

## Congenital epulis in a neonate

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### Introduction

Congenital epulis of the newborn is an uncommon lesion occurring in the gums, first described in 1871 by Neumann (1). To date, fewer than 200 cases have been described in the literature.

### Case report

A 1-day old female neonate was brought to us with multiple fleshy protrusions from her mouth (Figure 1). She was the first born to non-consanguineous parents, and weighed 2.75 kg at birth. Mother's antenatal period was uneventful and ultrasonography at 36 weeks did not show any fetal abnormality.

On examination there were three pedunculated fleshy masses arising from the upper anterior alveolus, protruding out, obstructing and filling the whole oral fissure. There was neither stridor nor respiratory embarrassment. There were no other clinically detectable congenital abnormalities.

Excision of the lumps was done under general anaesthesia with naso-tracheal intubation, using diathermy cauterisation of narrow pedicles. There was no residual deformity at the end of the procedure and the upper alveolar margin looked completely normal (Figure 2).

Histology showed the lesion to be a benign granular cell tumour.



Figure 1. Masses protruding through the mouth



Figure 2. Following excision of epulis

### Discussion

Congenital epulis is classified as a benign granular cell tumour. It is a rare tumour and occurs in the anterior alveolar ridge of newborn infants with an 8:1 predominance in girls, and is three times more commonly seen in the upper jaw than the lower (2). In 10% they are multiple. The lesion usually appears as a protuberant mass, sometimes pedunculated, histologically showing characteristic large cells with granular cytoplasm and spindle cells resembling fibroblasts (1).

The exact nature of this tumour is not clear. Some classify it under tumours of peripheral nerves, whereas others consider it as a fibrous tumour, hence the name granular cell fibroblastoma (3), or to be of muscle origin. A malignant variant of congenital epulis has never been reported (1).

A congenital epulis presents at birth. Large lesions may be identified by prenatal ultrasonography. An epulis can be displaced from the mouth at birth making it unlikely to cause airway obstruction. Surgical excision is required as it may interfere with normal feeding. The pedicle is generally thin and relatively avascular. Electrocautery provides easy excision with simultaneous haemostasis. Local resection is curative (4).

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