



INTRODUCTION Gingiva forms part of the periodontium-supporting structures that cover the alveolar process of jaws and surround the necks of the teeth. It is not only consistently inflamed in plaque induced diseases like gingivitis and periodontitis, but is also under threat of various **non-plaque-induced diseases** which present as non-neoplastic and neoplastic lesions. Gingival biopsies constitute a major proportion of total oral biopsies. Although, clinical and radiographic assessment can help, the confirmatory diagnosis can only be made after their microscopic analysis post biopsy. Thus, this mandates the need to **properly categorise** them to prepare a definitive treatment plan.

AIM To analyse the frequency distribution of gingival biopsied lesions in our institution during a 12-year period.

METHODOLOGY

Among 4468 biopsies over 12 years, **264 (5.9%)** were **gingival biopsies** from 2011-2022. Demographic and other pertinent data were recorded, tabulated, and mean scores were calculated.



RESULTS

REACTIVE (88.22%)

- Fibrous Epulis(2.65%)
- Fibroepithelial Hyperplasia(17.42%)
- Inflammatory Epithelial Hyperplasia(10.98%)
- Peripheral Ossifying Fibroma(21.96%)
- Pyogenic Granuloma(31.81%)
- Peripheral Giant Cell Granuloma(3.40%)

INFLAMMATORY (3.4%)

- Plasma Cell Gingivitis(2.65%)
- Pemphigus Vulgaris(0.75%)

NEOPLASTIC (3.40%)

- Non-Hodgkins Lymphoma(0.37%)
- Squamous Cell Carcinoma(3.03%)

GINGIVAL PIGMENTATION(0.37%)

- Gingival Pigmentation(0.37%)

OTHERS (4.11%)

- Langerhans Cell Histiocytosis(0.37%)
- Foreign Body Granuloma(0.37%)
- Non-Specific Granulomatosis(1.13%)
- Small Round Cell Tumour(0.37%)
- Chronic Inflammatory Lesion(1.13%)
- Verrucous Carcinoma(0.37%)
- Malignant Melanoma(0.37%)

DISCUSSION

STUDY	Ababneh/2006	Alblowi /2018	Thorakkal/2008	Mohammad/2022	Gupta/2022	Our Study/2022
Study Place	Jordan	Saudi Arabia	South India	Iran	Delhi, India	Haryana, India
Study Period	10 years	20 years	6 years	22 years	3 years	12 years
Total Biopsies	183	119	244	1000	73	264
Male : Female	76:107	55:64	80:164	359:640	47:26	86:178
Mean Age	29 years	41.58 years	31.2years	34.9years	39.1years	34years
Most prevalent lesion	PG>FH>PGCG	PG>CHR. INFL.>EPULIS	PG>IH>FH	PG >POF>PGCG	OSCC>PGCG> PG=EPULIS	PG>POF>FEH
Max: Mand: Both	99:84:0	--	102:82:0	508:483:9	--	144:108:13
Ant vs Post	--	--	--	Ant	--	Ant

PG-Pyogenic Granuloma; FH-Fibrous Hyperplasia; PGCG- Peripheral Giant Cell Granuloma; IH-Inflammatory Hyperplasia; POF- Peripheral Ossifying Fibroma; FEH-Fibroepithelial Hyperplasia; OSCC-Oral Squamous Cell Carcinoma

CONCLUSION Our study showed a **high prevalence of gingival lesions with female predominance**, with **pyogenic granuloma** being the most prevalent. Furthermore, OSCC is most common in neoplastic lesions. Different geographical variations lead to heterogenous populations. **Nationwide, multicenter studies** must be carried out to characterise the various epidemiologic parameters of gingival lesions in the Indian population.

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