

Case Report

CONGENITAL EPULIS OF THE NEWBORN IN BAYELSA STATE, SOUTH-SOUTH, NIGERIA AND THE DECISION FOR 'WATCHFUL WAITING': A CASE REPORT.

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Abstract

Introduction: Congenital Epulis of the Newborn is rare non-neoplastic tumour which has a female predilection. Its aetiology is unknown.

Case Presentation: We report a maxillary alveolar ridge variety of this tumour in a two-week old female neonate whose case is the first documented in Bayelsa state, South-South Nigeria. A discretionary decision to adopt 'watchful waiting' in its management was taken.

Conclusion: Congenital Epulis of the new-born is still common among females and depending on its size may interfere with feeding. There is risk of recurrence of incompletely excised tumour and a possibility of regression with small sized tumours. Monitoring of tumour size should be done.

Keywords: Congenital Epulis, Non-neoplastic, Watchful waiting, Regression.

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INTRODUCTION

Congenital Epulis of the New born is a benign tumour of the oral cavity.¹ It is an extremely rare condition in the new born.^{1,2} It is also referred to as *congenital granular cell tumour, congenital granular epulis, congenital granular cell myoblastoma, congenital granular cell fibroblastoma or Neumann tumour* as it was first described by Neumann in 1871.³ It commonly affects the maxillary alveolar ridge in neonates.⁴ Epulis is a Greek term literally meaning 'of the gum' used to describe a wide variety of gum lesions regardless of the pathological origin .

Histologically, Congenital Epulis shows characteristically large cells with granular cytoplasm and spindle cells resembling fibroblasts.⁵ Aetiology is unknown but several theories suggest multiple origins: Myoblastic, odontogenic, fibroblastic, neurogenic.⁶ Congenital Epulis is also thought to be a hormone-related, non- neoplastic, degenerative and reactive lesion.⁷

It is predominant in females 8:1.⁸ The female sex predilection suggests a hormone influence in its aetiology but there is no evidence of demonstrable oestrogen and progesterone receptor intake.⁹

Diagnosis is usually at birth and in some cases, prenatally in third trimester.¹⁰ Clinically, it appears as a protuberant mass with around or ovoid shape pedunculated or sessile.¹¹

The last reported case was in 2016 in South-West Nigeria.⁵ There has been no documented case in South-South Nigeria and none in Bayelsa state before now.

The aim of this paper is to present this rare condition in neonates and offer clue to possible aetiology as suggested by the case in question.

CASE PRESENTATION

A two-week old female neonate was referred to the dental clinic with a fleshy mass protruding from the maxillary portion of the gum. The mass was noted to have been seen at birth and then rapidly grew in size. The mass was neither painful nor interfered with feeding. There was also no history of bleeding from the site.

Pregnancy was said to be uneventful, however her mother admitted to ingestion of alcohol and palm wine during the pregnancy. Alcohol consumption occurred throughout the duration of the pregnancy. There was no history of use of un-prescribed medications during pregnancy. The pregnancy was carried to term and delivered in a private clinic. Child cried at birth and birth weight was 2.5 kg. The child was not exclusively breastfed as her mother was not lactating after birth. There was neither

history of any coexisting mass nor history of similar condition in older sibling. There was no antenatal ultrasound scan done.

At presentation, the child had not had any Immunization. Both parents are Ijaw speaking and reside in Oporoma, Southern Ijaw Local Government Area of Bayelsa State.

Examination revealed a pedunculated spherical mass measuring about 4 cm by 2 cm, soft, non-tender and pinkish around the maxillary portion of the gum at the mid-line (Figure 1). General examination findings were essentially normal. The management approach chosen was 'watchful waiting' to review the child's condition in three months' time and re-evaluate for possible excision.



Figure1: Congenital Epulis in a two-week old neonate.

DISCUSSION

Congenital Epulis of the new born is a rare gingival tumour that has been reported with an 8:1 female to male ratio and 3:1 maxillary alveolar site predilection over the mandible. There is also a Caucasian predisposition.¹² It clinically appears as a protuberant mass in a round or ovoid shaped pedunculated or sessile. The above case seemed to follow that same pattern. The tumour commonly arises from anterior part of maxillary alveolar ridge of new-born and frequently occurs lateral to the mid-line in the area of the developing primary lateral incisor and canine.¹³ The reported case above also conforms to this description. The case above had a single mass although majority of cases occur as single masses, there may be multiple masses in a small proportion of persons.¹⁴

The mass depending on the size may interfere with feeding and breathing. However, in the case presented, there was no interference with feeding and this could be attributable to the fact that breastfeeding is not being practiced by the mother due to non-lactation. The present size may also be tolerable with feeding practices. There are usually no associated dental abnormalities or congenital malformations.¹⁵ Sometimes it is an isolated entity and not associated with any syndrome.¹⁶

A watchful waiting procedure for Congenital Epulis can be followed because with small lesions spontaneous involution can occur although this is rare. There have been 8 documented cases of spontaneous regression.¹⁶ In cases where there is no interference with feeding or respiration, regular monitoring of the lesion for regression has been acceptable.¹⁶ In our case, the decision to adopt watchful waiting was due to the fact that at present no obstructive symptoms are observed with it and the surgeon's preference of buying time was to allow for more maturity of the infant or a possible regression of the tumour.

CONCLUSION

Congenital Epulis of the new-born is still common among females and depending on its size may interfere with feeding. There is risk of recurrence of incompletely excised tumour and 'watchful waiting' could be adopted in its management at the

discretion of the surgeon as there is a possibility of regression. However, monitoring of tumour size should be done.

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