

Intraoral Traumatic Fibroma

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A 30-year-old woman self-referred to a dermatology practice for evaluation of an asymptomatic lesion that had been present on the tip of her tongue for at least 2 years, without any appreciable growth.

The patient, a nonsmoker, was otherwise well, and was taking no prescription medications.

Her dentist had seen the lesion on several occasions, reassuring the patient about its benign nature, but the patient remained somewhat worried and indicated her rather strong desire to have it removed, both for aesthetic reasons as well as to rule out serious pathology.

Physical examination. The lesion was a 3.5-mm, pink, uniformly smooth, round papule on the tip of the tongue (**Figure**). It was soft to the touch. No other such lesions were seen in the mouth. No nodes were palpable in the adjacent nodal areas.



After a discussion of the risks and benefits, the patient allowed us to remove the lesion by shave technique under local anesthesia. Bleeding was quickly controlled with light cautery and pressure.

The lesion was submitted to pathology, whose report confirmed our suspicions of this being a traumatic fibroma, also known as an intraoral fibrous hyperplastic papule.

Discussion. Intraoral traumatic fibromas are quite common and usually develop on the anterior portion of the tongue. They are thought to be caused by irritation from the patient's own teeth, on which the patient unconsciously rubs the lesion many times a day, leading to a thickened epidermis. A simple shave, such as was performed in this case, is almost always curative.

Besides cancer, other conditions in the differential diagnosis include wart, epulis fissuratum, giant cell fibroma, and similar lesions associated with tuberous sclerosis and Cowden disease.