



Giant Mandibular Epulis: A Case Report

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

Article Information

Editor(s):

(1) Dr. Roberta Gasparro, University of Naples Federico II, Italy.

Reviewers:

(1) P. Jayanthi, Azeezia College of Dental Sciences & Research, India.

(2) Mehmet Melih Omezli, Ordu University, Turkey.

(3) Anil Chandra, King George's Medical University, India.

Complete Peer review History: <http://www.sdiarticle4.com/review-history/62304>

Case Study

Received 20 September 2020

Accepted 27 October 2020

Published 11 December 2020

ABSTRACT

We report the case of a giant mandibular epulis, observed at a fifty-year-old patient. The tumor was taking root in the alveolar bone from the retro-molar to the symphyseal regions; the patient arrived late to the hospital. This great tumor encumbered the whole mouth and induced functional and aesthetic discomfort. The intervention has been done under general anesthesia. It started by total resection of the epulis, denudation, and a revision of the alveoli, then a multiple tooth extraction with a restoration of the gum. The postoperation period was simple and allowed the patient to find his manducatory function. The pathology analysis of the surgical material concluded that it was an inflammatory epulis, with no signs of malignant transformation.

Keywords: Epilus; benign tumor; mandible; surgery.

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1. INTRODUCTION

Epulis is a gingival pseudo-tumor that can have a locoregional or even general complications. These complications have been observed in Africa, including Morocco where diagnostic delays are linked to medico-social considerations [1]. If neglected, the epulis can grow up to a considerable size.

The marginal gingiva is very involved in the tumor with periodontal disease and alveolar bone [2]. Typically, the epulis is located on the vestibular gingiva [1]. We report a case of giant mandibular gingival epulis that posed a diagnostic problem.

2. MEDICAL OBSERVATION

A healthy fifty-years-old man was reported to the oral and maxillofacial department. He presented a large masse covering the whole mouth.

The exo-oral examination showed a respected facial symmetry with slight pro-mandibula (Fig. 1). There was no palpable submandibular or cervical lymphadenopathy.

The endo-oral examination, we observe the presence of a right mandibular tumor masse, at the expense of the alveolar bone, painless and firm on palpation, not bleeding on contact with covering mucosa with normal appearance, and extending from the retro molar to the symphyseal region (Fig. 2).

The Orthopantomogram objectified underlying alveolar bone lysis, without signs of tumor invasion (Fig. 3).

Surgical excision was performed under general anesthesia, removing the entire tumor and multiple tooth extractions with a gingival restoration (Fig. 4).

The patient benefited from a simple suture of the gingiva and directed-healing of his loss of substance with good results (Fig. 5).



Fig. 1. Extraoral view

The pathology analysis of the surgical material confirmed the inflammatory Epulis with the absence of malignancy.

The prognosis is good.

3. DISCUSSION

The Epulis is a benign, circumscribed gum tumor, preferentially located at the neck of one or two adjacent teeth [3]. It rarely occurs in men, with a preference for the vestibular side, rarely lingual [4].

At the clinical stage, the differential diagnosis is as follows [5]:



Fig. 2. Endoral view



Fig. 3. Panoramic Radiography



Fig. 4. Gingival Tumor Removal



Fig. 5. Gingival recovery after tumor removal



Fig. 6. Epilus histological picture

- Gingival hyperplasia
- Pyogenic granuloma
- Fibromatous epulis
- Other tumors of the mouth: (squamous cell carcinoma, melanoma, fibrosarcoma).

Diagnosis of epilus is normally confirmed histologically from a surgical material and it shows several varieties (simple epulis, inflammatory, fibrous, giant cell, vascular, granulomatosis) [2]. Without appropriate treatment, it can lead to a large tumor, posing a

diagnostic problem and causing functional or aesthetic discomfort [6,7]. Complete surgical excision with pathology examination remains the solution. Healing without sequelae is the rule [4].

The study by niedzielska et al. [4] shows that the most frequent forms are inflammatory epuli and giant cell epuli. They represent 84% of their sample.

The prognosis of epulis is not related to the histological aspect. In general, the prognosis is good with the absence of recurrence after total excision of the tumor roots and the removal of irritant factors [2,4].

The epulis is a common tumor that rarely reaches the size of the one reported in this observation. That great size would be linked to the combination of several factors: delay in treatment in hospital, irritant action of the repeated trauma due to the upper teeth [5,8], and the ignorance of oral pathologies among primary care physicians (dentists and general practitioners)

4. CONCLUSION

Inflammatory epulis is a common benign tumor caused by localized gingival hyperplasia-inflammatory in nature- secondary to imperfect healing of a gum lesion. This abnormal scarring can be aggravated by local irritations and endocrine factors.

Poverty, ignorance and difficult access to modern hospitals are all factors that delay surgical management and cause in sometimes a significant functional and aesthetic damage.

Primary health centers must fully play their role in screening and referral of patients to speed up their medical treatment.

CONSENT

As per international standard or university standard, patient's consent has been collected and preserved by the authors.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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Peer-review history:
The peer review history for this paper can be accessed here:
<http://www.sdiarticle4.com/review-history/62304>