



## Oral Focal Mucinosi s A Rare Clinico-Pathologic Condition: A Case Report

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### ABSTRACT

*Oral focal mucinosi s (OFM) is a rare disease of unknown etiology, in which the connective tissue undergoes a focal myxoid degeneration. The aim of this case report is to describe the clinical and histological presentation as well as the management of OFM. In most of the focal gingival lesions, a preoperative diagnosis is not possible. This case report add to the differential diagnosis of myxoid lesions of the oral cavity.*

**Key Words:** *Myxoid lesions, Soft tissue lesions, Gingival lesions.*

### INTRODUCTION

Oral focal mucinosi s (OFM) is a rare disease of unknown etiology where the connective tissue undergoes a focal myxoid degeneration,<sup>1</sup> first described by Tomich in 1974.<sup>2</sup> OFM may be the result of overproduction of hyaluronic acid by fibroblasts at the expense of collagen production.<sup>1-</sup>

<sup>3</sup> There is a predilection for the mucosa overlying bone, keratinized mucosa is involved almost exclusively, with 80% of lesions developing on the gingiva and the remainder on the palate;<sup>2</sup> other locations are the alveolar mucosa and tongue.<sup>3</sup>

The gingiva was confirmed as the most common site for OFM, with predominance in females.

Clinically, OFM presents as an asymptomatic, elevated swelling of up to 2 cm in diameter.<sup>4</sup> Histologically it is characterized by a localized area of myxomatous connective tissue containing mucinous material surrounded by relatively dense collagenous connective tissues<sup>5</sup>. Fibroblast-like cells and foam cells are diffusely increased in a well localized area of myxoid matrix, surrounded by collagenous fibrous connective tissue.

### CASE REPORT

A 32 year old female patient presented with the gingival mass on the mandibular central incisor at

Rural Dental College, Loni. The lesion had been present for 8 months. There was no past medical history. The lesion was 8mm to 9mm in diameter. It was firm and tender to the touch, and redness and swelling were present (Fig. 1). The overlying mucosal surface was smooth, not ulcerated and



**Fig:1.**Pre-operative Lesion

showed no colour change. The lesion was extending from mesial aspect of 41 to distal aspect of 31. The first clinical impression at examination was that of a fibrous epulis of the gingiva. Lesion was surgically excised with electrocautery and sent for microbiological diagnosis.



**Fig:2.**Surgical excision with electrocautery



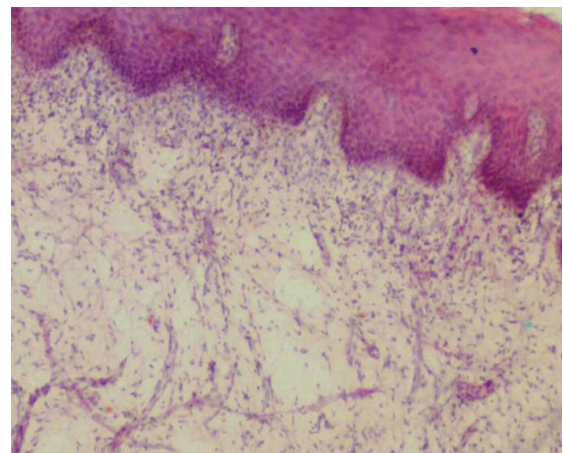
**Fig:3:** Excised tissue



**Fig:4:** Post-operative picture after 1 month

### Histopathological Findings

The histological examination was conducted. Hematoxylin and eosin stained microscopic slides revealed a stratified squamous hyperparakeratinized epithelium. The underlying connective tissue stroma were composed of fibromyxoid stroma with stellate shaped fibroblasts. Deeper stroma showed spindle shaped fibroblasts interspersed between thin collagen fiber bundles. These features were suggestive of OFM.



**Fig:5** Histopathological picture of lesion

**DISCUSSION**

OFM is a rare lesion of the oral cavity, and reports of less than 30 cases have been published.<sup>1-4</sup>

It is considered to be the microscopic counterpart of the cutaneous focal mucinosis or cutaneous myxoid cyst.<sup>6-8</sup> A slight preference for a mandibular occurrence can be found in the literature.<sup>1-3</sup>

Clinically these lesions present as sessile or pedunculated, painless nodular mass and are of same color as surrounding normal mucosa. Surface is typically smooth and non-ulcerated, although occasional cases exhibit a lobulated appearance. Size varies from few mms to 2 cm in diameter. Histologically, in OFM there is a localized area of myxoid connective tissue, comprising scattered spindle and stellate fibroblasts. The lesion appears as a well circumscribed area of connective tissue in the submucosa of the dermis. Mostly in all focal gingival lesions, preoperative diagnosis is clinically impossible due to their rarity. OFM must be considered in the differential diagnosis of soft tissue lesion in adults. Differential diagnosis of OFM is, pyogenic granuloma, fibroma, mucocele, traumatic fibroma, etc.<sup>9</sup>. The histopathological evaluation is always the basis of diagnosis. Oral focal mucinosis rarely recurs after surgical excision.

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