Case Report: A large leaf fibroma

Anna Maxwell and Nick Grey from the University of Manchester Dental Hospital discuss the diagnosis and treatment of large leaf fibromas

Introduction

Soft tissue pathologies associat ed with dentures include infections, reactions to the denture materials and mechanical injury. Chronic atrophic candidiasis, also known as denture stomatitis, is a common condition that affects the palatal mucosa of denture wearers. It is often caused by a candidal infection secondary to unsatisfactory dental hygiene and ill-fitting dentures. Xerostomia and some systemic conditions, including HIV, will further predispose patients to candidiasis. Allergic reactions to denture material constituents do occur but is considered rare. The burning sensation perceived as an allergic reaction is more commonly caused by mechanical irritation. Traumatic ulcers in denture wearers can be caused by overextensions or uneven occlusal loading. A case has been reported by adjustments to the denture. It has been reported that chronic injury from dentures can predispose patients to oral carcinomas thus emphasising the importance of regular dental reviews for denture wearers.

Leaf fibromas are pink, fibrous, pedunculated lesions that have been flattened against the palate by a denture. Treatment involves surgical excision followed by construction of a new, close-fitting denture. Leaf fibromas can be a source of anxiety for patients, even when they have been present for many years. The differential diagnosis can include giant cell lesions, phoe nician granulomas and malignancy. Therefore it is essential that histopathological examination is carried out to confirm the diagnosis.

Discussion

The histopathology of leaf fibromas includes dense irregular connective tissue fibres, covered by epithelium which is usually hyperplastic. Although classic in appearance, histopathology examination should be carried out to exclude giant cell lesions, phoenician granulomas and malignancy. A case has been reported in the literature of a patient who presented with a lesion resembling a leaf fibroma but on biopsy was shown to be a malignant melanoma.

Case Report

A 54 year old female patient was referred to the Department of Restorative Dentistry at the University of Manchester Dental Hospital by her General Dental Practitioner. She attended complaining of a “dangly bit” in her palate that had been present for approximately five years. The lesion was not painful but interfered with her upper complete denture which she had been wearing for approximately 15 years.

The patient’s medical history included depression, hypertension, hyperlipidaemia, arthritis, asthma and rhinitis. She was taking a polypharmacy of fluoxetine, felodipine, bendroflumethiazide, simvas tatin, naproxen, salbutamol, beclomethasone, loratidine, citalopram, omeprazole and pre gabalin. The patient had hayfe ver, dust allergy and was allergic to sepiro.

On examination there was a large, pink, pedunculated soft tissue lesion in the patient’s palate, as shown in Figure 1.

Discussion

The lesion was excised and histopathological examination confirmed the clinical diagnosis of a leaf fibroma. A new set of dentures were subsequently constructed by the patient’s general dental practitioner.