

## CASE REPORT OF AN ORAL LESION REMOVAL: DIAGNOSTIC AND TREATMENT

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**OBJECTIVE:** Oral lesions may be associated with local factors, such as poor hygiene, parafunctional habits, maladjustment of prosthesis or restorations and trauma, but they may also be indicators of systemic illnesses that have oral manifestations. The immediate investigation of any unidentified lesion is extremely important. **CASE REPORT:** A female patient, aged 32 years old, attended the periodontics clinic of HRAC showing a nodular lesion with irregular surface at the buccal region between teeth 16 and 17 of about 1 cm in diameter and palatal extension. The patient reported that the size of the lesion varied depending of her menstrual cycle and that it was already removed once, but it grew back. Radiographically, an excess of amalgam restoration was observed at the mesial region of the tooth 17. The diagnostic hypothesis was gingival growth induced by plaque associated with the endocrine system and it was decided to perform excisional biopsy for diagnosis and treatment. During the procedure, the excess amalgam was removed and after removal of the lesion and periosteum curettage, an extensive area of bone was exposed. A periodontal procedure of laterally positioned flap was performed to cover and protect the surgical area during healing. The removed tissue was sent to the pathology department of FOB-USP for the histopathological exam. The diagnostic was peripheral giant cell granuloma, a non-neoplastic tumorous proliferation, possibly caused by the excess of restoration material. **CONCLUSION:** After the lesion and the probable causing factor were removed, no relapse should be expected. The case is being followed for 18 months.