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Case Report | Olgu Sunumu

Symmetrical Palatal Fibromatosis: A Case Report

Simetrik Palatinal Fibromatozis: Bir Olgu Sunumu

ABSTRACT

Symmetrical palatal fibromatosis (SPF) is a rare, distinct entity in oral pathology characterized by bilateral, fibrous tissue enlargements in the posterior lateral region of the hard palate. These lesions typically appear as mirror-image soft tissue masses and may cause functional disturbances despite their benign nature. This case report presents a 26-year-old female patient who complained of dysphagia and dysphonia, leading to the identification of bilateral, firm, fibrotic growths extending from the palatal tuberosity to the premolar area. Clinical and radiographic evaluations revealed no bone involvement, and the lesions were surgically excised under general anesthesia. Histopathological analysis confirmed the diagnosis of SPF, revealing collagenized fibrous connective tissue beneath thin stratified squamous epithelium without significant inflammation. The healing process was uneventful, and no recurrence was observed at three- and six-month follow-ups. SPF remains a poorly understood condition with an uncertain etiology and no definitive hereditary component. Its clinical presentation overlaps with other fibrous proliferative disorders of the palate, making histopathological evaluation critical for accurate diagnosis. Surgical excision remains the preferred treatment approach, with favorable outcomes and low recurrence rates.

Conclusion: This report highlights the need for increased awareness of SPF in differential diagnoses of palatal masses and emphasizes the importance of histological confirmation to guide management.

Key Words: Gingival Fibromatosis; Palatal Neoplasms; Oral Pathology.

ÖZ

Simetrik palatinal fibromatozis (SPF), sert damağın posterior lateral bölgelerinde bilateral simetrik, fibröz doku büyümeleri ile karakterize, oral patolojide nadir görülen, iyi huylu yumuşak doku patolojisidir. Bu lezyonlar tipik olarak ayna görüntüsü veren yumuşak doku kitleleri olarak ortaya çıkar ve iyi huylu olmalarına rağmen fonksiyonel bozukluklara neden olabilir. Bu vaka raporu, disfaji ve disfoni şikayeti ile başvuran 26 yaşındaki bir kadın hastayı sunmaktadır. Hastada, palatinal tüber bölgesinden premolar bölgeye uzanan bilateral, sert, fibrotik büyümeler saptanmıştır. Klinik ve radyografik değerlendirmelerde kemik tutulumu saptanmamış ve lezyonlar genel anestezi altında cerrahi olarak eksize edilmiştir. Histopatolojik analiz, SPF tanısını doğrulamış ve ince tabakalı skuamöz epitel altında önemli inflamasyon olmaksızın kollajenize fibröz bağ dokusu ortaya çıkmıştır. İyileşme sürecinde herhangi bir komplikasyon gözlenmemiş, üç ve altı aylık takipte nüks gözlenmemiştir. SPF, etiyolojisi belirsiz ve kesin bir kalıtsal bileşeni olmayan, halen iyi anlaşılmamış bir olgudur. Klinik görünümü, damakta görülen diğer fibröz proliferatif bozukluklarla örtüşmektedir; bu nedenle doğru tanı için histopatolojik değerlendirme önemlidir. Cerrahi eksizyon, olumlu sonuçlar ve düşük nüks oranları ile tercih edilen tedavi yaklaşımı olmaya devam etmektedir.

Sonuç: Bu rapor, damakta lokalize kitlelerin ayırıcı tanısında SPF'ye ilişkin farkındalığın artırılması gerektiğini vurgulamakta ve tedaviyi yönlendirmek için histolojik doğrulamanın önemini vurgulamaktadır.

Anahtar Kelimeler: Gingival Fibromatozis; Palatinal Neoplazmlar; Oral Patoloji.

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INTRODUCTION

Mukoz membran pemfigoidi (MMP), daha çok mukozal Bilateral palatal soft tissue growths have been documented under several names, including bilateral fibroma of the palate, oral bilateral collagenous fibroma, desmoplastic fibroblastoma, oral bilateral symmetrical fibroma, bilateral fibrous hyperplasia of the palate, localized gingival fibromatosis, and symmetric gingival fibromatosis (1-8). The diversity of terminology leads to confusion in the diagnosis and classification of various types of lesions.

Symmetrical palatal fibromatosis (SPF), a recently proposed term by Vargo et al. (9), delineates bilateral palatal lesions that manifest as broad, mirror-like images on the posterior lateral region of the hard palate. Essentially, these enlargements do not cause any complaints in patients, except for the impaired appearance, speech, and functional disturbances (2, 4). Surgical intervention is often necessary to address the problems, and there is no prediction of recurrence (10). The etiology of these lesions remains indefinite, which makes further studies necessary to understand the underlying etiology. The identification of this phenomenon highlights the criticality of discovering distinctive features in oral pathology, which prompts additional research into its cause and clinical implications. The aim of this report is to describe a case of SPF in terms of its clinical and histopathologic manifestations, along with its surgical management.

CASE REPORT

A 26-year-old female patient presented to the Department of Oral and Maxillofacial Surgery at Ondokuz Mayis University, Faculty of Dentistry, with the chief complaint of dysphagia and dysphonia. She exhibited overall good health with no current pharmaceutical regimen and no reported family medical history. She disclosed a history of smoking and had moderate oral hygiene. During the intraoral clinical examination, it was observed that the fibrotic soft tissue growth had extended from the palatal tuber region to the palatal surfaces of the premolar teeth without covering them completely. The growth was bilateral, symmetric, and more prominent on the left side. It was dense and firm in consistency, painless and non-bleeding, with a smooth surface and normal coloration (Figure 1). The extraoral examination showed no notable findings. OPG and CBCT images revealed physiological bone margins. The patient provided insufficient information regarding the duration of the lesion but did mention observing accelerated growth over several months. The initial clinical diagnosis was SPF.

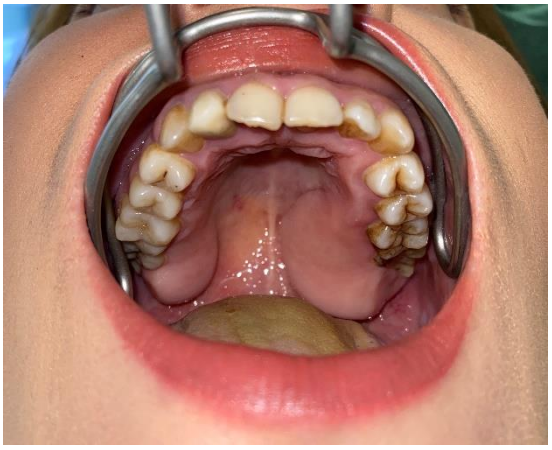

Figure 1. Bilateral, firm soft tissue growths are more prominent on the left side, extending from the palatal tuber region to the premolar teeth.

Bilaterally located hyperplastic soft tissue was surgically excised under general anesthesia. An iodoform gauze (Best Dental, Turkey) was inserted into a vacuum-formed splint prepared by taking dental impressions from the patient in the preoperative period and fixed to the maxilla with 3.0 silk sutures (Dogsan, Turkey) to help the healing process and to manage bleeding (Figure 2). Specimens were dispatched for histopathologic examination (Figure 3). The splint was removed after a duration of one week (Figure 4).

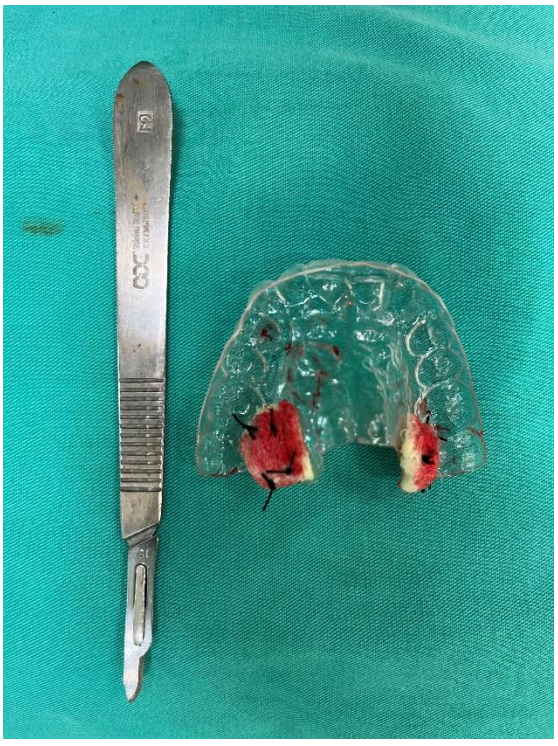

Figure 2. A vacuum-formed splint to help the healing process and to manage bleeding.

Figure 3. Specimens that were dispatched for histopathologic examination.

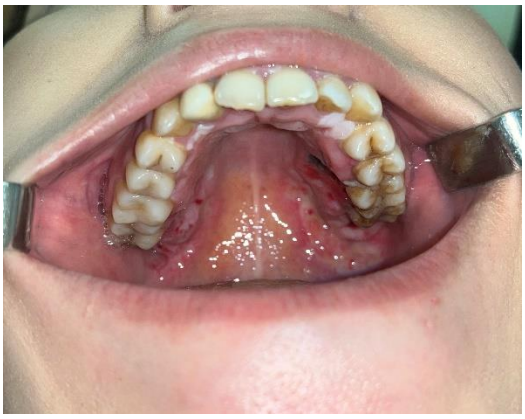

Figure 4. Intra-oral examination of the patient as a follow-up one week later.

The histopathological examination showed that the surface stratified squamous epithelium was thin and elongated, and there was an increase in collagenized fibrous connective tissue in the sub-epithelial area. No signs of inflammation were observed (Figure 5). No recurrence was observed in the postoperative 3- and 6-month controls, and the healing process was fully completed (Figure 6). Written informed consent was provided by the patient for the procedure and publication.

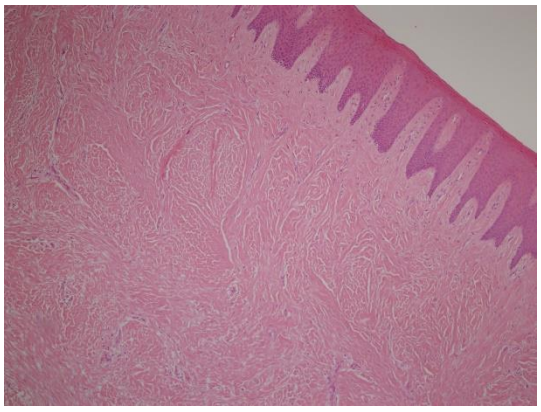

Figure 5. Dense collagen-rich fibrous connective tissue in the subepithelial area, with scattered fibroblasts and no evidence of inflammation (H&E stain, 100X magnification).

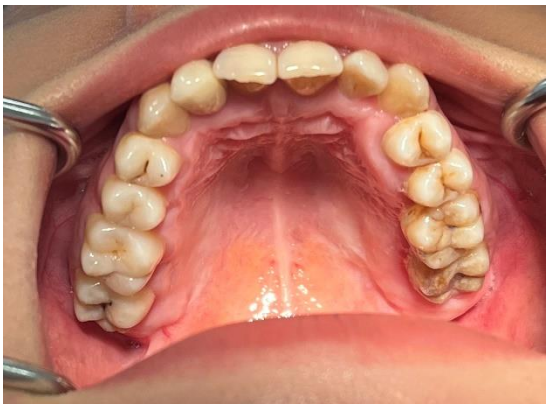

Figure 6. Intraoral examination of the patient at one-year follow-up.

DISCUSSION

SPF, characterized by bilateral fibrous hyperplasia of the posterior hard palate, presents a unique clinical profile, often manifesting as broad-based masses primarily on the posterior lateral surfaces of the hard palate (1, 9). The rarity of SPF, which is reported to be a new entity in the literature, emphasizes the importance of recognizing its distinct features, including its almost mirror-image presentation and broad-based morphology (1). The given case is consistent with SPF based on the patient's age in the late second decade of life, absence of family history and hereditary transmission, location of the lesion, its broad-based firm nature, and confirmation through histopathological examination. Nevertheless, the reflection did not exhibit a mirror-like appearance due to the lesion being more prominent on the left side. Historically, gingival fibromatosis, also known as elephantiasis gingiva, hereditary gingival hyperplasia, idiopathic fibromatosis, or hypertrophied gingiva, presents a rare clinical challenge characterized by the gradual enlargement of gingival tissues (11). Initially described by Rushton (12) in 1957, “symmetrical fibroma” was the term applied to describe cases affecting the palatal gingivae, particularly in regional instances limited to the molar regions of one or both jaws. This localized gingival enlargement, often pear-shaped with a pedunculated attachment, was distinguished by its firm, fibrous texture, and smooth mucosal covering. Despite its resemblance to the more common generalized form, localized cases, as noted by Witkop (8), tend to exhibit a relatively late onset, occurring from the second decade of life onwards, and are typically not familial. The absence of reported recurrences post-surgical excision further distinguishes this form, prompting Witkop (8) to propose the term “symmetrical gingival fibromatosis.” Further research by Jorgenson and

Cocker (13) emphasized the genetic origin of both localized and generalized forms of gingival fibromatosis, with the localized variant not always being symmetrical. More recently, symmetrical gingival fibromatosis has been identified as a distinct clinical entity, prompting the proposal of the diagnostic term SPF (9). Histopathological evaluation is crucial in distinguishing SPF from other fibrous-connective lesions in the differential diagnosis process. Under microscopic examination, SPF exhibits similarities to other lesions; however, it can be differentiated by the absence of significant cellularity observed in gingival fibromatosis (1, 2, 9). While symmetric gingival fibromatosis exhibits a myxomatous appearance, SPF is characterized by thick collagenized swelling. Additionally, the absence of prosthetic trauma and a small amount of inflammatory infiltration provide evidence that the SPF is a non-reactive lesion (9). Another lesion to consider in the differential diagnosis is the collagenous fibroma, also known as desmoplastic fibroblastoma (14). Collagenous fibroma is a rare benign fibroblastic tumor that can occur on the palate, with only around a dozen intraoral cases reported in the literature (5, 15, 16). It typically presents as a slow-growing, well-circumscribed submucosal nodule in middle-aged adults and has shown a female predilection in the oral cases documented. Histologically, collagenous fibroma is characterized by a hypocellular, densely collagenous stroma with sparsely distributed spindle or stellate fibroblasts and minimal inflammatory infiltrate (5). This appearance can closely resemble the collagen-rich stroma of SPF; however, unlike the idiopathic fibromatous proliferation of SPF, collagenous fibroma is considered a true neoplasm rather than a fibromatosis, as it lacks an identifiable reactive cause and follows a distinct clinical course. Bilateral occurrence of collagenous fibroma is exceedingly uncommon (5). By comparison, SPF tends to manifest at a younger age and can progress over a shorter period, often leading to notable functional symptoms as observed in our patient.

SPF is typically distinguished by asymptomatic soft tissue proliferation; however, symptoms may occasionally manifest. Ischemic ulceration can develop as a result of excessive growth and expansion of fibrous tissues, potentially leading to secondary infection caused by impaired clearance in the oral cavity (3, 4). Additionally, individuals may experience impaired speech, gagging, challenges with mastication and swallowing, and misalignment of the teeth (2, 4, 17). Treatment for SPF typically involves surgical excision, with promising long-term outcomes reported (10). In conclusion, SPF is a rare condition characterized by bilateral palatal masses, often diagnosed after the second decade without a hereditary pattern, with surgical excision being the mainstay of treatment and excellent long-term outcomes reported.

REFERENCES

1. Caldeira P, da Silva K, Vasconcelos AC, Souto G, Mesquita R. Symmetrical palatal fibromatosis: An additional case report with immunohistochemical characterization. J Clin Exp Dent. 2021;13:e422-e425.

2. Gould AR, Escobar VH. Symmetrical gingival fibromatosis. Oral Surg Oral Med Oral Pathol. 1981;51:62-67.

3. Killey HC. Bilateral fibrous hyperplasia of the palate. Int J Oral Surg. 1974;3:302-306.

4. Beers MD. Bilateral fibroma of the palate: Report of a case. J Oral Surg (Chic). 1953;11:330-332.

5. Vasconcelos AC, Gomes AP, Tarquinio S, Abduch-Rodrigues E, Mesquita R, Silva K. Oral bilateral collagenous fibroma: A previously unreported case and literature review. J Clin Exp Dent. 2018;10:e96-e99.

6. Babcock JR, Commiskey LV, White GO. Oral bilateral symmetrical fibromas: Report of a case. Oral Surg Oral Med Oral Pathol. 1966;21:4-8.

7. Evans HL. Desmoplastic fibroblastoma: A report of seven cases. Am J Surg Pathol. 1995;19:1077-1081.

8. Witkop CJ Jr. Heterogeneity in gingival fibromatosis. Birth Defects Orig Artic Ser. 1971;7:210-221.

9. Vargo RJ, Hossino KH, Clark A, Bouquot JE. Symmetrical palatal fibromatosis: Five new cases and a review of the literature. Oral Dis. 2019;25:781-787.

10. Neville BW, Damm DD, Allen CM, Bouquot JE. Oral and maxillofacial pathology. Philadelphia: W.B. Saunders; 2023.

11. Takagi M, Yamamoto H, Mega H, Hsieh KJ, Shioda S, Enomoto S. Heterogeneity in the gingival fibromatoses. Cancer. 1991;68:2202-2212.

12. Rushton MA. Hereditary or idiopathic hyperplasia of the gums. Dent Pract. 1957;7:136-146.

13. Jorgenson RJ, Cocker ME. Variation in the inheritance and expression of gingival fibromatosis. J Periodontol. 1974;45:472-477.

14. de Sousa SF, Caldeira PC, Grossmann SM, de Aguiar MC, Mesquita RA. Desmoplastic fibroblastoma (collagenous fibroma): A case identified in the buccal mucosa. Head Neck Pathol. 2011;5:175-179.

15. Miettinen M, Fetsch JF. Collagenous fibroma (desmoplastic fibroblastoma): A clinicopathologic analysis of 63 cases of a distinctive soft tissue lesion with stellate-shaped fibroblasts. Hum Pathol. 1998;29:676-682.

16. Mesquita R, Okuda E, Jorge W, Araújo V. Collagenous fibroma (desmoplastic fibroblastoma) of the palate: A case report. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 2001;91:80-84.

17. Cook TJ. Fibroma of the tuberosity of the maxilla: A case report. Oral Surg Oral Med Oral Pathol. 1950;3:33.