



Clinical case

Treatment of epulis fissuratum with carbon dioxide laser

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ABSTRACT

Introduction: Epulis fissuratum is a pseudotumor growth located over the soft tissues of the vestibular sulcus caused by chronic irritation from poorly adapted prostheses. The definitive treatment is excision with appropriate prosthetic reconstruction. The use of laser carbon dioxide (CO₂) in the treatment of these lesions presents many advantages over conventional surgery including surgical technique without direct contact with tissue, without bleeding or need for sutures, minimal postoperative pain and edema. The haemostatic capacity of CO₂ laser is describe widespread being a usefull instrument for oral surgery in patients that suffered from clotting disorders.

Objective: The aim of this article is to present a case of epulis fissuratum in a patient with antithrombotic medication demonstrating the usefulness of the CO₂ laser for treatment of this lesion.

Case report: We present a case of a 72 years-old female, referred to Hospital Nossa Senhora da Conceição de Valongo, Porto, with growth of vestibular oral mucosa in the mandible and maxilla associated with ill-fitting prostheses, suggestive of epulis fissuratum. She was taking antithrombotic medication. These lesions were excised with CO₂ laser. Three weeks after surgery, both areas were completely reepithelized. No significant complications were recorded as hemorrhage, pain, swelling or infection. Prosthetic rehabilitation and function were achieved with the fabrication of new upper and lower dentures. The patient was seen a month and 1 year after treatment lying free of recurrence.

Conclusion: The use of CO₂ lasers are nowadays the Gold Standard in the excision of this type of pathology especially in patients with hemorrhagic diathesis or antithrombotic therapy.

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Tratamento de *epulis fissuratum* com laser de dióxido de carbono

R E S U M O

Palavras-chave:

Epulis fissuratum
laser CO2
Medicação anti-trombótica
Cavidade oral
Patologia oral

Introdução: Uma *epulis fissuratum* é um crescimento pseudotumoral localizado nos tecidos moles do sulco vestibular causado pela irritação crónica de uma prótese dentária mal adaptada. O tratamento definitivo é a sua excisão com reconstrução protética adequada. A utilização de laser de dióxido de carbono (CO2) no tratamento destas lesões apresenta muitas vantagens sobre a excisão convencional não apresentando contacto directo com os tecidos, sem sangramento ou necessidade de suturas, e com dor e edema mínimos. A capacidade hemostática do laser de CO2 está bem descrita sendo um instrumento útil em cirurgia oral em doentes com alterações da coagulação.

Objectivos: O objectivo deste artigo é apresentar um caso de uma doente com *epulis fissuratum* que realizava medicação anti-agregante plaquetária, demonstrando a utilidade do laser de CO2 no tratamento destas lesões.

Caso clínico: Apresentamos um caso de uma mulher de 72 anos, enviada ao Hospital Nossa Senhora da Conceição de Valongo, Porto, com crescimento da mucosa oral vestibular na maxila e mandíbula associadas a próteses dentárias desadaptadas, compatíveis com *epulis fissuratum*. A doente realizava anti-agregantes plaquetários. Ambas as lesões foram excisadas com laser de CO2. Três semanas após a cirurgia, ambas as feridas operatórias encontravam-se completamente cicatrizadas. Não se verificaram complicações significativas como hemorragia, dor, edema ou infecção. A reabilitação protética foi realizada com novas próteses totais superior e inferior. A doente foi observada após um mês e um ano encontrando-se livre de recidiva.

Conclusão: A utilização do laser de CO2 é hoje em dia fulcral na excisão deste tipo de patologia especialmente em doentes com diáteses hemorrágicas ou com terapias anti-trombóticas.

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Introduction

Epulis fissuratum is a pseudotumor growth located over the soft tissues of the vestibular sulcus caused by chronic irritation from badly adapted prostheses with variable degrees of hypertrophy and hyperplasia.¹ Clinically, this adaptive lesion presents a raised sessile lesion in a form of folds, with a smooth surface and normal mucosa coloration.² Depending on the intensity of the trauma, the surface may become ulcerated. The definitive treatment is excision with appropriate prosthetic reconstruction. Recurrences are rare as long as the sources of trauma and/or the patient's habits are eliminated and the appropriate prosthetic rehabilitation is provided.^{1,2}

In modern societies, there is an increasing number of older patients with common systemic diseases such as cardiovascular diseases, especially those treated with anticoagulation therapy because of cardiologic indications. In last years, some guidelines of dental management of patients using anti-thrombotic drugs recommended to not routinely discontinue anti-platelet and anti-coagulation medication before dental surgery. As result the risk of a severe bleeding during or after oral surgical procedures is elevated.³

Lasers have been in use in the medical community since the 1970s. In the 1980s, oral surgeons began using carbon dioxide lasers for soft tissue procedures, and in 1989 the first laser specifically designed for use in dentistry was introduced.⁴ Nowadays, the most used lasers in oral surgery are CO2 laser, Er:YAG laser, Nd:YAG laser, diode laser, argon laser and KTP laser. The CO2 laser emits energy with a 10.6 μm

wavelength in the infrared zone that is absorbed by water. The high water content of the oral soft tissues makes this laser a useful tool in oral soft surgery with many advantages over conventional surgery including convenient mucosa removal, excellent haemostasis with a bloodless field, high precision in tissue destruction, no need for sutures, non contact surgery, bactericidal properties that minimize the possibility of infection and minimal postoperative pain and edema.^{2,5-7} The haemostatic capacity of CO2 laser is describe widespread being a useful instrument for oral surgery in patients that suffered from clotting disturbances.^{8,9} The aim of this article is to present the treatment of a maxillary and mandibular *epulis fissuratum* in a patient with antithrombotic therapy with CO2 laser surgery and prosthetics rehabilitation.

Case report

A 72 years-old women was referred to Hospital Nossa Senhora da Conceição de Valongo (ISCSN/CESPU, Porto, Portugal) for evaluation of a maxillary and mandible gingival mass. She reported a gingival enlargement with 12 months of evolution with oral discomfort using booth prostheses. She had arterial hypertension, congestive heart failure, osteoporosis, diabetes mellitus (type II). Habitual medication included ticlopidina 250 mg, glibenclamida 20 mg, and captopril 25 mg. On oral examination a fibrous mass of 6×2 cm, with multiple folds, and normal mucosa coloration was located on mandibular vestibular sulcus and two other similar fibrous masses, with 2×1 cm each, were in maxillary vestibular sulcus

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