56 Y.O. Female – Upper Denture Wearer – Large Hyperplastic Tissue

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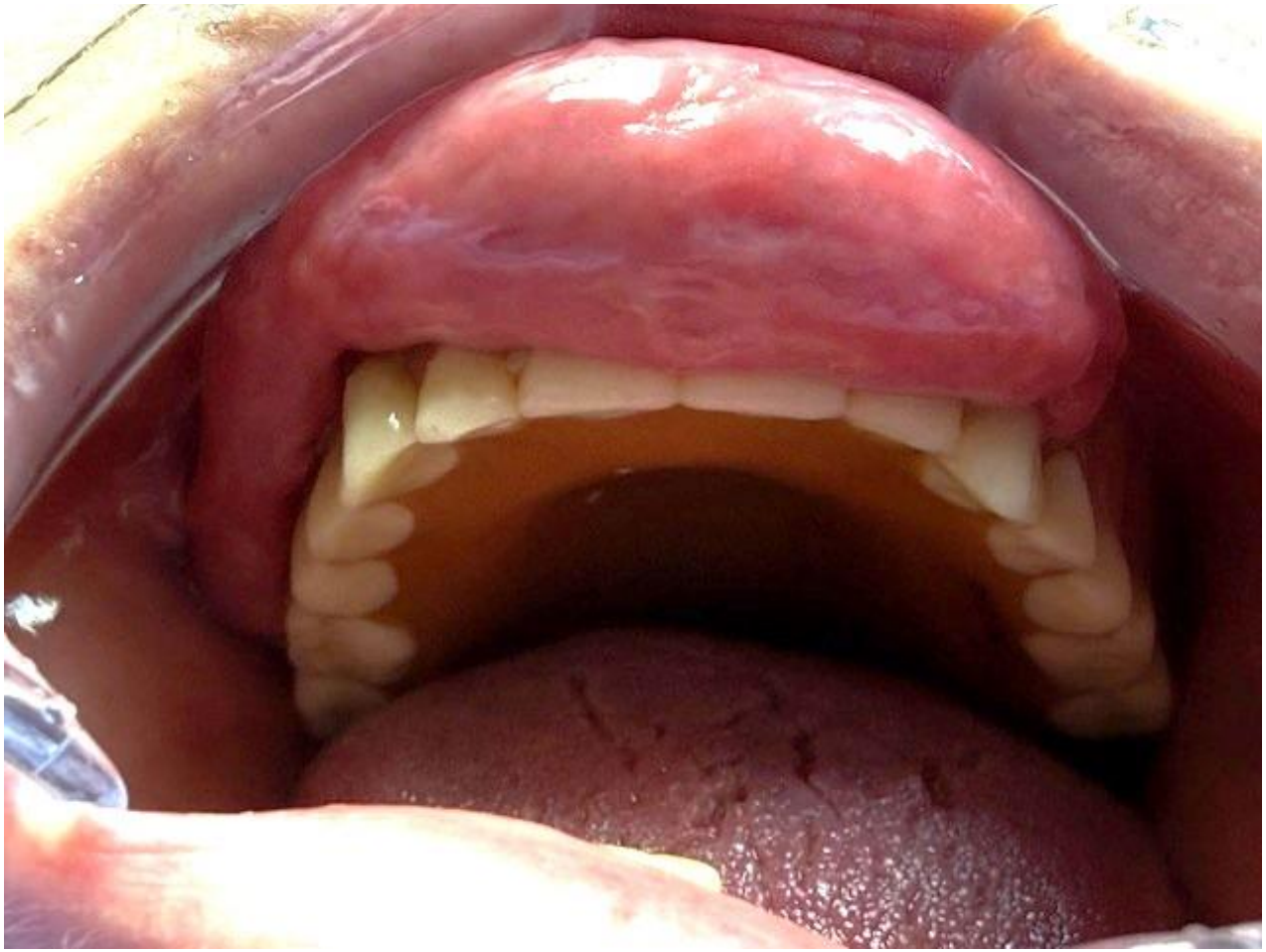

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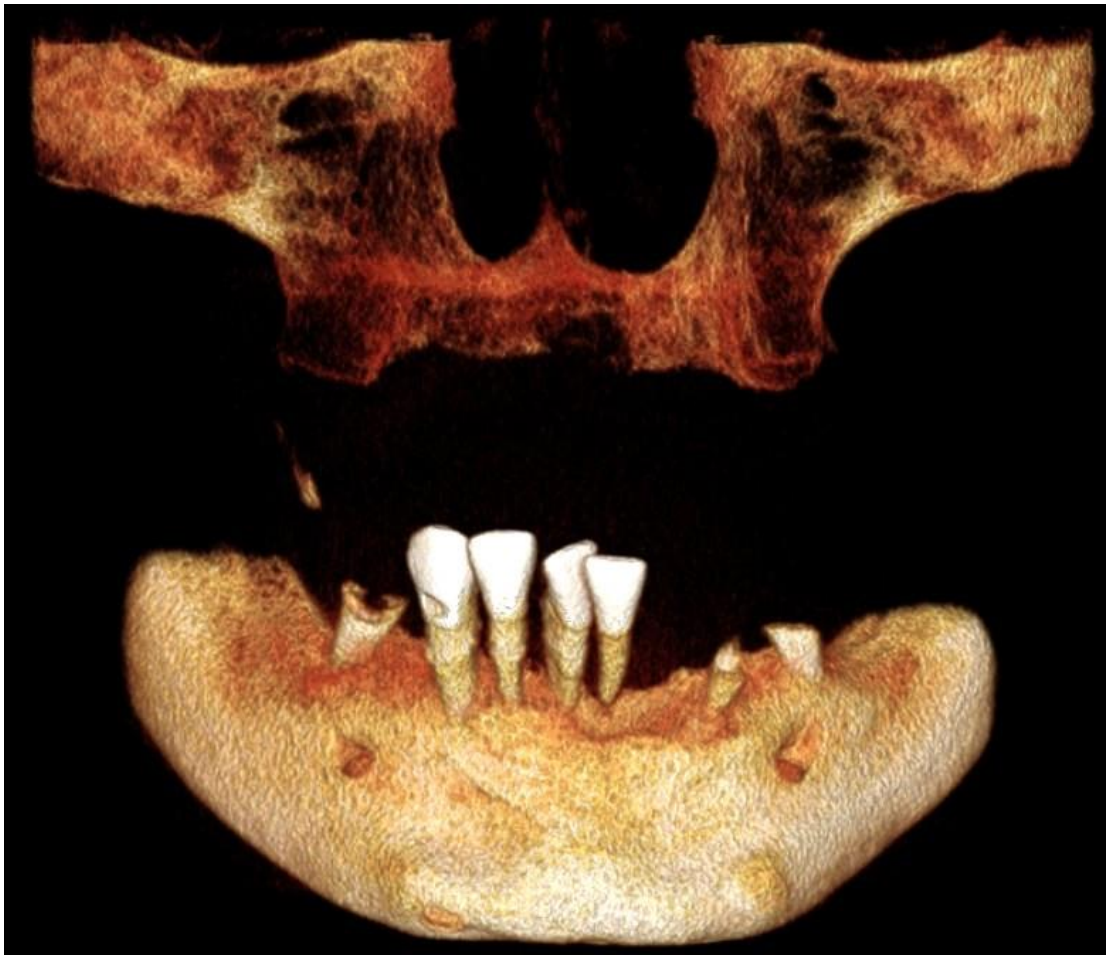

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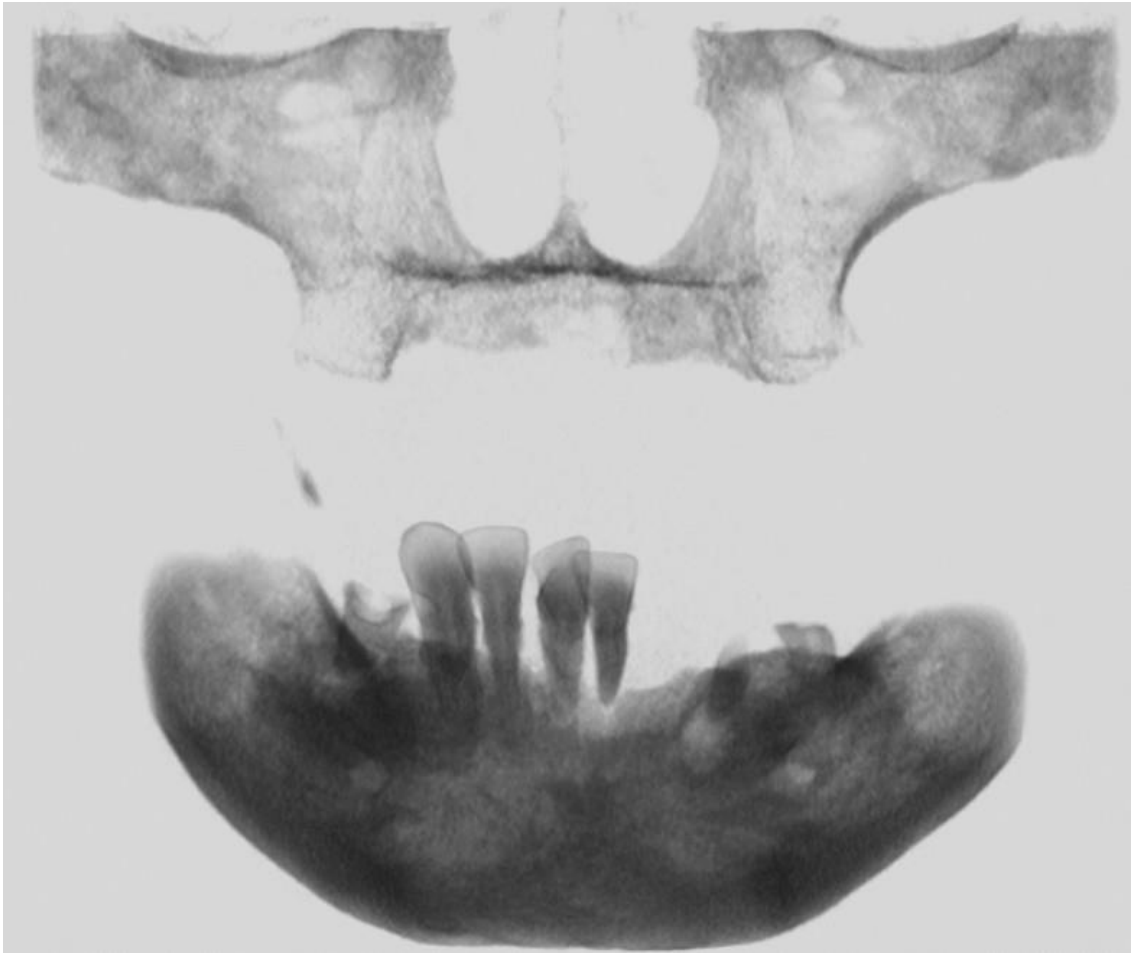

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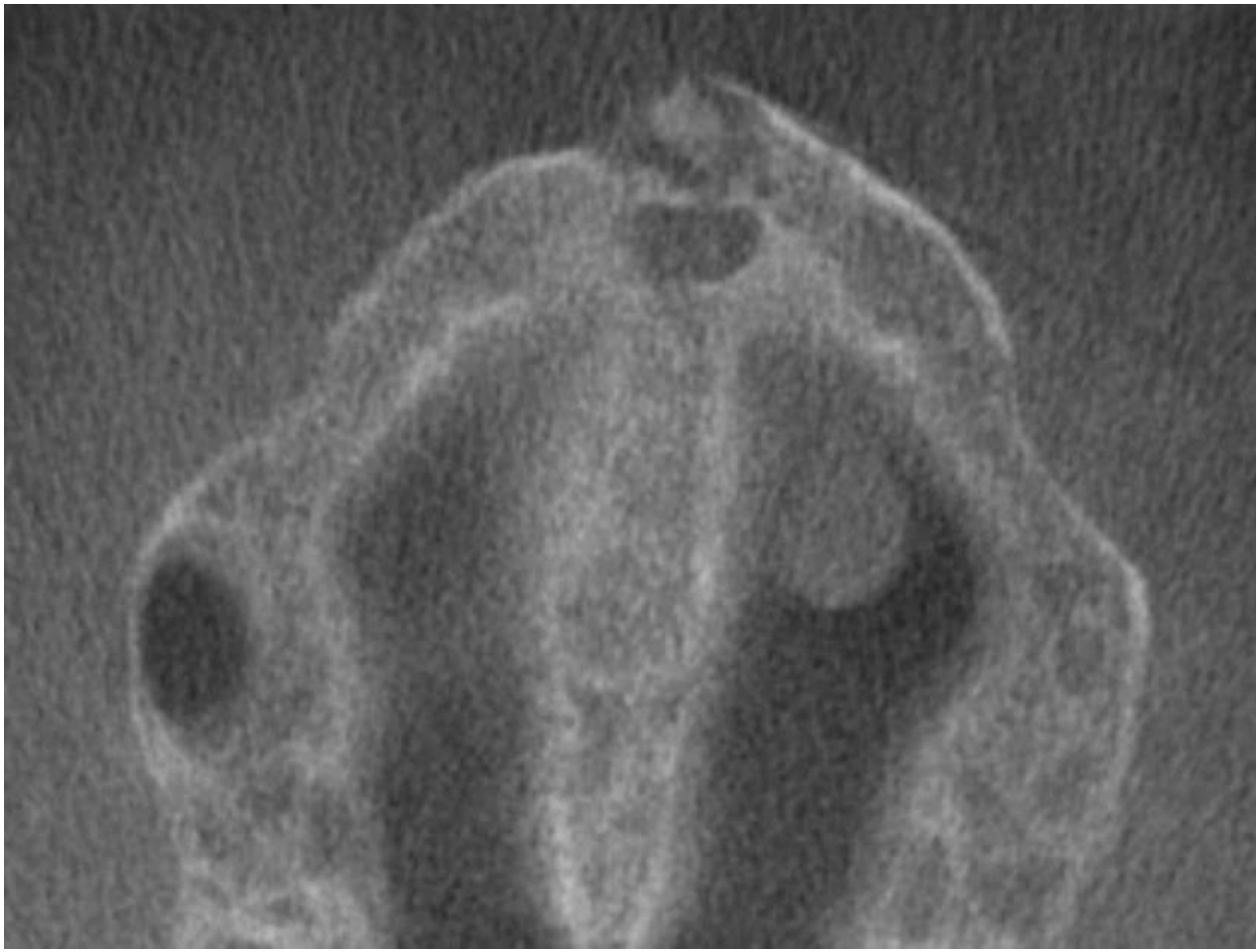


Upper Denture Wearer – Large Hyperplastic Tissue

Epulis fissuratum, denture epulis, fibroepithelial hyperplasia, fibrous hyperplasia, fibroepithelial polyp, fibroma, fibrous epulis

Benign reactive inflammatory hyperplastic lesion that is the result of chronic irritation

Histologically is composed of squamous mucosa overlying a dense collagen proliferation with focal chronic inflammation

It is most commonly associated with ill fitting dentures

Upper Denture Wearer – Large Hyperplastic Tissue

Microscopic (histologic) description

Hyperplastic keratinized squamous mucosa overlying dense nodular connective tissue and variable inflammatory infiltrate

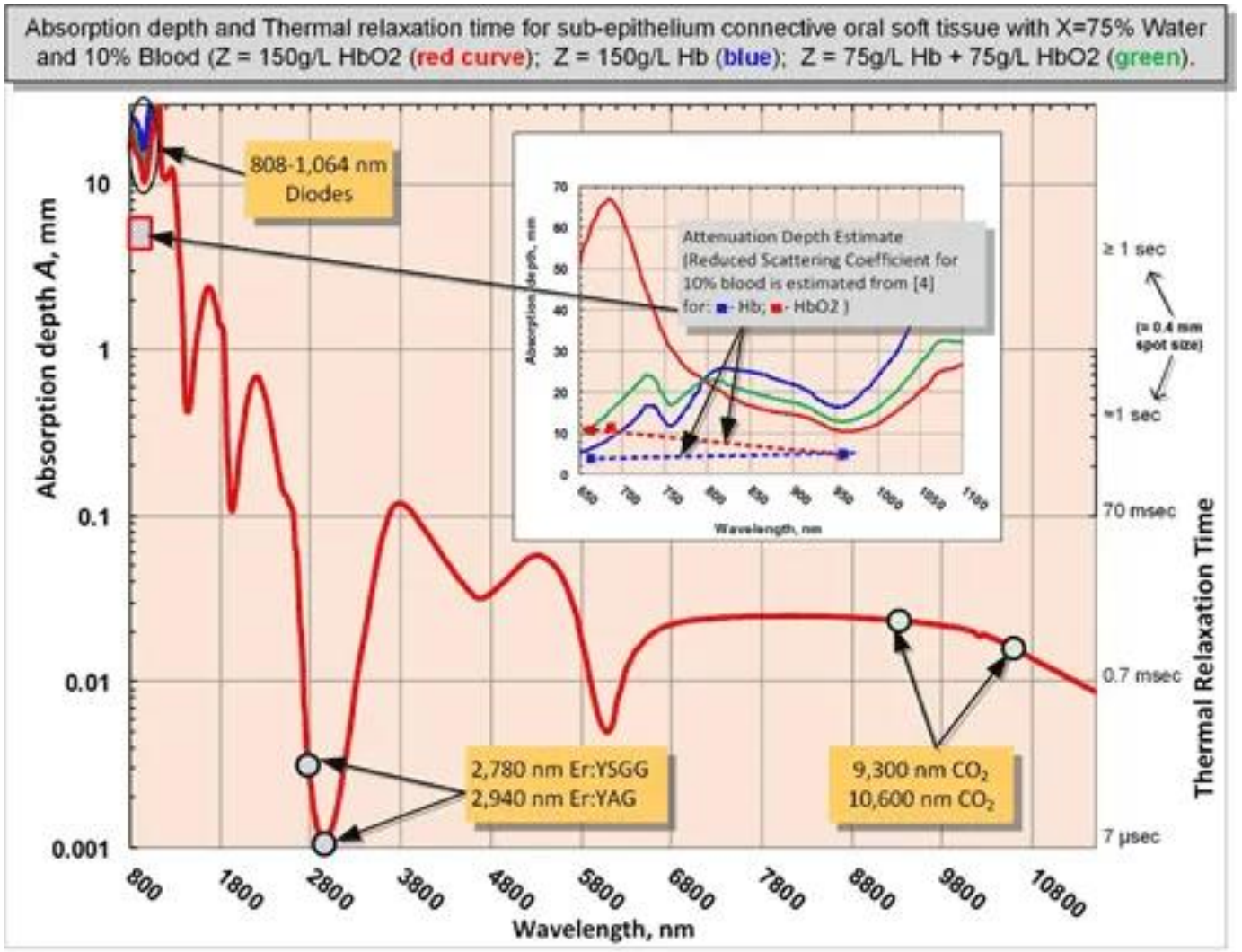
Underlying connective tissue is variably collagenized with scant bland spindled fibroblasts

Pseudoepitheliomatous hyperplasia or secondary candidal colonization may be present

Treatment = excision and biopsy

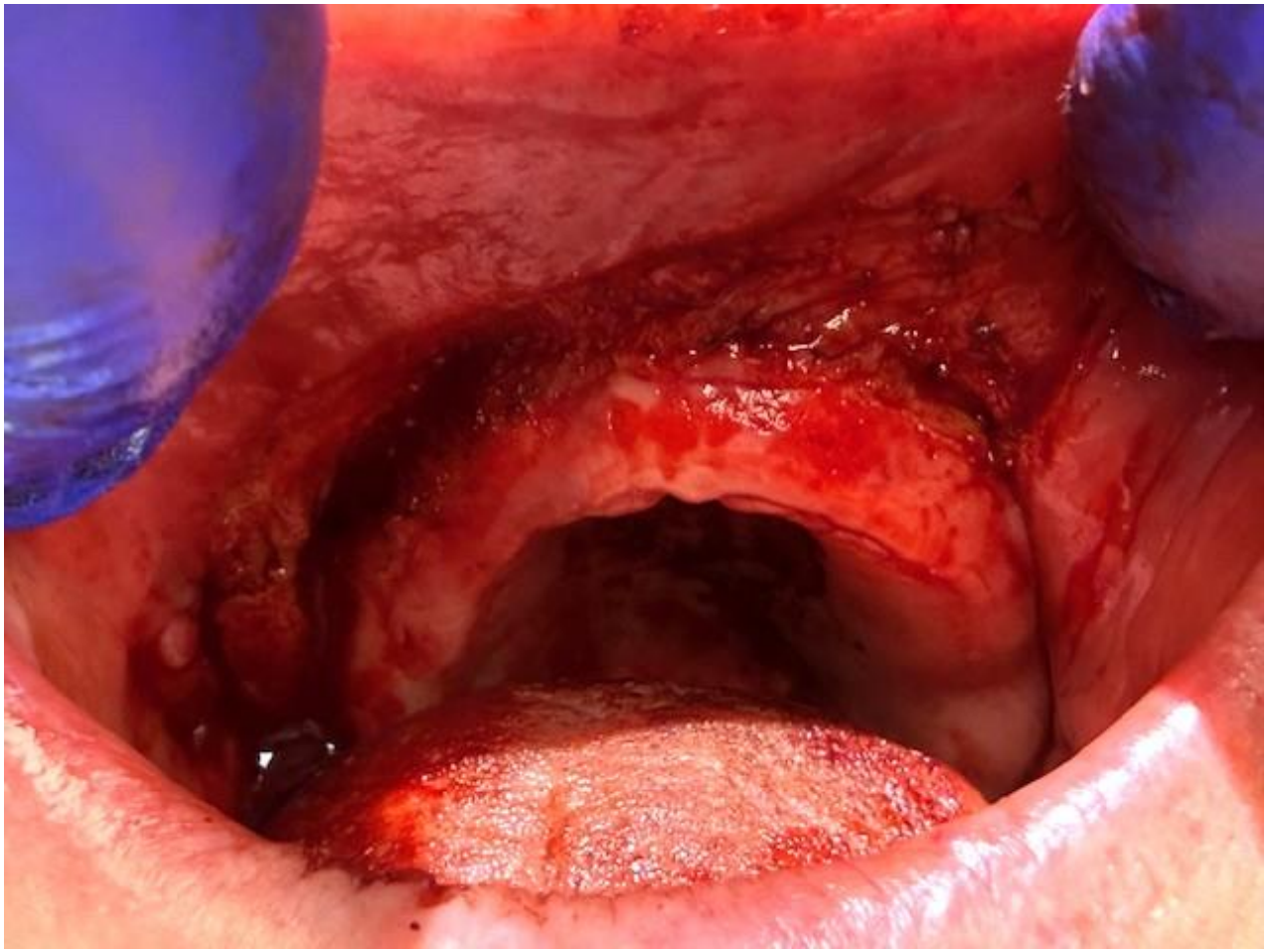
Upper Denture Wearer – Large Hyperplastic Tissue
Treatment = excision using Light Scalpel CO2 10,600 nm Pulsed Laser to provide Ablation and Coagulation/Hemostasis
with the option of placing L-PRF Fibrin membrane if needed on exposed area and allowed to granulate in and biopsy of excised tissue.

Light Scalpel CO2 10,600 nm Pulsed Laser to provide Ablation and Coagulation/Hemostasis

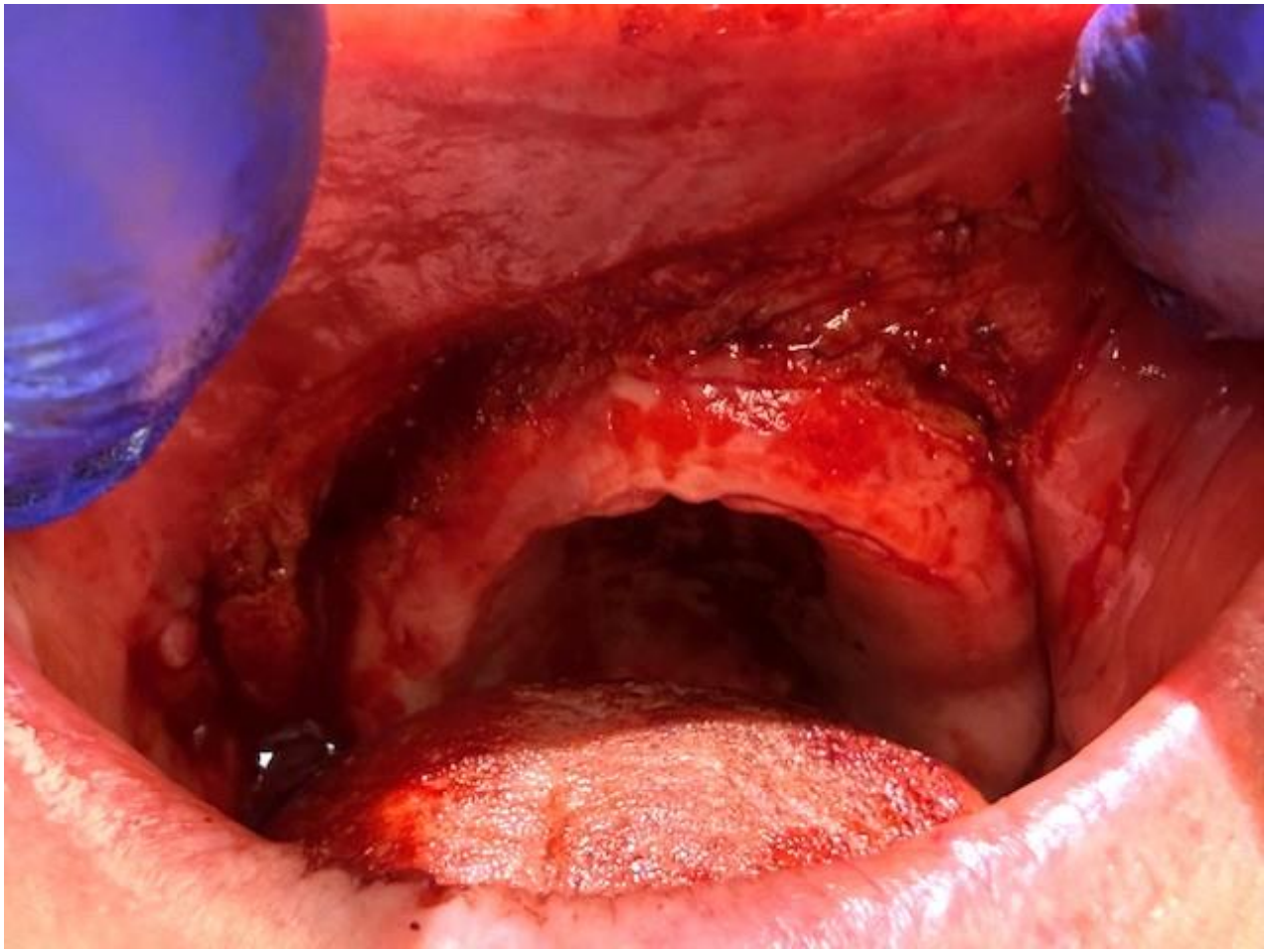


1-24-26 Post OP - Large Hyperplastic Tissue

Post Op Alveolar Ridge



Post Op Alveolar Ridge



Pro-OP– Upper Denture Wearer – Large Hyperplastic Tissue

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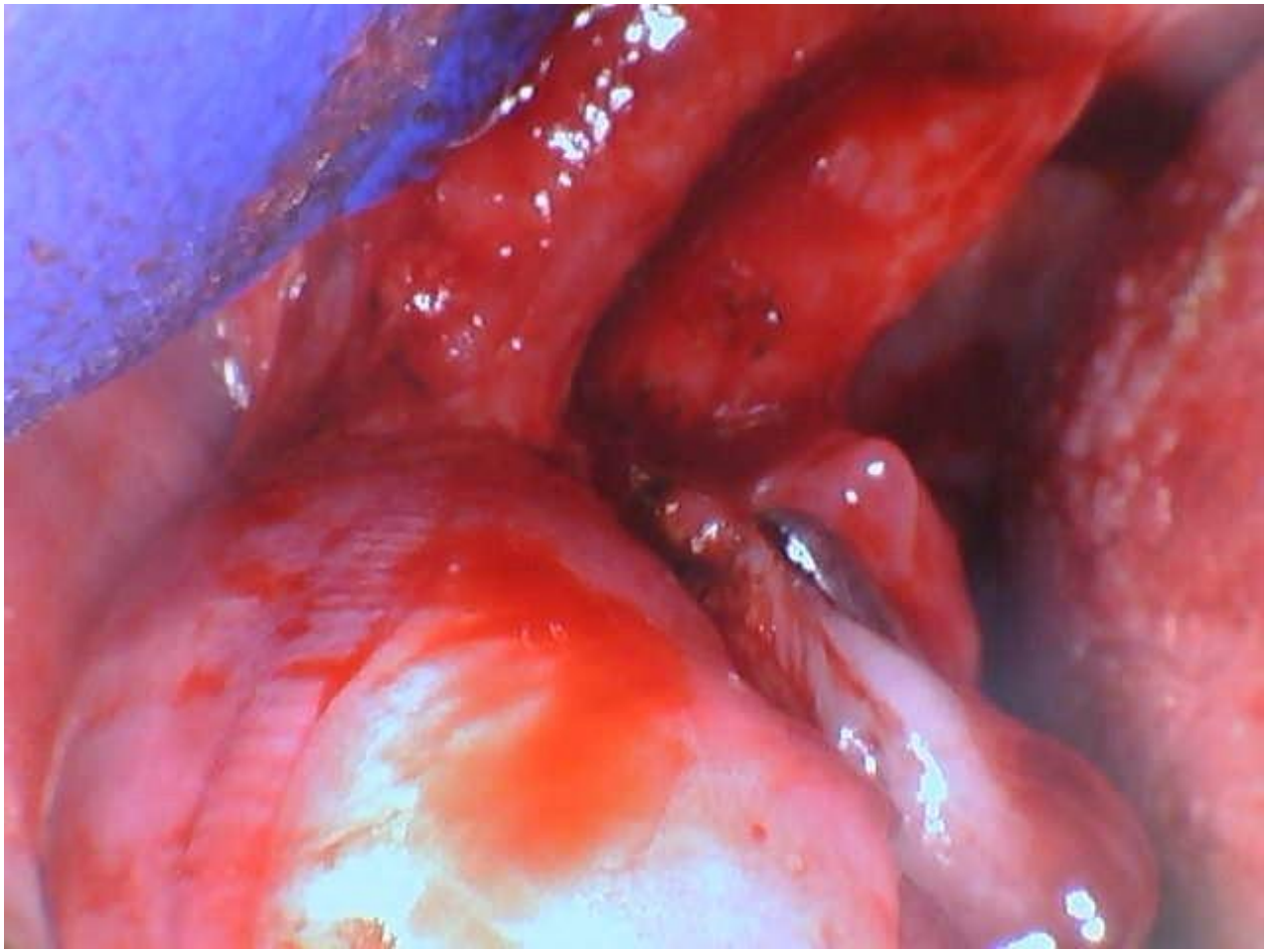
Pro-OP– Upper Denture Wearer – Large Hyperplastic Tissue

CO2 Laser Tissue Removal

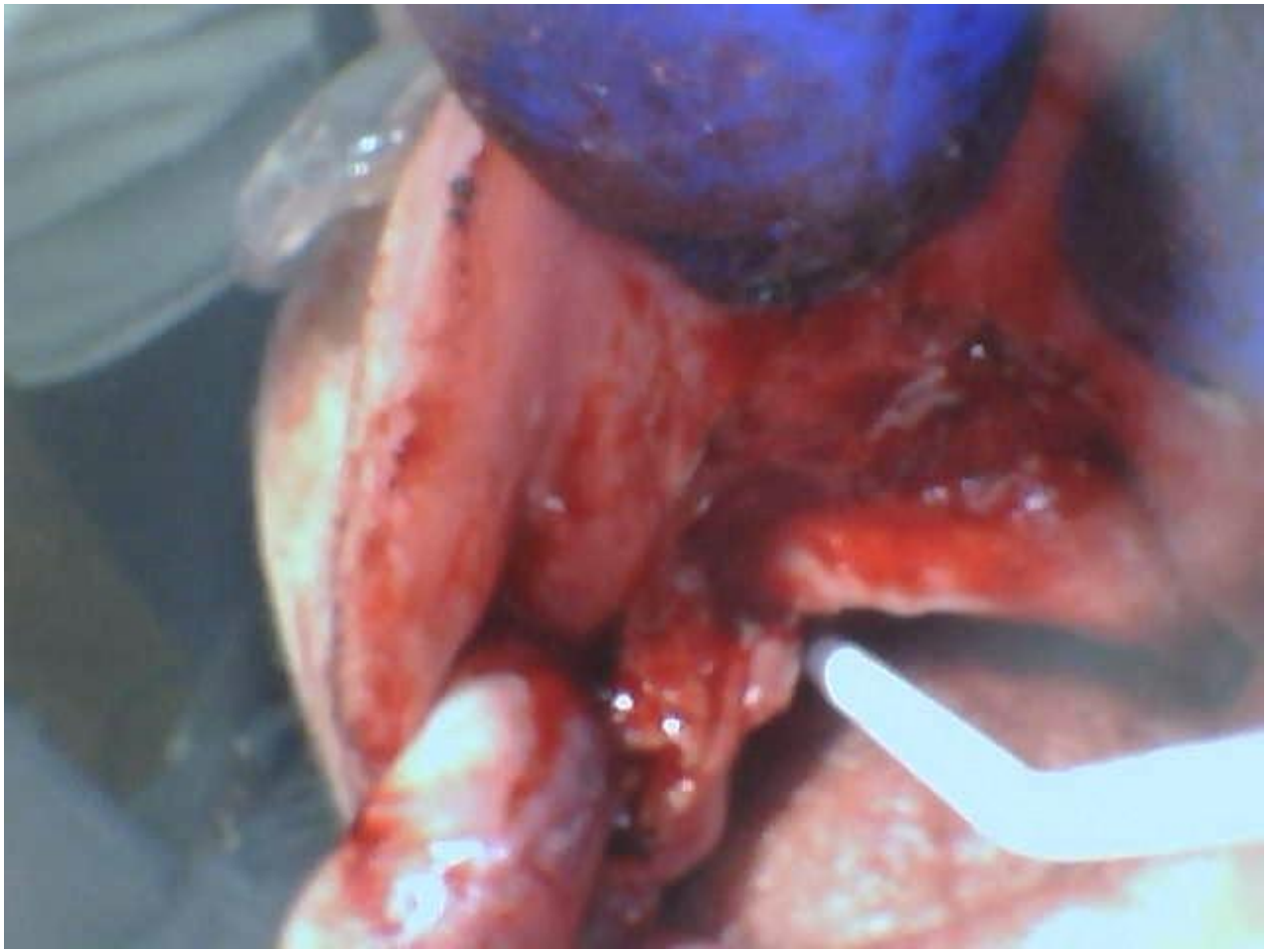
CO2 Laser Tissue Removal



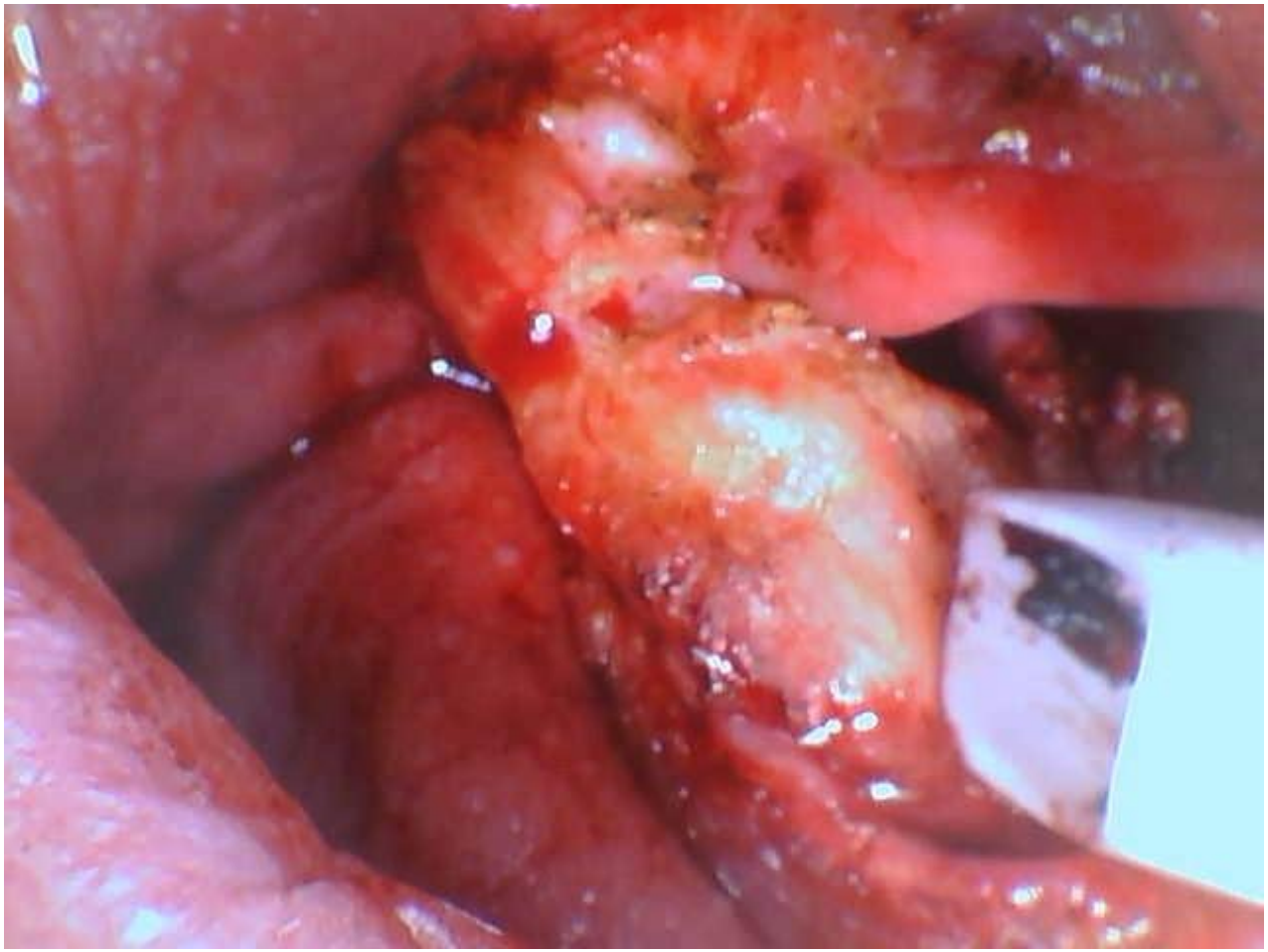
CO_2 laser Tissue Removal

CO_2 laser Tissue Removal

CO2 laser Tissue Removal



CO_2 laser Tissue Removal

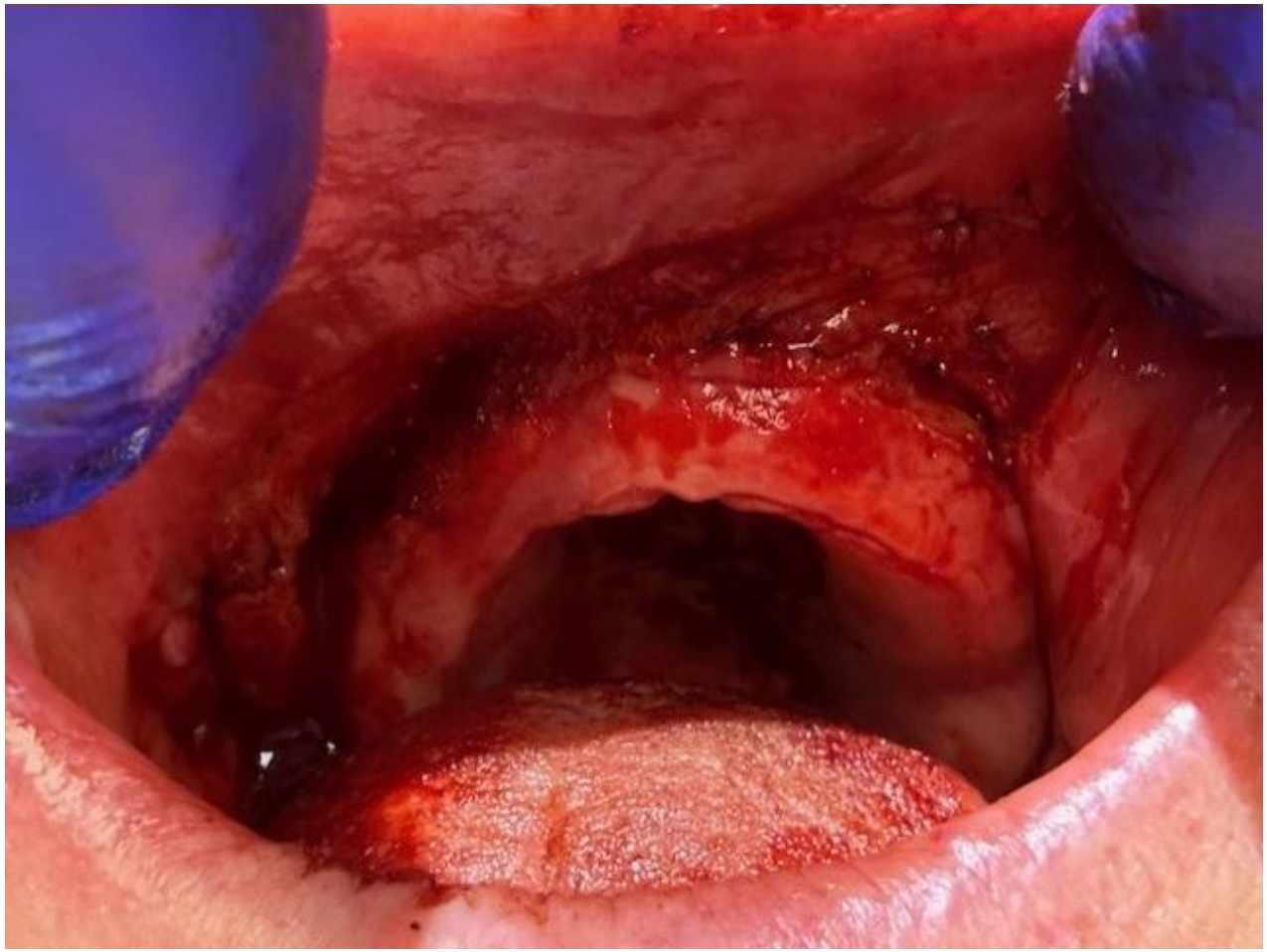


CO_2 laser Tissue Removal – UR vestibule

CO_2 laser Tissue Removal – UR vestibule remove tissue to establish vestibule

CO_2 laser Tissue Removal – UR vestibule remove tissue to establish vestibule

CO_2 laser Tissue Removal – Post Op



Post OP - Large Hyperplastic Tissue