

# Uncommon case of symmetrical fibrous hyperplasia of the hard palate

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**Abstract.** – The fibrous hyperplasia of the palate (fibroma) is a benign tumor which has its origin in the soft tissue and whose frequency is estimated to be 1.2% on adult subjects. Rarely the size exceeds the cm, but in these cases a complaint of increasing difficulty of mastication and swallowing appears. We describe the case of a young white woman affected with two peculiar symmetric lesions of the secondary hard palate, that could be the consequence of an abnormal answer to a chronic inflammatory stimulation.

*Key Words:*

Fibrous hyperplasia, Palate, Fibroma.

## Introduction

The fibrous hyperplasia of the palate (fibroma) is a benign tumor originating in the soft tissue and whose frequency is estimated to be 1,2% on adult subjects<sup>1-3</sup>. In the majority of cases the fibrous hyperplasia clinically appears<sup>4</sup> as a submucous hard, deeply firm and solitary swelling. Its maximum diameter is usually inferior to the one cm size and it occurs in the labial, buccal mucosa, in the hard palate and tongue. It is covered of normal mucosa. Etiologic factors reported in literature<sup>5,6</sup> include genetic predispositions or alterations, infective agents (virus), carcinogen, immunologic and nutritional elements (chilies, spicy food, tobacco and betel nut chewing, vitamin B deficiency and protein malnutrition). The most serious consequence of this disease is a malignant transformation<sup>6</sup> or the development of squamous cell carcinoma of the affected tissue, which occurs within 3% to 6% of cases. It may be then supposed that the fibrous element of the hyperplasia is the consequence of an abnormal answer to chronic inflammatory stimulation<sup>7</sup>. Rarely the size exceeds the cm, but in these cases a complaint of increasing difficulty of mastication and swallowing appears.

We describe the case of a young white woman affected with two peculiar symmetric lesions of the secondary hard palate.

## Case Report

A 24 years old white woman was referred for evaluation of two lesions of the secondary hard palate, that appeared spontaneously and has been growing slowly almost for about 5 years after her last pregnancy. The painless lesions had been at a first time gradually growing up till reaching the size of 3 cm and causing difficulty in mastication and swallowing. The patient was otherwise in good health and her medical history was not contributory. Intraoral examination showed two 3-cm painless symmetric and lobulated lesions, absolutely well circumscribed, firm, covered of normal mucosa and red-pink coloured inside of the secondary hard palate (Figure 1). The attraction of this case is the observation of the perfect symmetry between both the lesions, which lead us thinking about a malformation rather than an inflammatory event.

Cefalic CT basal scan only revealed a hyperplasia of the mucosa of the dorsal palate together with a great obstruction of the intraoral cavity and a parodontopathia and decay of teeth 1.6 and 2.6 (Figure 3). The radiologic examinations didn't give suspicions for diagnosis.

The lesions have been totally surgically removed. At their place it's now evident the absence of teeth crown and the root decay of 1.6 and 2.6 teeth, already present since some time but not visible at the time of the pre-operative examination because of both the lesions presence.

At the histologic examination the tumor consisted of a very low cellularity range inside of the collagenous fibrous tissue, with few inflammatory cells and squamous old epithelium covered with a slight hyperplasia. Diagnosis: benignant fibrous hyperplasia.



Figure 1. Pre-surgical clinical condition.

The post-operative phase was uneventful and the recovery succeeded spontaneously.

At 3-years follow-up the patient has remained disease free, though a never cared parodontopathia and decay (Figure 2).

## Discussion

The clinical pathologic features of the case described in this article show a peculiarity because of the uncommon existence of such dimensions oral cable fibromas as a perfectly symmetric couple.

Many cases about intraoral fibrous hyperplasia have been reported in literature. Clinically they were solitary, firm, well circumscribed, painless and slowly growing lesions.

These lesions' differential diagnosis<sup>6-8</sup> includes benign and malignant soft tissue's tumors (solitary fibrous tumors, neurofibroma, myxoma, gi-



Figure 2. At 3-years follow-up the patient has remained disease free.



Figure 3. Radiologic examination.

ant cells fibroma, low-grade sarcoma, sclerotic fibroma, mucocele, minor salivary glands and bone palate malignant tumors).

After excluding tumor's pathology as an adequate clinic diagnosis it becomes necessary to discover the risk factors and the probable pathologies due to dental items, which could be the *primum movens* into the proliferative and inflammatory above lesions pathogenesis. The diagnosis can only be histologic on surgical specimens.

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