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Case Report: Comprehensive Management of Gingival Epulis

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Abstract
The 19-year-old male patient in this case report had a primary complaint of painless swelling in his upper right posterior gingiva. Clinical examination revealed smooth, sessile swellings that resembled cauliflowers. The diagnosis of gingival epulis was acquired via a differential diagnosis that included fibroma, pyogenic granuloma, and peripheral giant cell granuloma. The case got complicated because of the patient's history of dust allergies. A complete treatment plan included root cause inquiry, dental hygiene promotion, and surgical extraction under local anesthetic. Follow-up meetings and a special prescription were part of the postoperative treatment. The case underscores the requirement of rapid diagnosis, treatment, and patient compliance to successfully manage gingival epulis.

Keywords: case report, localized gingival overgrowth, differential diagnosis, etiology, treatment approach.

Introduction

One of the most common characteristics of gingival diseases is gingival enlargement. However, the clinician's diagnosis of these entities becomes complicated because of their various appearances. Based on factors such as location, size, extent, etiopathogenesis, etc., they may be divided into numerous groups. A differential diagnosis can be made by employing current knowledge and clinical experience. The clinician subsequently makes a definitive diagnosis or diagnosis of exclusion following an extensive investigation [1]. Since the treatment of these lesions and the prevention of their recurrence depend completely on a precise diagnosis, it is very crucial. In rare cases, gingival enlargement may function as the major indicator of potentially lethal systemic disorders. In such circumstances, a precise diagnosis of these enlargements may save the patient's life or at the very least, start treatment early and increase quality of life. One unusual event in the discipline of oral disease is gingival epulis, a localized overgrowth of the gingival tissues. The appearance, diagnosis, and course of treatment of gingival epulis in a male patient, age 19, are explored in this case report (Record No: 26936-23). Gingival epulis, which appears as painless, pedunculated swellings, is usually generated by extended exposure to irritants such as dental plaque, calculus, trauma, and iatrogenic causes [2]. The patient in this case has a history of dust allergies, which adds another degree of difficulty.

Case presentation

A 19-year-old male sought medical attention with the chief complaint of swelling in the upper right posterior region, specifically at the first and second molars of the upper right posterior region. The swellings had a smooth surface, a classic cauliflower-like appearance, and were painless and sessile. In addition, oral health was also compromised, and dental plaque and calculus.

Figure 1: Pre-Op



Differential Diagnosis

Fibroma, pyogenic granuloma, and peripheral giant cell granuloma were taken into consideration when considering the differential diagnosis. The smooth surface, sessile nature, and cauliflower-like appearance of the swellings in this case suggested the diagnosis of gingival epulis, even though these lesions share several clinical characteristics [3].

Discussion

Pathogenesis and Aetiology

Localized gingival overgrowths that matched the clinical characteristics of gingival epulis were identified following a complete assessment. Several etiological factors, including trauma, trapped food particles, accumulated dental plaque and calculus, and iatrogenic factors like improperly fitted dental equipment, can cause gingival epulis [4]. To reduce complications like functional limits, cosmetic issues, and the potential for the lesion to evolve to more aggressive forms, early diagnosis and treatment are essential [5]. The significance of taking gingival epulis into account while developing a differential diagnosis for localized gingival enlargements is underscored by this case report. The best possible results for patients are secured and potential complications are averted with timely diagnosis and care [6]. The inclusion of a dust allergy in this case adds another degree of complexity, likely impacting the oral cavity's inflammatory response.

Treatment Approach

The decision to remove the gingival epulis under local anesthetic was made to address the presenting problem and relieve the patient's pain and discomfort. In addition to addressing the underlying reasons for the localized gingival overgrowth, the surgical intervention sought to relieve the patient's physical pain created by the swellings. Furthermore, scaling was performed to uphold oral hygiene.

Figure 2: Post-Op



Prescription and Postoperative Care

A specific prescription was prepared for the patient's postoperative treatment following the successful removal of the gingival epulis. Using "Protect" mouthwash (1+0+1) and "Protect G" toothpaste (1+0+1) was part of the approach. The oral hygiene regimen that has been prescribed is essential for both the immediate postoperative care and the long-term maintenance of gingival overgrowth prevention. The patient was prescribed medications to help the healing process and minimize postoperative pain in addition to the oral hygiene regimen. We advised using the following medications: To ease postoperative pain, analgesic drugs comprising ibuprofen (400 mg every 4-6 hours, as needed for pain) were prescribed.

Follow-up and Monitoring

Scheduling routine follow-up sessions is important for tracking the healing process and ensuring that there are no complications or recurrences. Any signs of inflammation in the patient will be thoroughly investigated and changes to the treatment strategy will be made as necessary. Additionally, these follow-up sessions enable an opportunity for patient education, reinforcing the value of great oral hygiene practices and regular dental check-ups.

Conclusion

The patient's effective diagnosis and treatment of gingival epulis emphasizes the value of a full clinical examination that takes into consideration the patient's medical history in addition to their presenting symptoms. The case emphasizes how important it is to address localized gingival overgrowths as soon as possible to prevent complications and boost overall oral health. Including a complete postoperative care prescription further underscores how important patient compliance is to get the best possible outcomes. Further inquiry into the potential links between allergic disorders and oral pathologies is important owing to the rare component of the patient's dust allergy, which adds an interesting dimension to the case. In summary, by highlighting the clinical appearance, differential diagnosis, and treatment challenges of gingival epulis, this case report advances our understanding of the illness. Every case provides important knowledge as dentistry improves, giving the route to higher patient care and more all-encompassing strategies for maintaining oral health.

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