

PG is histologically characterized by a prominent capillary growth in hyperplastic granulation tissue. The presence of little vascular fibrotic septa separating a clustered or medullary pattern of the blood vessels leads sometimes to considering PG as a polypoid form of capillary hemangioma [6].

The histological reports of the third and the fourth cases were not with a definitive diagnosis; therefore, these cases were confirmed to be PG through the consultation of an oral pathologist and the clinical picture.

The differential diagnosis of PG includes peripheral giant-cell granuloma, peripheral ossifying fibroma, hemangioma, conventional granulation tissue, and hyperplastic gingival inflammation. In some cases, malignant lesions, such as metastatic carcinoma, melanotic melanoma, or non-Hodgkin's lymphoma, can be a differential diagnosis [3].

## 5. Conclusion

These presented cases suggest that the limitations in oral functions and the difficulty of maintaining the oral hygiene measures due to the FRF reconstruction surgery with the presence of trigger factors such as local trauma, chronic infection, or inadequate prosthesis probably played a role in the development of gingival reactive hyperplastic lesions.

## Consent

Written informed consent was obtained from all the patients.

## Conflicts of Interest

The authors declare that they have no competing interests.

## Authors' Contributions

All the authors contributed to the work-up of this case series and the manuscript has been reviewed and approved by all the authors.

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