



Palatal fibroma in a geriatric patient: A rarity

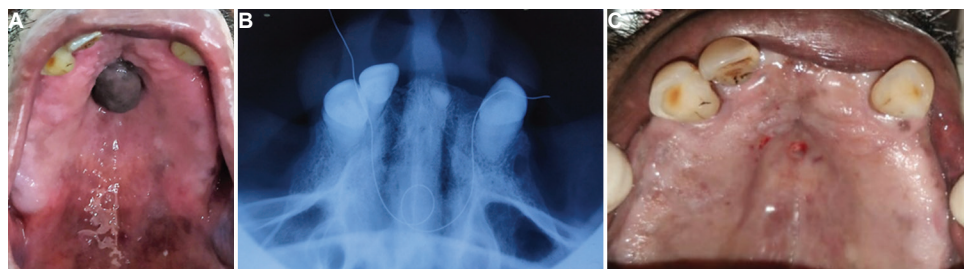


Fig. 1. (A) Pre-operative picture showing growth in the mid-palate. (B) Occlusal radiograph with string showing no bony involvement. (C) Picture showing immediately after excision of growth in the mid-palate.

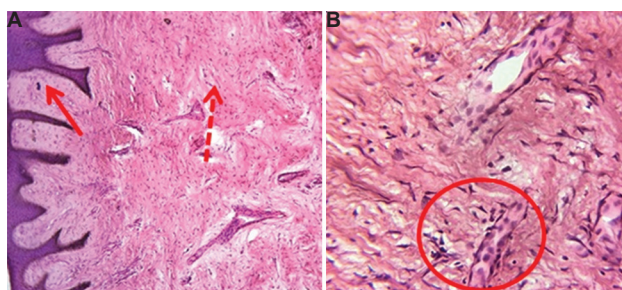


Fig. 2. (A) Photomicrograph showing dense bundles of collagen fibres (dotted arrow) with stratified squamous epithelium (arrow) (H and E, $\times 10$). (B) Abundance of spindle-shaped fibroblasts was seen (inside the circle) which are characteristics of fibroma (H and E, $\times 40$).

A 63 yr old male[†] patient reported to the department of Oral Medicine and Radiology, Tamil Nadu Government Dental College & Hospital, Chennai, India, in June 2019, with complaints of replacement of missing teeth. The patient gave a history of growth in the mid-palate for the past 20 years. Intraoral examination revealed a growth measuring 1.5×1 cm, brownish-black in colour, oval in shape with smooth surface. On palpation, growth was firm in consistency and non-tender with sessile base in the mid-palate (Fig. 1A).

Clinically, the palatal growth was diagnosed as fibroma. Maxillary occlusal radiograph with string around the growth was taken which revealed no bony involvement (Fig. 1B). The patient's medical history was non-contributory, and blood investigations were within normal limits. Excisional biopsy of the palatal growth was planned, and excision of the growth was done under local anaesthesia (Fig. 1C). Histopathological examination of the excised palatal growth (Fig. 2A and B) confirmed the clinical diagnosis of fibroma. The patient was under regular follow up for one month. No recurrence was

[†]Patient's consent obtained to publish clinical information and images.

seen till then with satisfactory healing. The patient was advised for complete denture prosthesis after extraction of periodontally compromised teeth.

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Conflicts of Interest: None.

Jayachandran Sadaksharam*

& Iswarya Kathiresan

Department of Oral Medicine & Radiology,
Tamil Nadu Government Dental College
& Hospital, Chennai 600 003,
Tamil Nadu, India

**For correspondence:*

drsjayachandranmds@yahoo.com

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