

A Congenital Granulomatous Epulis in Neonate

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Abstract: Congenital epulis, also known as Neumann tumour, is a rare entity. It is a benign condition that involves gingival mucosa of the neonate, solitary in 90% cases. The exact incidence of the entity has not been estimated. Curative treatment of the rare condition is simple. We present a 2 days old neonate who has presented with upper gingival epulis, was successfully treated with surgical excision.

Keywords: Congenital epulis, neonate, granular cell epulis.

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INTRODUCTION

Congenital epulis which is a congenital gingival benign tumour which was described by Neumann [1]. The lesion is generally present since birth, more seen in female children [2] and involves maxillary or mandibular gingiva [3]. Epulis may present in various sizes with either because of mere appearance or difficulty in feeding or respiration. Though spontaneous regression has been observed and reported in literature, recommended treatment is simple, which is excision. There is no reported case of recurrence, possible malignant changes or future teeth disruption [4].

CASE REPORT

A full term, appropriate for gestational age, male neonate was born in our tertiary care institute with upper gingival solitary epulis with feeding difficulty who was managed on oro-gastric tube feeding. Antenatal ultrasounds had revealed no abnormalities.

Baby was delivered vaginally with uneventful rest postnatal course.

On examination, baby had 2*2 cm sized mass arising from upper gingival mucosa and just left to midline with intermittent areas of superficial necrosis, with no other intraoral abnormality (fig 1). Baby had difficulty in breast feeding but no respiratory difficulty. The lesion (fig. 2-A) was excised under sedation with transfixation of its' base. Blood loss during the procedure was minimal and post-operative recovery was uneventful.

Histopathology of the lesion revealed surface lining of atrophic keratinizing stratified squamous epithelium with core containing cells with abundant eosinophilic granular cytoplasm and minimal stroma which is consistent with congenital granular cell epulis (fig 2-B).



Fig-1: Baby with epulis



Fig-2-A: Resected specimen of epulis

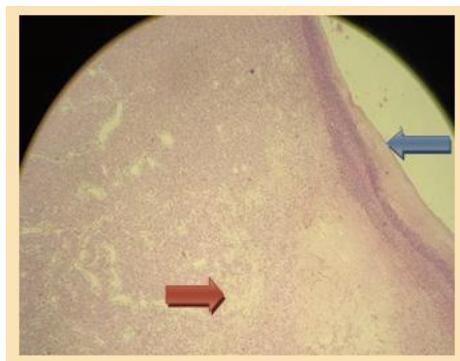


Fig-2-B: Blue arrow showing compressed surface squamous epithelium and pink arrow showing cells containing eosinophilic granular cytoplasm

DISCUSSION

Congenital epulis is a rare lesion of oral cavity having female preponderance (8-10:1) [2] and maxillary :mandibular gingival origin ratio of 3:1 [3]. Exact incidence of Congenital Epulis has not been estimated till date, to the best of our knowledge. The lesion may or may not be diagnosed on antenatal ultrasound while the diagnosis is made at birth on clinical grounds when a neonate is born with mass of gingival origin, which is usually solitary but can be multiple in 10% of the cases. It generally interferes with feeding and sometimes may produce respiratory difficulty. Differential diagnoses for the congenital epulis are congenital granular cell tumour, fibroma, haemangioma, dermoid cyst,

teratoma, rhabdomyoma, granuloma, Epstein's pearls, cephalocele, melanocytic or pigmented neuroectodermal tumours, lymphatic malformations, schwannoma and heterotopic gastrointestinal cyst. In the literature, no associated other congenital anomalies are reported; except one report says association of hypospadias [6].

It is not yet clear if congenital epulis represents a neoplastic or reactive lesion but it is hypothesized that maternal hormonal influence is an important factor in the growth of the lesion considering the fact of its occurrence in newborn. Features favoring its benign origin are spontaneous regression (which has been

reported in some cases) [5]; no local recurrence (even after incomplete excision) [4] and lack of a malignant counterpart [4].

Recommended treatment for epulis is surgical excision, although one may opt for 'watchful waiting' for spontaneous regression if it is small and is not interfering with feeding or respiration.

CONCLUSION

Congenital epulis is a rare, reactive lesion of oral cavity with gingival origin. The diagnosis is suspected on clinical grounds and the curative treatment is simple surgical removal.

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