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‘Epulis Fissuratum’- Should have Kept an Eye Out- A Narrative Review

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ABSTRACT: Denture-induced fibrous hyperplasia, or epulis fissuratum, is a benign overgrowth of the oral mucosa that is usually brought on by long-term mechanical irritation from poorly fitting dentures. In the vestibule of the mouth, especially around the flange of dentures, this ailment manifests as a fibrous lesion. Constant pressure and friction cause the mucosal tissues to undergo reactive hyperplasia, which leads to the overgrowth. Despite being largely painless, epulis fissuratum can be uncomfortable, affect how well dentures fit, and can result in infection or ulceration. The primary cause of epulis fissuratum is dentures, particularly poorly fitting ones that repeatedly injure the mucosal tissue. Poor dental hygiene, diabetes, immunosuppression, hormone imbalances, and smoking are some of the factors that might make the problem worse by reducing the tissue's capacity to repair and causing inflammation.

I. INTRODUCTION

A benign tissue overgrowth known as epulis fissuratum usually results from trauma or ongoing irritation, most frequently from poorly fitted dentures. It might appear as a solid, fibrous mass of tissue that often takes the form of mucosal folds or ridges at the junction of the attached and free mucosa, or it can develop in the free mucosa lining the sulcus. It seems to be caused by long-term irritation by poorly fitting or excessively long dentures. Different names for the disorder include "denture-induced fibrous hyperplasia" and "denture hyperplasia." [1,2]

*Denture Hyperplasia- Refers to the overgrowth of the mucosal tissue due to mechanical irritation from dentures. [3]

*Fibroepithelial Polyp - A term used when the overgrowth is more fibrous and epithelial in nature. [4]

Pathophysiology:

Chronic Mechanical Irritation: Prolonged pressure or friction from an ill-fitting denture is the primary cause.

Inflammatory Response: The tissue reacts by producing excessive fibrous tissue to repair the damage, leading to the formation of the epulis fissuratum.

Signs and Symptoms of Epulis Fissuratum

Epulis fissuratum, often referred to as denture-induced fibrous hyperplasia, is a condition marked by a number of clinical manifestations that arise from persistent irritation, usually brought on by poorly fitting dentures. The disorder mainly manifests as a fibrous, benign outgrowth of the oral mucosa along the edges of the dentures. Among the symptoms and indicators are the following:

1. Clinical Features (Signs):

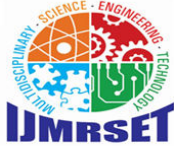
Firm, Hyperplastic Masses: Epulis fissuratum usually presents as firm, non-tender, and fibrous tissue growth along the borders of a denture. These masses can be localized to the area where the denture contacts the soft tissues. [3]

Presence of Fissures or Folds: The overgrowth often presents as multiple folds or fissures in the mucosa, which may appear as ridged, thickened areas along the denture flange. [2]

Hyperkeratosis: The overgrown tissue may be associated with hyperkeratosis (thickening of the outer layer of the skin), leading to a rough texture. [5]

Ulceration: In some cases, particularly when the irritation persists, the tissue can become ulcerated, resulting in discomfort and pain. [3]

Variable Size and Shape: The size of the growth can vary depending on the degree of irritation. In some cases, the tissue overgrowth may become quite large, but it typically remains confined to the area of contact with the denture. [2]



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2. Symptoms:

Pain or Discomfort: Patients may feel uncomfortable, particularly if the overgrowth tissue becomes an ulcer or if the denture is pressing on them constantly. Wearing dentures may make the pain worse. [3]

Mucosal Inflammation: The affected mucosa may appear red or inflamed, particularly if there is acute irritation or infection present. [1]

Difficulty Wearing Dentures: The presence of epulis fissuratum can make wearing dentures painful or uncomfortable, leading to the patient avoiding denture use altogether. [3]

Bleeding: If the fibrous tissue becomes traumatized, bleeding may occur, especially during denture insertion or removal. [2]

Diagnostic Criteria for Epulis Fissuratum

Clinical characteristics, patient history, and ruling out other related disorders are the main factors used to diagnosis epulis fissuratum. A thorough assessment of the patient's history of denture use, the lesion's location, and the presenting symptoms are all part of the diagnostic procedure. The primary diagnostic standards for epulis fissuratum are listed below:

1. Patient History:

Denture Use: A history of ill-fitting dentures or continuous use of dentures is crucial in diagnosing epulis fissuratum. The lesion typically develops in areas where the denture flange exerts pressure on the soft tissues.

Duration of Symptoms: A prolonged history of discomfort or tissue irritation, often correlating with the duration of denture use, is commonly reported by patients.[3]

2. Clinical Examination:

Lesion Location: The lesion is usually found at the denture-bearing area, most commonly along the denture borders. It appears as an overgrowth or hyperplasia of mucosal tissue.

Fibrous and Firm Consistency: The tissue is typically firm and non-tender to palpation, with a fibrous texture. It is often thickened, with or without a smooth surface.

Presence of Fissures or Folds: The mucosa often shows folds or fissures along the edges of the denture, and the overgrown tissue may resemble ridges.

Hyperkeratosis: The overgrowth can display features of hyperkeratosis, resulting in a rough, white appearance. [2]

3. Exclusion of Other Conditions:

Differential Diagnosis: Other conditions such as fibroepithelial polyps, oral granulomas, and oral cancers should be ruled out, as these can present with similar clinical features.

Histopathological Examination: While diagnosis is primarily clinical, histopathology may be used for confirmation in ambiguous cases. A biopsy will typically show fibrous tissue with minimal cellular atypia, confirming the benign nature of the lesion. [5]

4. Appearance of the Lesion:

Size and Shape: The lesion can vary in size, but it is generally confined to the borders of the denture. It may form large, bulbous growths or smaller localized areas.

Color: The lesion may be pink or pale, depending on the degree of hyperkeratosis, and can show signs of inflammation or ulceration if traumatized.

Ulceration: Ulceration may be present, especially in areas of continuous irritation or in cases where the lesion becomes infected or traumatized by the denture. [3]

5. Clinical and Radiological Assessment:

Radiographic Features: A thorough examination of the denture and the patient's oral cavity can assist detect indications of pressure sores or mucosal irritation that may be contributory causes, even though epulis fissuratum does not exhibit typical radiographic abnormalities. But radiographs aren't usually needed for diagnosis. [2]

6. Response to Treatment:

Relief with Denture Modification: The condition may show signs of improvement when the denture is properly adjusted or relined, providing relief from irritation. This is a key indicator in confirming the diagnosis.



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Surgical Treatment: Surgical excision may be necessary if the lesion continues after the irritant (the poorly fitted denture) has been modified or removed. The diagnosis of epulis fissuratum is supported by a favourable response to such treatment. [1]

Etiology:

This benign soft tissue overgrowth is a response to prolonged pressure and friction exerted on the mucosal tissue, leading to tissue hyperplasia and inflammation. Below are the main causes of epulis fissuratum:

1. Ill-Fitting Dentures:

Chronic Mechanical Irritation: The primary cause of epulis fissuratum is the constant irritation of the soft tissues by poorly fitting dentures. The denture borders or flanges that do not fit properly create continuous pressure on the mucosa, leading to fibrous tissue overgrowth. [3]

Excessive Pressure Points: Dentures that apply uneven pressure to the soft tissues can create localized areas of irritation, contributing to the development of epulis fissuratum in areas with direct contact with the denture flange. [2,6]

2. Poor Denture Hygiene:

Accumulation of Plaque and Bacteria: Inadequate cleaning and maintenance of dentures may lead to the accumulation of plaque, which can irritate the mucosa and contribute to the development of epulis fissuratum. Bacterial colonization exacerbates the inflammatory response in the soft tissues. [5]

3. Ill-Fitting Denture Material:

Hard Denture Materials: In some cases, dentures made of hard acrylic materials can cause frictional irritation against the oral tissues, resulting in chronic irritation and the formation of epulis fissuratum. The rigidity of the material can exert more pressure than flexible materials. [3]

4. Inadequate Denture Reline or Adjustment:

Failure to Relieve Pressure: A failure to adjust or reline dentures that have become worn or poorly fitting over time can exacerbate mucosal irritation, leading to the formation of epulis fissuratum. Older dentures that are not regularly maintained may not fit the patient's oral anatomy correctly. [6]

5. Trauma or Injury:

Mechanical Trauma: Any form of trauma, such as accidental bites, blunt force trauma to the mouth, or any other form of injury to the mucosal tissues can cause localized irritation, leading to the overgrowth of fibrous tissue. [3]

6. Systemic Factors:

Hormonal Changes: Hormonal fluctuations, particularly those occurring during pregnancy or menopause, can affect the oral mucosa, potentially increasing the risk of developing lesions like epulis fissuratum, especially in individuals who wear dentures. [5]

Diabetes Mellitus and Immune System Deficiency: Systemic conditions that affect healing and immune response, such as diabetes or autoimmune disorders, may increase the risk of developing chronic mucosal irritation and lead to epulis fissuratum. [7]

7. Age and Wear on Dentures:

Aging of Dentures: With age, dentures can lose their fit and adapt less well to the oral tissues. The aging of denture material can lead to constant irritation of the mucosa and contribute to the development of epulis fissuratum. [1]

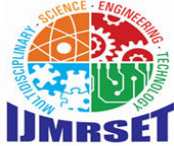
Classification of Epulis Fissuratum

The clinical presentation, location, and degree of tissue overgrowth are used to categorise Epulis fissuratum. This classification aids in prognosis and therapy guidance. Despite being regarded as a single entity in most cases, epulis fissuratum can be divided into many categories based on the following criteria:

1. Based on Severity (Size of the Lesion):

Mild Epulis Fissuratum:

This kind is characterised by a slight overgrowth of mucosal tissue, usually seen as a tiny fold or ridge along the denture edge. It doesn't result in severe pain or ulceration. [3]



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Moderate Epulis Fissuratum:

In this stage, the overgrowth becomes more prominent and may present as a thicker, more fibrous mass along the denture border. The tissue may become irritated, leading to mild ulceration. [2]

Severe Epulis Fissuratum:

This kind manifests as widespread tissue growth, which can lead to severe pain, ulceration, and trouble wearing dentures. Surgical surgery may be necessary if the tissue extends significantly beyond the denture margins. [1]

2. Based on Location:

Anterior Epulis Fissuratum: The anterior (front) portion of the mouth is impacted by this type, particularly the labial mucosa along the denture flange. Because it is located in the area of the mouth cavity that is visible, it is usually more prominent. [3]

Posterior Epulis Fissuratum:

This type occurs along the posterior denture border and affects the posterior mucosa. It may be less noticeable initially but can still cause irritation or difficulty with denture retention. [2]

Generalized Epulis Fissuratum: In certain instances, the lesion may affect both the front and posterior portions of the oral cavity. More thorough care is frequently needed for this widespread variety. [6]

3. Based on Histopathological Characteristics:

Fibrous Epulis Fissuratum: The overgrowth consists primarily of fibrous tissue with minimal inflammatory infiltrate. This is the most common form of epulis fissuratum, and the tissue appears dense and firm. [3]

Inflammatory Epulis Fissuratum: In some cases, epulis fissuratum may exhibit more inflammatory features, with a higher presence of immune cells like lymphocytes and neutrophils. This can occur when there is ongoing irritation or infection. [2]

4. Based on Treatment Response:

Reversible Epulis Fissuratum: This form of the lesion is reversible with appropriate treatment, such as denture adjustment or relining. When the irritant (ill-fitting denture) is removed, the tissue may regress. [7]

Persistent Epulis Fissuratum: In some cases, despite modifying the denture or improving oral hygiene, the lesion does not resolve and may require surgical excision. Persistent lesions often indicate a more severe form of the condition. [8]

5. Based on Age of Onset:

Early Onset Epulis Fissuratum: This type is seen in individuals who have had dentures for a relatively short period of time but are already experiencing irritation and fibrous overgrowth due to a poor fit. [3]

Late Onset Epulis Fissuratum: Seen in patients who have worn dentures for a longer period, this form may be related to cumulative trauma or poor denture hygiene over time. [2]

Epulis Fissuratum Treatment

A methodical strategy is used to treat epulis fissuratum, with the goals of eliminating the irritant, encouraging tissue repair, and, if required, surgically excising the lesion. The severity of the lesion, the patient's health, and the underlying reason of the irritation are all taken into consideration while designing the treatment strategy. The suggested course of treatment is as follows:

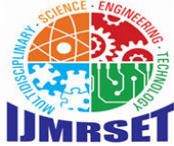
1. Remove the Disgruntled Party (Dentures Adjustment):

First Step: Eliminating the cause of irritation is the first and most important step in treating epulis fissuratum. This is typically the result of an improperly fitting prosthesis or denture.

Denture Reline or Adjustment: The irritation brought on by the denture flange can be lessened by making adjustments to the denture, such as relining or flattening the edges.

Assessment of Denture Fit: In certain situations, if the current denture cannot be sufficiently altered, a new one can be required.

Time to Recuperate: Patients should be allowed time to heal following the relining or adjustment because the mucosa may require some time to recover from the ongoing discomfort. [1]



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2. Tissue Conditioner Usage:

Tissue Conditioner Application: The denture is treated with tissue conditioners if there is active irritation or inflammation. Tissue conditioners aid in the healing of the soft tissues while momentarily softening the denture material and improving fit. Cushioning from tissue conditioners lowers pressure and promotes mucosal healing. [3]

3. Medical Treatment of Inflammation: Anti-inflammatory Drugs or Topical Steroids: Topical steroids like hydrocortisone may be recommended to treat severe inflammation in order to lessen pain and swelling.

Antibiotics: A course of antibiotics may be required if the lesion becomes infected or exhibits symptoms of ulceration. [2]

4. Surgical Excision (If Required): Surgical Indications: Surgical excision might be necessary if the lesion continues after conservative therapy and denture correction, or if it results in severe discomfort and ulceration. The extra fibrous tissue is usually excised during the procedure.

Procedure: Under local anaesthesia, the lesion is carefully removed. To guarantee a smooth contour, the surrounding mucosa is typically moved. For more accurate lesion excision in certain situations, laser surgery may be employed.

Post-Surgical Care: Post-operative care includes preventing denture irritation, maintaining good cleanliness, and promoting appropriate wound healing. It could be necessary to temporarily fit the patient with a prosthesis or a soft relin. [3]

5. Follow-Up After Surgery: Recovery and Observation: Regular follow-up appointments are required following surgical excision in order to track the healing process and make sure the lesion doesn't return. Additionally, it enables the dentures to be adjusted to prevent further aggravation of the affected area.

Denture Relining or Replacement: The denture should be reassessed for fit after the tissue has healed. If necessary, additional modifications or relining may be required. [6]

6. Recurrence Prevention:

Continuous Care for Dentures: To stop recurrence, dentures must be continuously monitored and cared for. Patients should be taught about good denture hygiene and have their denture fit examined on a regular basis.

Frequent dental examinations: Frequent follow-ups guarantee the early detection of any new irritation or epulis fissuratum symptoms.

Patient Education: Recurrence risk can be considerably decreased by teaching patients about appropriate denture care, the value of routine denture cleaning, and the necessity of routine dental checkups.

Systemic Conditions That Can Aggravate Epulis Fissuratum

The development or worsening of epulis fissuratum may be influenced by certain systemic disorders, especially those that affect the healing capacity of the oral mucosa, impair the immune system, or change hormone levels. Through direct or indirect pathways, these systemic disorders may result in more severe or persistent types of epulis fissuratum. The systemic conditions listed below may exacerbate or worsen the condition:

1. Diabetes Mellitus

Impact on Healing: Diabetes is associated with delayed wound healing and an increased risk of infections. This can complicate the resolution of epulis fissuratum, especially if the lesion becomes ulcerated or infected.

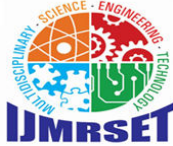
Increased Inflammation: High blood sugar levels can also promote chronic inflammation, which may worsen the tissue response to mechanical irritation from dentures.

Poor Oral Hygiene: Diabetic patients are at greater risk of gum disease and oral infections due to a weakened immune system. [7]

2. Hormonal Changes (Pregnancy, Menopause)

Pregnancy: During pregnancy, hormonal fluctuations, particularly increased levels of estrogen and progesterone, can cause changes in the oral mucosa, making it more susceptible to irritation and overgrowth. Pregnant women wearing dentures may experience exacerbated irritation, leading to epulis fissuratum.

Menopause: Post-menopausal women may experience similar hormonal changes that can affect oral tissues, including a decrease in salivary flow and increased mucosal sensitivity, making them more prone to developing epulis fissuratum. [6]



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3. Immune System Deficiencies

Immunosuppressive Conditions: Conditions that compromise the immune system, such as HIV/AIDS or those receiving immunosuppressive drugs (e.g., corticosteroids), can impair the body's ability to control local infections and inflammation, which may aggravate epulis fissuratum.

Autoimmune Diseases: Autoimmune conditions like rheumatoid arthritis or lupus can also cause an inflammatory response that exacerbates tissue overgrowth when mechanical irritation is present. [3]

4. Cardiovascular Disease (Hypertension and Atherosclerosis)

Poor Circulation: Individuals with cardiovascular diseases such as hypertension or peripheral vascular disease may experience poor blood circulation, which can reduce the healing capacity of the oral mucosa and contribute to the persistence of epulis fissuratum. [2]

5. Genetic Predisposition (Fibrous Lesions)

Genetic Factors: Individuals with a genetic predisposition to fibrous tissue overgrowth (e.g., in conditions such as familial multiple fibromatosis) may be more prone to developing epulis fissuratum in response to chronic irritation from dentures. [3]

6. Malnutrition

Nutrient Deficiencies: A deficiency in essential nutrients, particularly vitamin A, vitamin C, and protein, can impair tissue repair and immune function. This may increase the likelihood of persistent inflammation and worsen epulis fissuratum in individuals with poor nutritional status. [1]

7. Smoking

Tobacco Use: Smoking is associated with impaired healing of oral tissues and increased susceptibility to chronic inflammation. In patients wearing dentures, smoking can further exacerbate the mechanical irritation from the denture, contributing to the persistence or worsening of epulis fissuratum. [2]

8. Poor Oral Hygiene and Chronic Infections

Chronic Infections: Conditions that lead to chronic oral infections, such as periodontitis or candidiasis, can impair the integrity of the oral mucosa and contribute to irritation. When combined with ill-fitting dentures, this increases the risk of developing epulis fissuratum. [3]

Line of Treatment for Denture-Induced Epulis Fissuratum in Patients with Systemic Diseases

A thorough, interdisciplinary strategy is necessary to treat denture-induced epulis fissuratum in individuals with systemic illnesses. Both the underlying systemic condition or conditions that may worsen the condition and the local irritation brought on by the poorly fitting dentures must be addressed in the treatment strategy. Conservative measures, medicines, and, if required, surgery are all part of the treatment plan. The systemic disease is also continuously monitored and managed.

1. Assessment of the Systemic Condition

Thorough Medical Evaluation: A detailed evaluation of the patient's medical history, including systemic conditions such as diabetes mellitus, hormonal imbalances (e.g., during pregnancy or menopause), immunosuppressive diseases, and cardiovascular disease, should be carried out. This helps to understand the potential impact of the systemic condition on the healing process.

Coordinate with the Physician: Collaboration with the patient's physician is important to ensure that the systemic disease is being managed appropriately. For example, if the patient has diabetes, it is important to ensure that blood sugar levels are well-controlled to promote optimal healing. [3]

2. Eliminate the Irritant (Denture Adjustment)

Denture Reline or Adjustment: The first line of treatment is to relieve the irritation caused by the denture. Ill-fitting dentures should be relined or adjusted to ensure a better fit. This reduces the mechanical pressure on the mucosa and allows the epulis fissuratum to heal.

Use of Tissue Conditioners: In cases where the mucosa is still inflamed, tissue conditioners can be applied to the denture to provide a cushioning effect and promote tissue healing.



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Temporary Denture Solutions: In severe cases where the denture cannot be immediately adjusted, temporary soft dentures or relines may be used to relieve irritation while the lesion heals. [1]

3. Management of Systemic Conditions

Diabetes Mellitus: Proper management of blood sugar levels is essential in promoting wound healing and preventing infection. If the patient is on insulin or oral hypoglycemic agents, these should be monitored closely. In some cases, antibiotics may be prescribed if there is any sign of infection.

Local Anti-inflammatory Agents: In diabetic patients, the use of topical corticosteroids may be indicated to reduce inflammation. However, caution is needed as corticosteroids may interfere with wound healing in diabetic patients. [7]

Hormonal Conditions (e.g., Pregnancy, Menopause): Hormonal fluctuations can make oral tissues more sensitive and prone to irritation. Hormonal management (e.g., during pregnancy or menopause) is important. Dentures should be adjusted to minimize irritation, and tissue conditioners should be used to facilitate healing. [8]

Immunosuppressive and Autoimmune Conditions: For patients on immunosuppressive therapy (e.g., corticosteroids, chemotherapy), managing the systemic condition is vital to reduce the risk of infection and poor healing. Antibiotics may be prescribed if there are signs of infection. [3]

4. Medical and Pharmacological Management

Topical Corticosteroids: For mild to moderate cases of epulis fissuratum, the application of corticosteroids can reduce inflammation and improve tissue healing. These can be applied directly to the affected area if there is no contraindication (e.g., in diabetic patients, usage should be cautious and well-monitored).

Antibiotics: If the lesion becomes infected, especially in immunocompromised patients, appropriate antibiotics may be prescribed to control the infection. [1]

5. Surgical Excision

Indications for Surgery: If conservative treatment (denture adjustment, tissue conditioners, and medication) does not resolve the lesion, or if the epulis fissuratum is particularly large or painful, surgical excision may be necessary. This is especially true in severe cases that may cause discomfort or interfere with denture retention.

Procedure: The lesion is excised under local anesthesia, and the surrounding mucosal tissue is sutured for proper healing. In some cases, laser surgery can be used to excise the lesion more precisely and with reduced post-operative discomfort. [2]

6. Post-Surgical Care and Rehabilitation

Post-Surgical Follow-Up: After surgical excision, patients should be monitored for healing and recurrence of the lesion. Dentures may need to be relined or replaced to ensure proper fit and avoid further irritation.

Denture Maintenance: After excision and healing, it is crucial to ensure the dentures are properly fitted and adjusted to prevent recurrence of the lesion. Patients should be educated on the importance of regular denture care and hygiene. [3]

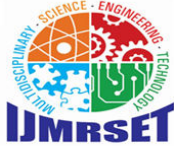
7. Prevention of Recurrence

Ongoing Denture Monitoring: Once the lesion has healed, it is essential to ensure that the denture fits well and does not irritate the mucosa. Regular check-ups should be scheduled to monitor the denture fit and the oral mucosa.

Oral Hygiene Education: Patients should be educated about the importance of proper denture hygiene and regular dental visits to reduce the risk of recurrence. [2]

II. CONCLUSION

Epulis fissuratum is a common benign lesion of the oral mucosa that arises primarily due to chronic mechanical irritation, most often caused by poorly fitting dentures. Although typically non-painful, it can lead to discomfort, difficulty in denture retention, and possible secondary complications such as infection or ulceration. The pathogenesis is closely linked to the mechanical stress exerted on the oral mucosa, which, when combined with factors like poor oral hygiene, systemic diseases (e.g., diabetes, immunosuppressive conditions), hormonal imbalances, or smoking, can exacerbate the condition and impair tissue healing.



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Diagnosis of epulis fissuratum is mainly clinical, supported by histopathological examination when necessary, to confirm the fibrous nature of the lesion and rule out other potential causes. Treatment primarily involves addressing the root cause: the mechanical irritation from ill-fitting dentures. This includes denture relining or adjustment, the use of tissue conditioners to promote tissue healing, and, in more severe cases, surgical excision of the lesion. In patients with systemic conditions, careful management and collaboration with other healthcare providers are crucial to ensure optimal healing. Prevention of recurrence is achievable through regular follow-up, ensuring proper denture fit, maintaining good oral hygiene, and managing underlying systemic conditions. With timely intervention, the prognosis for epulis fissuratum is generally favorable, and most patients experience resolution of the lesion without further complications.

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