

An Atlas of Lumps and Bumps: Part 14

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Parulis

Parulis, also known as gum boil, typically presents as an asymptomatic, yellowish or reddish papule or nodule on the gum at the oral end of a draining sinus (**Figures 1 and 2**). The lesion is usually secondary to a chronic periapical or alveolar abscess, which may result from untreated dental caries.¹ The maxillary alveolar mucosa is the most frequent site of a parulis. Causative organisms include *Fusobacterium* species, followed by *Prevotella intermedia/nigrescens*, *Porphyromonas gingivalis*, *Tannerella forsythia*, and *Aggregatibacter actinomycetemcomitans*.^{2,3} A parulis usually perforates spontaneously with purulent discharge into the oral cavity.⁴ Occasionally, parulides may be complicated by periodontal fistula formation.



Figure 1.

Traumatic Fibroma of the Tongue

A traumatic fibroma, also known as irritation fibroma, of the tongue is a benign, exophytic and reactive oral lesion.^{5,6} The prevalence rate ranges from 1.2 to 77 per 1000 individuals aged 15 to 82 years with a peak in the fourth decade of life.⁵ The sex ratio is approximately equal.⁵ The condition results from repetitive



Figure 2.



Figure 3.



Figure 4.

tissue injury, which leads to fibrous hyperplasia. The lesion can be tender when rough food comes into contact; this may also occasionally cause the fibroma to bleed.

Clinically, a traumatic fibroma of the tongue presents as a sessile, well-circumscribed, firm lesion that is most often located on the lateral aspect of the tongue (**Figure 3**), followed by the tip of the tongue (**Figures 4 and 5**). There is no risk of malignant transformation.⁵

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EDITOR'S NOTE:

This article is part of a series describing and differentiating dermatologic lumps and bumps. To access previously published articles in the series, visit <https://www.consultant360.com/resource-center/atlas-lumps-and-bumps>.



Figure 5.

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