

Congenital Epulis of the Upper Lip: A Rare Lesion

Saghir S^{1*}, Kabbaj K^{2*},
Azitoune S²,
Abilkassem R¹,
Ourrai A¹, Hassani A¹
and Agadr A¹

¹Department of Pediatrics, Military Hospital Mohamed V of Rabat, Morocco

²Department of Pediatrics, Children’s hospital of Rabat, Morocco

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***Corresponding Author:**
Khawla Kabbaj,
Department of Pediatrics, Children’s
hospital of Rabat, Morocco
Salahiddine Saghir,
Department of Pediatrics, Military Hospital
Mohamed V of Rabat, Morocco

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1. Clinical Image

Congenital epulis is one the rare neonatal oral pathologies usually rising from alveolar ridge and rarely from the tongue as well which can cause respiratory and feeding problems.

We report a case of a 3 days old newborn admitted for labial mass with feeding difficulties. Pedunculated mass was observed on the upper lip measured approximately 1.5 x 1.5 x 1 cm (Figure 1). The infant did not exhibit any signs of respiratory distress.

CT scan done with findings of rounded homogenously enhancing soft tissue mass measuring 1.8 x 2.1 x 1.2 cm. The lesion had a clear plane of demarcation with the lip. There was no calcification or fat component within, pharynx and nasal cavity were patent. Routine blood tests were performed to assess the overall health status of the newborn.

Excision was done at day-4 of life The newborn’s progress has been favorable. Nasogastric tube feeding was provided for 10 days, the breastfeeding was resumed afterward.

Microscopic examination revealed a polypoidal tissue. The underlying tissue consisted of granular cells, varying in size and shape from large, polygonal to spindle-shaped. Nuclei appeared small and benign.

Congenital granular cell tumor, also known as congenital epulis, is

an uncommon lesion found in the oral cavity, typically seen only in newborns. It is characterized by a smooth, pedunculated, pink mass.[1] The origin of congenital epulis remains uncertain; however, it is a non-neoplastic, degenerative, or reactive lesion [2].

Early detection of a tumor in a fetus can aid in planning interventions, allowing the family to psychologically prepare for upcoming procedures and potential risks. However, if the lesion is only discovered at birth, securing and maintaining the airway takes precedence before any intervention can proceed. The management of congenital epulis requires collaboration among multiple health-care professionals [3].



Figure 1: Macroscopic presentation of a congenital epulis

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