



FIGURE 2: Radiographic image after reconstruction by FRF.



FIGURE 3: Clinical preoperative.



FIGURE 4: One-year follow-up.

In the three-month follow-up visit, a recurrence was observed. A further intervention was performed by CO<sub>2</sub> laser, with motivating the patient on the importance of maintaining the oral hygiene measures in order to ascertain the complete elimination of triggering factors. The histological examination confirmed the diagnosis of PG.

**3.3. Case III.** A 19-year-old male was referred for consultation of a painless mass in the right retromolar area that developed few weeks ago. The medical and dental history revealed that in 2015 an excision of moderately differentiated mucoepidermoid carcinoma at the upper right posterior molar region and hemimaxillectomy were carried out with simultaneous reconstruction by a FRF of the iliac crest (Figures 5 and 6).

The oral examination revealed an exophytic, mostly pedunculated lesion, with irregular granulomatous appearance and elastic consistency on the lower right retromolar area related to a partially erupted lower right third molar (Figure 7). The radiographic investigation did not show any bone resorption at the site of the lesion.

Routine blood tests, exclusion of dysplasia by cold-blade incisional biopsy, and elimination of contributing triggering factors were performed. It was decided to excise the lesion by CO<sub>2</sub> laser under local anesthesia and to extract the lower right third molar which might be the cause of chronic irritation.

The histological examination revealed a benign lesion with vascular structures and diffuse inflammatory infiltrate of granulocytes and neutrophils (Figure 8).

**3.4. Case IV.** A 21-year-old male was examined in our outpatient clinic complaining of a painless swelling in the upper left posterior region. Regarding his medical and dental history, left hemimaxillectomy, adenoidectomy, and partial removal of zygoma were carried out in 2001 due to a rhabdomyosarcoma in the left maxillary sinus. It was simultaneously reconstructed by a FRF of iliac crest, followed by radiotherapy and chemotherapy before and after the surgical intervention.

The oral examination showed exophytic, mostly pedunculated lesion with irregular granulomatous appearance and elastic consistency on the upper left posterior region related to the buccal flange and the fitting surface of the upper removable partial denture (RPD). The radiographic investigation did not show any bone resorption at the site of the lesion.

Contributing triggering factor was the poor stability of RPD. It was decided not to wear the RPD for two weeks. Routine blood tests, exclusion of dysplasia by cold-blade incisional biopsy, and the excision of the lesion by CO<sub>2</sub> laser under local anesthesia were performed. The histological examination revealed a benign lesion with vascular structures and diffuse inflammatory infiltrate of granulocytes and neutrophils, in addition to focal aspects of abscess formation.

Deepening of the buccal vestibule by CO<sub>2</sub> laser after the three-week follow-up has been done responding to a request from the prosthodontic department, to remake the RPD with better stability.

#### 4. Discussion

The management of head and neck cancer has been improved by the introduction of microvascular surgery and FRF reconstruction. The ability of tissue transfer from a distant site enables the surgeons to reconstruct the bone and the