

CASE REPORT

The patient was a 31-year-old ethnic Chinese female who came to our dental office with the chief complaint of a gum tumor covering the lower anterior teeth for a long time. She had known of the lesion for 12 years. Initially, the lesion was only over the gingival area of the mandibular lateral incisor. It had once disappeared, but recurred 1 year later. She denied having any systemic disease, associated familial conditions, or deleterious oral habits.

An extra-oral examination revealed an asymmetric face. No lymph node in the head and neck region was palpable or tender. An intra-oral examination revealed missing #45, #36, #, residual roots of #46, #14,

#15, #24, #26. Deep caries with pulp involvement were detected on #26, #37, #47. A failed bridge over #12-#21 was found to have become loosened due to deep caries. Poor oral hygiene was also noted.

The gingiva in the mandibular incisor region appeared red and swollen. A firm soft-tissue mass measuring 20 mm in the mesiodistal dimension, 9 mm in the labio-lingual dimension, and 13 mm in height was found in the mandibular incisor region crossing over the ridge. The borders were not clear. The lesion was pale pink in some areas and red in other area (Fig. 1).

Radiographic examination showed no radiolucent lesion in the mandibular incisor area but radiopacity above the alveolar ridge between the mandibular left central and lateral incisors (Fig. 2).

The lesion was completely excised with flap surgery. A hard tissue mass was found between the mandibular left central and lateral incisors after flap reflection.

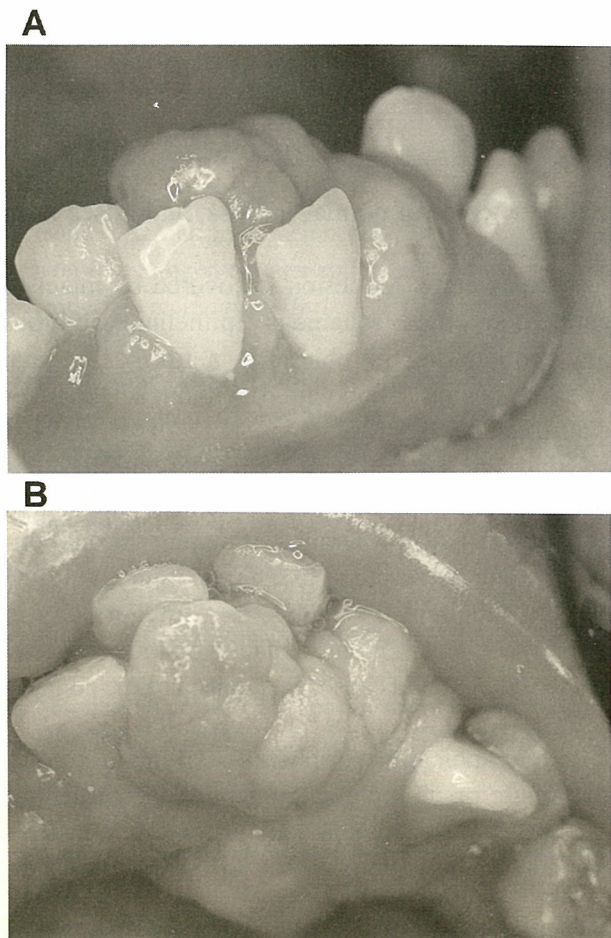


Fig. 1. Intraoral findings showing a large mass occupying the lingual side of #31 and #41 and the interdental space between #31 and #32. (A) Labial view (B) occlusal view.



Fig. 2. Radiographic examination showing radiopaque mass attached to the alveolar crest between #31 and #32.