



DIAGNOSTIC CHALLENGE

Check the correct answer on page 83

Case 1



Figure 1a



Figure 1b

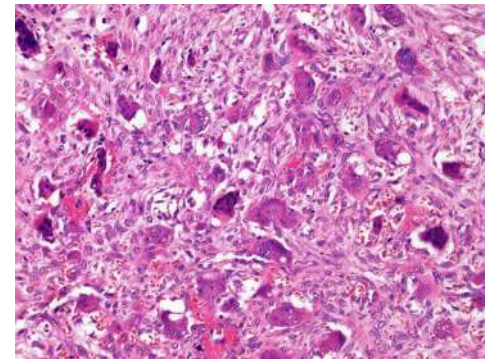


Figure 2

A 35-year-old female presented to the dental outpatient department with a swelling on the lingual aspect of the mandibular anterior gingiva. The lesion was first noticed about 4 months ago as a small gingival nodule and had gradually increased in size. The patient reported occasional bleeding while brushing but denied any pain or paresthesia.

Clinical examination revealed a sessile, pinkish-red nodular mass extending from the mandibular left lateral incisor to the canine region. The lesion appeared to arise from the interdental papilla, extending onto the adjacent lingual gingiva. It had a smooth surface, soft-to-firm consistency, and bled slightly on probing (Figure 1a & b). Local plaque and calculus deposits were present on adjacent teeth. No cervical lymphadenopathy was detected. Histopathology of a biopsy specimen is shown in Figure 2.

- Q1. What is the most likely diagnosis based on the clinical and histopathological findings?
 Q2. What is the definitive management and key step to prevent recurrence of this lesion?



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Case 2



Figure 1

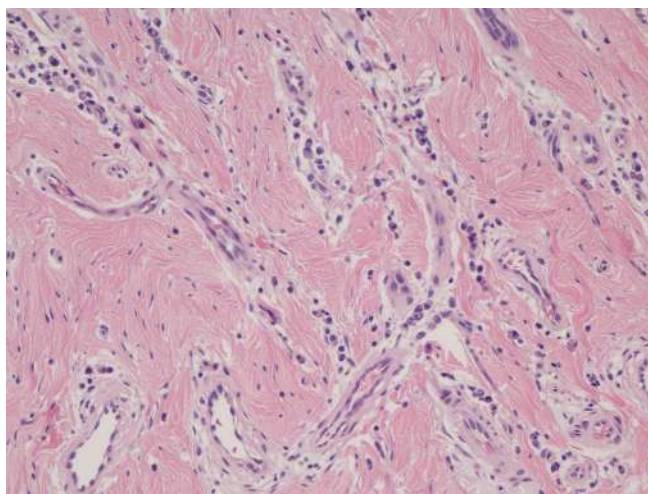


Figure 2

A 42-year-old male presented with a complaint of a swelling in the upper left anterior region of the gingiva that had been present for approximately one year. The lesion initially appeared as a small gingival nodule and gradually increased in size. The patient reported intermittent bleeding during tooth brushing and mastication, but no significant pain.

On clinical examination, a well-defined, sessile, exophytic gingival mass was observed arising from the interdental gingiva in the maxillary left canine-lateral incisor region. The lesion was pink in color with focal erythematous areas, had a smooth surface, and appeared dome-shaped. On palpation, it was hard in consistency, non-tender, and immobile, being firmly attached to the underlying gingival tissues (Figure 1). Mild bleeding was elicited on probing. Plaque and calculus deposits were present on the adjacent teeth. Radiographic examination showed no significant bony involvement or root resorption. The adjacent teeth were vital and exhibited no mobility.

The lesion was excised. Histopathology is shown in Figure 2.

Q1. What is your diagnosis?

Q2. What are the three most important Clinical differential diagnoses for this lesion, and how can they be distinguished?