it is distinguished by the presence of multinucleated giant cells. Its treatment is surgical excision.^{1,2,3}



A 39-year-old male patient, medicated with pregabalin and tapentadol. Asymptomatic lesion, whose anatomopathological examination derived from the excisional biopsy revealed the diagnosis of

Peripheral Ossifying Fibroma

Growth that occurs exclusively in the gums. Some authors assume that it develops from pyogenic granulomas or from reactions of the periodontal ligament. Nodular mass, sessile or pediculated, common in the anterior maxillary region. Predominant in the female gender, in adolescents and young adults. It is histologically a proliferation of fibroblasts associated with mineralized material. Its treatment is surgical excision.^{2,3,5}



A 45-year-old male patient, with no relevant medical history. Asymptomatic lesion, whose anatomopathological examination derived from the excisional biopsy revealed the diagnosis of

Fibrous Hyperplasia (Traumatic Fibroma, Fibroepithelial Polyp)

More frequent in the jugal mucosa, usually sessile or pediculated. Histologically, there is an increase in the nodular volume of fibrous connective tissue and stratified squamous epithelium. The treatment is surgical excision, and histopathological analysis is fundamental since other tumors may mimic their clinical appearance.^{2,3,6}



CONCLUSIONS

Tumoriform lesions present a high prevalence in the oral cavity, so knowing how to identify their clinical characteristics is fundamental for evaluating etiological factors and having the correct approach. The definitive diagnosis is based on anatomopathological examination and excisional biopsy is a fundamental tool for the dentist to implement the most indicated therapy, to have a positive prognosis and to avoid recurrences.

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