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Management of a Case of Gingival Epulis and Review of Literature

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Abstract: Gingival epulis is a circumscribed, non-motile, circulatory hyperplastic pseudo-tumor characterized by an absence of alarming symptomatology that can be observed at any age of female predominance. Its precise etiology is not yet known, but the aetiopathogenic approach made by many authors makes it possible to distinguish it from local and general factors. The aim of this study was to present a case of gingival epulis and to discuss the arguments of the literature. A 56-year-old female CM, living in a rural area (Déguela, Kangaba Circle, Republic of Mali), whose general condition was well preserved, and having as a history dental avulsions with oral hygiene defective. In 2014, she noted the appearance of a swelling at the level of the vestibular gingiva with visible mandibular incisors preventing the closure of the mouth so in the village it was treated witch hence the primary motivation for consultation. The swelling was painless, did not bleed, but gradually increased in volume according to her despite taking amoxicillin in self-medication and the traditional treatment therefore became embarrassing. The general clinical examination was normal and in endobuccal, the lesion was localized at the mandibular, gingival, vestibular level, anterior between 34 and 42. Complementary examinations (hemogram, hemostasis assessment, blood biochemistry, retro-alveolar radiography) were without particularities. An excision plus deep curettage and suture of the lesion was performed under local anesthesia. Histological examination of the lesion confirms the diagnosis of epulis and thus differentiates it from other benign or even malignant gingival tumors. The control examination at 12 months postoperatively reveals no signs of recurrence. The clinical diagnosis of the epulis will be done in the presence of a painless mass, pediculated or sessile on the gum but especially histology. Prevention requires rigorous oral hygiene and regular visits to the dental office. The management allowed a socio-professional reintegration of the patient with a prosthetic restoration.
Keywords: Gingival epulis, care, Military Hospital.

INTRODUCTION

Gingival epulis is a circumscribed, non-motile, circulatory hyperplastic pseudo-tumor characterized by an absence of alarming symptomatology that can be observed at any age of female predominance. Its precise etiology is not yet known, but the etiopathogenic approach made by many authors makes it possible to distinguish it from local and general factors. The objective of this study is to present a case of gingival epulis and to discuss the arguments of the literature.

OUR COMMENT

A 56-year-old woman living in a rural area (Déguela, Kangaba Circle, Republic of Mali), whose general condition was well preserved, and having a history of dental avulsions with oral hygiene defective. In 2014, she noted the appearance of a vestibular gingiva with visible mandibular incisors preventing the closure of the mouth so it was treated by the primary motivation for consultation. The swelling was painless, did not bleed, but gradually increased in volume and volume.

The general clinical examination was normal and in endobuccal, the lesion was localized at the mandibular, gingival, vestibular level, anterior between 34 and 42. Complementary examinations (hemogram, hemostasis assessment, blood biochemistry, retro-alveolar radiography) were without particularities. An excision plus deep curettage and suture of the lesion was performed under local anesthesia. Histological examination of the lesion confirms the diagnosis of epulis and thus differentiates it from other benign or even malignant gingival tumors. The control examination at 12 months postoperatively reveals no signs of recurrence. Conclusion: The clinical diagnosis of the epulis will be done in the presence of a painless mass, pediculated or sessile on the gum but especially histology. Prevention requires rigorous oral hygiene and regular visits to the dental office. The management allowed a socio-professional reintegration of the patient with a prosthetic restoration. Keywords: Gingival

epulis, care, Military Hospital INTRODUCTION Gingival epulis is a circumscribed, non-motile, circulating hyperplastic pseudo-tumor characterized by an absence of alarming symptomatology that can be observed at any age of female predominance [1,2]. Epulis are globular tumors of the interdental gingival space that are reactive hyperplasias of a constituent of the connective tissue. The lesion is rarely congenital and mainly affects adults. Several types can be distinguished depending on whether it is a vascular hyperplasia, fibroblastic or extracellular connective stroma. Vascular epulis, which resembles botriomyoma of the skin, is a lesion that is not uncommon in pregnant women. It bleeds easily at the slightest trauma. Giant cell epulis is the result of a richly vascularised granulation tissue containing giant cells plurinucleate in abundance. In older lesions, bundles of collagen predominate [11]. Its precise etiology is not yet known, but the etiopathogenic approach made by many authors makes it possible to distinguish it from local and general factors. His diagnosis is usually easy but needs to be confirmed by histological examination. In some cases, the tumor disappears on its own, but may also cause functional discomfort due to its increased volume, or even partially ossify in the absence of treatment [3]. The objective of this study was to present a case of gingival epulis and to discuss the arguments of the literature.

OUR OBSERVATIONS

A woman aged 56, living in a rural area (Déguela, Kangaba Circle, Republic of Mali), whose general condition was well preserved, and having a history of dental avulsions with defective oral hygiene. In 2014, she noted the appearance of a swelling at the level of the vestibular gum next to the visible mandibular incisors preventing the closure of the mouth so in the village it was treated witch hence the primary motivation for consultation. The swelling was painless, did not bleed, but gradually increased in volume according to her despite taking amoxicillin in self-medication and the traditional treatment therefore became embarrassing. So she consults the Kangaba Reference Health Center. Because of the absence of a specialist in dentistry and / or maxillofacial surgery, she was referred in July 2015 by the Health Center for specialized management of the gingival mass.

The general clinical examination was normal and in endobuccal, the lesion was located at the mandibular, gingival, vestibular, and anterior between the 34 and the 42. Figure 1. Complementary examinations (hemogram, hemostasis assessment, blood biochemistry, retro radiography-alveolar) were without particularities. An excision plus deep curettage and suture of the lesion was performed under local anesthesia Figure 2.

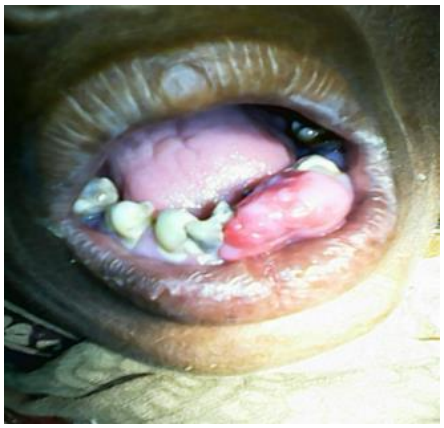

Fig-1: Localization of the swelling of the 34 to the 42

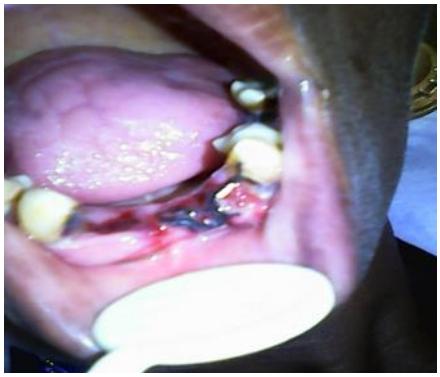

Fig-2: After the excision

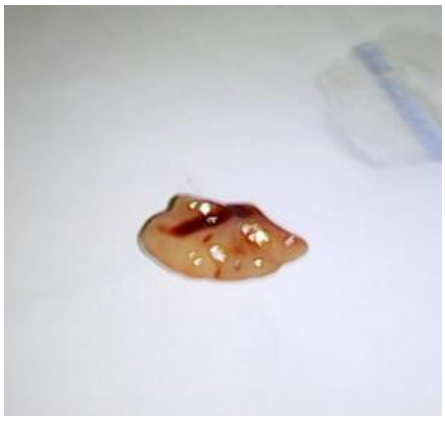

Fig-3: Operative part

Histological examination of the lesion confirms the diagnosis of epulis and thus differentiates it from other benign or even malignant gingival tumors [1,4]. The control examination at 12 months postoperatively reveals no signs of recurrence.

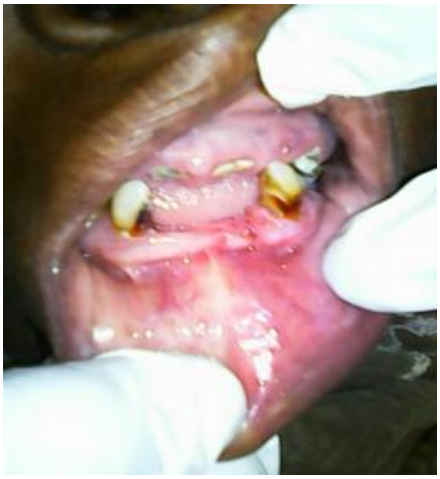

Fig-4: 1 week

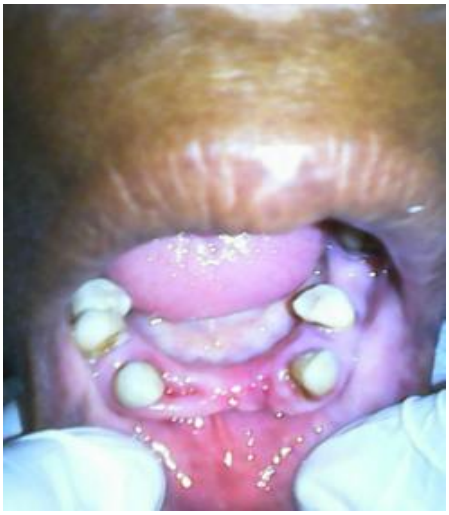

Fig-5: 2 months

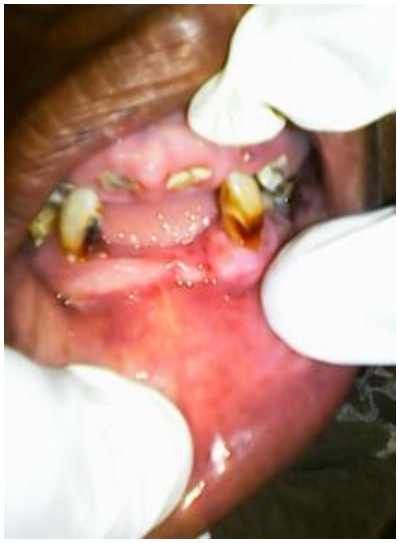

Fig-6: 6 months

DISCUSSION

The gingival epulis has already been the subject of a study carried out in the fifties [5] and nowadays in many countries [3]. Epulis is found mainly in female individuals [6]. It occurs at any age and rare cases of congenital epulis are reported [6-8]. The clinical picture reflects the descriptions of Gingival Epulis.

To date no precise etiology has been determined, but the aetiopathogenic approach made by many authors makes it possible to distinguish local and general factors (inflammation, trauma, hormonal ...) favoring its appearance [7-9]. A post-avulsion epulis is sequelae of extraction. It can be confused with lesions of similar appearance such as a pyogenic granuloma, an hernia of the maxillary sinus [10]. In the case of traumatic epulis, practitioners must treat the finish of restorations and prosthetic edges [3]. These factors were ruled out because our patient was not wearing prosthesis and there were no overflowing dental restorations.

To date, with the medical and technological innovations, several means are proposed but the treatment of choice of the gingival epulis remains surgery by the cold blade [1], associated with the elimination of the local factors [3].

In our study, surgical excision was done with the cold blade and the result is satisfactory. Nevertheless, excision surgery should be well conducted to prevent recurrence. Indeed, deep curettage was performed to remove all pathological tissues.

Antibiotic therapy by combination of Spiramycin and Metronidazole at 6 million IU and 1g per day twice daily for 10 days, Aceclofenac 100 mg tablet twice daily, Paracetamol 500 mg due to three grams per day and chlorhexidine-based mouthwash a bath twice a day have been prescribed.

The patient was reviewed for control 1 week, 2 months and 6 months after treatment and the result is satisfactory Figure 4.

CONCLUSION

The epulis is a pseudo-tumor with a gingival hyperplasia, frequent, female predominance of not precise etiology. The clinical diagnosis will be done in the presence of a painless mass, pediculated or sessile on the gum but especially histology. Prevention requires rigorous oral hygiene and regular visits to the dental office. The management allowed a socio-professional reintegration of the patient with a prosthetic restoration.

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