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Chickenpox with Concomitant Oral Traumatic Fibroma in a Pediatric Patient: A Case Report

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ABSTRACT

Background: Chickenpox, or chickenpox, is a primary infection caused by the Varicella Zoster Virus (VZV), which often affects children and is highly contagious. This infection begins with fever, fatigue, and loss of appetite, followed by a red rash a day later. The rash typically appears on the trunk, face, and scalp, appearing as itchy red spots. Fibromas are benign connective tissue tumors commonly found in the oral cavity. Most oral fibromas are known to be reactive and represent hyperplasia of fibrous connective tissue in response to local irritation or trauma.

Objective: discuss and report oral cavity lesions that appeared due to Varicella Zoster infection in a pediatric patient who also had fibroma lesions.

Case: A 5-year-old female patient complained of canker sores that had appeared on her upper and lower lips for the past 5 days. Ten days earlier, the patient had visited relatives in the village. She then developed a fever and a fever that persisted for two days, and a reddish rash appeared on her face, neck, hands, and feet. The rash then turned into small, fluid-filled blisters. The patient's mother prescribed some powdered medicine and applied ointment to the blisters. Furthermore, the patient's mother explained that three years ago, the patient had fallen off the mattress and suffered a bite on the inside of her lower lip. She is currently painless.

Governance: Supportive therapy includes Caviplex syrup 60 ml, taken 1 teaspoon three times daily. Communication, information, and education (IEC) is also provided to the patient and their parents. The fibroma is then observed for any disturbing symptoms or significant changes in lesion size over a short period of time.

Discussion: Chickenpox is a primary infection with the varicella zoster virus. The oral manifestation of primary VZV is the appearance of minor, pale ulcerations. This disease is classified as*self-stopping disease.* This is a self-limiting disease that rarely causes serious complications. Supportive treatment, including multivitamins taken three times daily, aims to accelerate cell healing and restore the patient's immune system. Traumatic fibromas occur due to ongoing chronic inflammation involving granulation tissue, scar formation, and a fibrous submucosal mass. Fibromas are generally asymptomatic and do not require treatment unless they are significantly bothersome.

Conclusion: Chickenpox is a primary infection of the varicella zoster virus, which manifests as minor, pale ulcerations orally. Multivitamins are given to accelerate cell healing and restore the body's immunity. Fibromas, on the other hand, are benign neoplasms that arise from fibrous

connective tissue due to trauma. Observation is necessary to determine the growth of the fibroma and whether it is causing discomfort to the patient.

Keywords: Chickenpox; VZV; Traumatic Fibroma

INTRODUCTION

Chickenpox is a primary infection caused by the Varicella Zoster Virus (VZV), which can remain dormant in the nerve ganglia. Chickpox often affects children during the rainy season and is highly contagious. The incidence of varicella varies by country and occurs predominantly in children. More than 90% of children are infected with VZV before the age of 15 [1,2].

Mild prodromal symptoms will appear after exposure to the virus, with an incubation period of 2-3 weeks. The infection spreads through direct contact or droplet infection, which can involve the upper respiratory tract. Touching ruptured vesicular fluid can also be contagious. Furthermore, infection during pregnancy poses significant risks to the fetus [1].

The first symptoms generally develop between 2 and 3 weeks after exposure. Chickenpox begins with fever, fatigue, and loss of appetite, followed by a red rash a day later. The rash typically appears on the trunk, face, and scalp as itchy red spots that quickly develop into blisters. The blisters last 3 to 4 days before scabbing and drying out. Different blisters may appear over several days. Healthy adults and children generally recover within 10 days [3].

Humans have an immune system that plays a crucial role in fighting VZV. Individuals who have had chickenpox (varicella) will not experience it again because their immunity to the virus has developed. However, when the immune system is weakened, VZV will reactivate, and a person can experience chickenpox again. VZV reactivation causes a latent infection that progresses to shingles. In 3-5 individuals out of 100, VZV reactivates, causing a recurrent infection, which can lead to shingles or shingles [4,2].

Fibromas are benign connective tissue tumors commonly found in the oral cavity. Most oral fibromas are known to be reactive and represent hyperplasia of fibrous connective tissue in response to local irritation or trauma, which can develop into true neoplasms [5,6].

Clinically, fibromas typically manifest as exophytic, firm, and asymptomatic nodules with a smooth surface that is pink or the same color as the surrounding mucosa. The nodules often have well-defined borders. They grow slowly and rarely exceed 1.5 cm in diameter. Irritant fibroma lesions are round with a smooth, symmetrical surface, are firm, and are painless to palpation. These lesions can appear in all soft tissues, including the buccal mucosa, lips, gums, or tongue [7].

The purpose of this article is to discuss and report oral cavity lesions that appear due to Varicella Zoster infection in pediatric patients who also have fibroma lesions.

MATERIALS & METHODS

A 5-year-old female patient presented with canker sores that had appeared on her upper and lower lips for the past 5 days. About 10 days prior, the patient had visited relatives in the village. She then developed a fever and a fever that persisted for 2 days. A red rash then appeared on her face, neck, hands, and feet. The rash then turned into small, fluid-filled blisters. The patient's mother prescribed some powdered medicine and applied ointment to the blisters. She also explained that 3 years ago, the patient had fallen off the mattress and bitten the inside of her lower lip. She is currently painless.

The patient had never had any dental or oral care at a dentist or community health center. Furthermore, the patient had no suspected history of systemic disease or allergies to food or medication. He also had no bad habits.

The patient's general examination was good, his body temperature was 36.6^{the}C. The patient has a body weight of 14 kg and a

height of 98 cm with a BMI calculation (*body mass index*) falls into the category *underweight*. Extra-oral clinical examination, there were crusted lesions, round in shape with a diameter of ± 2 mm which spread on the patient's cheeks, chin, forehead, and neck.

The results of the examination of the oral mucosa on the right upper lip showed a crusted lesion, round, clearly defined, ± 1 mm in diameter, brownish in color, and painless. On the lower labial mucosa there were ulcers, multiple, round, clearly defined, reddish edges, ± 2 mm in diameter, and the center of the lesion was yellowish white. In addition, there were nodules, rubbery consistency, the same color as the surrounding mucosa, irregular in shape, measuring 2-3 mm, and painless.

Based on the history and clinical examination, the patient's condition was diagnosed as chickenpox (varicella), with differential diagnoses including herpes zoster, hand, foot, and mouth disease, and herpangina. The patient was also diagnosed with traumatic fibroma, with a differential diagnosis of neurofibroma.

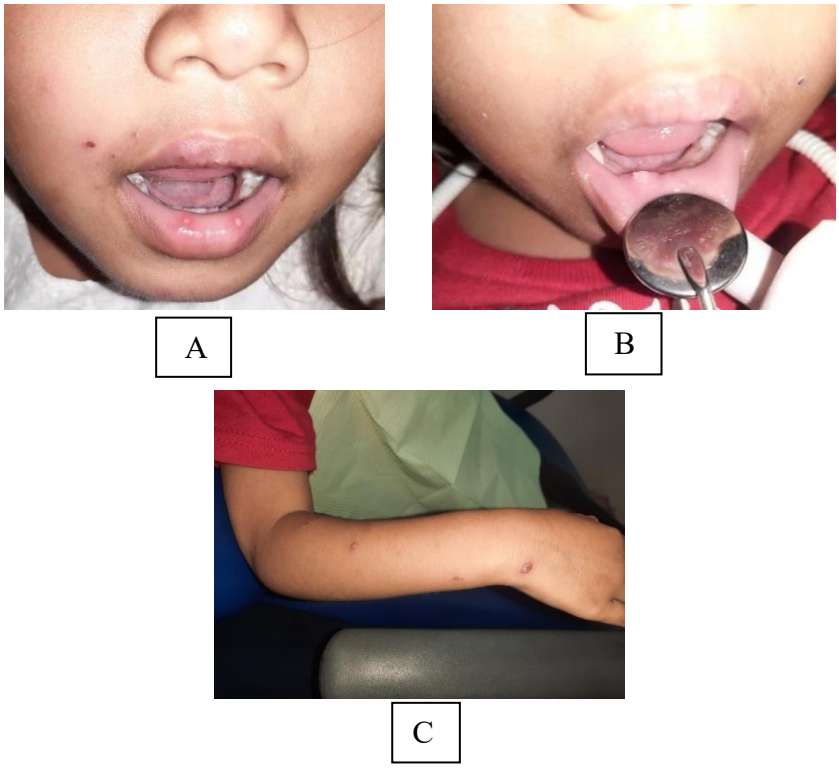


Figure-1: Clinical manifestations of chickenpox and oral traumatic fibroma in a pediatric patient. (A) Perioral skin lesion; (B) intraoral view showing the traumatic fibroma on the lower lip mucosa; (C) cutaneous lesions of chickenpox on the upper extremity.

RESULT

The treatment provided is supportive therapy, namely Caviplex syrup 60 ml with a dosage of 1 teaspoon 3 times daily. In addition, communication, information, and education (IEC) are provided to the patient and the patient's parents. The patient is informed that the disorder experienced by the patient is called Varicella/Chickenpox. This condition has a good prognosis, is not dangerous, is not malignant, and can heal itself, but can be transmitted through the air and direct contact. In addition, the patient is instructed to avoid contact with others for the time being, eat a soft diet and eat high calories and protein, and get enough rest. The patient is explained the therapy and procedures for taking medication to strengthen the immune system.

In addition, the patient was also informed that the other abnormality she had was a traumatic fibroma, which is not malignant.

No surgical treatment was necessary. However, if the patient experiences disturbing symptoms or a significant change in the size of the lesion over a short period of time, the patient was advised to have a follow-up. Furthermore, she was instructed to maintain good oral hygiene by brushing her teeth twice a day at the appropriate times. To ensure a speedy recovery, the patient was also instructed to take medication as directed by the doctor.

After 5 days, the patient's primary complaint had resolved. Only wound healing remained on the labial mucosa, indicating that the lesion had healed, and the extraoral lesion had begun to dry out.



C

Figure-2: Post-treatment intraoral appearance of the lower lip mucosa showing clinical improvement of the traumatic fibroma in a pediatric patient.

DISCUSSION

Chickenpox is a primary infection with the varicella zoster virus. Primary VZV infection typically occurs in the first two decades of life. The virus is highly contagious, with secondary chickenpox rates ranging from 61 to 100%. The incubation period for chickenpox, from contact to the appearance of the rash, is typically 14 to 16 days. Several days before the rash, prodromal symptoms of the disease include fever, general malaise, and anorexia. The rash is characterized by the appearance of skin lesions that develop over 5 to 7 days, evolving from macules to papules, then to itchy vesicles, and then to crusts. Lesions begin on the trunk and face and spread centrifugally. In unvaccinated individuals, the affected area often reaches approximately 300, causing immense suffering [8,9].

The oral manifestation of primary VZV is the appearance of minor ulcerations that are pale in color compared to skin lesions. Because of central nervous system involvement, VZV infection can cause cerebellar ataxia and encephalitis. Other complications of varicella include pneumonia, myocarditis, and hepatitis [8].

It should be noted that chickenpox is a disease*self-stopping*VZV is a self-limiting disease that rarely causes serious complications. In the case above, the patient experienced symptoms for the first time, indicating that the disease was caused by a primary infection. These symptoms also began to appear when the patient encountered a relative infected with VZV. The patient did not yet have an immune system against VZV. Children under 14 years of age are at risk of VZV infection. Transmission of the virus can occur through inhaled droplets and direct contact with skin lesions of other sufferers. The VZV virus enters the body through the upper respiratory tract, multiplies, and spreads to the bloodstream. The body will attempt to eliminate the virus through its own defenses. If this fails, the virus will continue to multiply. The VZV virus from the bloodstream will spread to the mucosa and epidermis, causing lesions in the oral cavity and skin [9,2].

As part of the management of this case, the patient was given supportive care in the form of a multivitamin taken three times daily. The multivitamin, which contains vitamins A, B12, folic acid, iron, and zinc, aims to accelerate the healing of cells affected by VZV infection and restore the patient's immune system to prevent re-infection [4].

Another diagnosis the patient had was traumatic fibroma. A fibroma is a benign neoplasm originating from fibrous connective tissue. Fibromas are the most common oral soft tissue lesions. The terms irritation fibroma and traumatic fibroma are often used, indicating an underlying reactive etiology. Fibromas are initiated by trauma, usually a bite injury (which the patient may not recall) or secondary to friction from sharp teeth or dental restorations [10,6].

Clinically, the lesion presents as a soft, movable lump, similar in color to normal mucosa, painless, and measuring 1.2 cm in diameter. This lesion is often found in the maxilla, particularly the anterior gingiva, but it is also often found on the tongue and buccal gingiva. Fibromas typically grow slowly over months or years [6].

Fibromas are generally asymptomatic and do not require treatment unless they are significantly bothersome. Depending on their size and location, the lesions may be merely bothersome, or they may become extremely uncomfortable with repeated trauma. Lesions can enlarge with repeated injury, worsening the clinical condition. With repeated injury, the surface mucosa often becomes ulcerated, characterized by a yellowish-white pseudomembrane [10].

In the case above, the fibroma appeared due to trauma the patient experienced two years ago. Trauma is an exogenous stimulus that can cause cell injury and trigger a complex reaction in vascularized connective tissue called inflammation. Inflammation can be acute or chronic. Chronic inflammation occurs when the acute inflammatory process fails and the antigen persists. Continued chronic inflammation involves granulation tissue, scar formation, and a fibrous submucosal mass. Fibromas like these are benign tumors, rarely recur, and have no tendency to undergo malignant transformation [6].

The treatment of choice for patients with fibromas is surgical excision, and recurrence is highly unlikely. Histopathological examination reveals a dense collection of fibrous tissue with normal surface epithelium. Fibromas have no malignant potential; however, the lesion should be excised and submitted for histopathological analysis if the clinical diagnosis is uncertain [10]. In this case, surgical treatment was not performed because the patient did not complain of pain in the nodule and there were no other symptoms that interfered with comfort. Therefore, IEC was administered and observation was performed for any significant changes in lesion size or patient discomfort.

CONCLUSION

Chickenpox is a primary infection of the varicella zoster virus. This virus is highly contagious, spreading through direct contact or droplet infection involving the respiratory tract. In chickenpox patients, oral manifestations can occur, including minor ulcerations that are pale in color compared to skin lesions. Treatment for chickenpox patients includes multivitamins to accelerate cell healing and restore the body's immunity. Fibromas, on the other hand, are benign neoplasms originating from fibrous connective tissue and can arise from local irritation or trauma. These lesions are rare, as very few cases have ever occurred. They are almost always asymptomatic. Observation is necessary to determine the growth of the fibroma and whether or not it is causing discomfort to the patient.

Declaration by Authors

Ethical Approval: Approved

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REFERENCES

1. Hernawati S, Sulistiyani S. Management of varicella zoster and ulcer manifestation in the oral cavity of a 5-years-old patient.
2. Apriani FD, Saftarina F. Penatalaksanaan holistik anak usia 9 tahun dengan varisela melalui pendekatan kedokteran keluarga. *J Ked Mulawarman*. 2022;9(3):91-102.
3. Centers for Disease Control and Prevention. Chickenpox (varicella). 2023.
4. Hernawati S. Management of chicken pox ulcer manifestation in an 8-years-old patient. Makassar Dental Journal. 2020;9(1).
5. Pashya FM. Management of fibroma on the upper lip and left buccal mucosa. Makassar Dental Journal. 2023;12(1):5-7.
6. Dermawan IP, Suparka MM. Management of oral fibroma: handling of fibroma in the oral cavity. Interdental Journal of Dentistry (IJKG). 2020;16(2):68-73.
7. Lelyana S. Terapi non-bedah pada lesi nodular akibat iritasi kronis di rongga mulut. MKGK (Majalah Kedokteran Gigi Klinik) (Clinical Dental Journal) UGM. 2017;3(3):99–114.
8. Glick M. Burket's oral medicine. PMPH USA; 2015.
9. Abdukhuhidovich ZS, Anvarovna YN, Rustamova SA, Mukhtarovich US, Buribaevna IS. Some clinical features of the chickenpox in adults and children in modern conditions. European Journal of Molecular & Clinical Medicine. 2020;7(03).
10. Bruch JM, Treister NS. Clinical oral medicine and pathology. Humana Press; 2010.

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