resorption of calcium salts was followed by atrophy of the subcutaneous tissues of the leg. Full recovery occurred after several years.

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Congenital Epulis: Its Natural History

The congenital epulis was first described in 1871 since when reports of these lesions have appeared at infrequent intervals so that by 1955 Campbell noted that only 29 examples had been published. He did observe that with an increased awareness of the condition, its occurrence may be less rare than was previously supposed. This observation is borne out by the fact that now, 100 years after the original description, some 70 such cases have been described. The same author has remarked however that no idea of the natural history of the congenital epulis can be obtained from reported series. Two further reports are presented here, and from these we can make some observations on the natural behaviour of the congenital epulis.

Case Reports

Case 1. (This has been briefly described by Jones in 1965.) Boy born in 1959, with a large pedunculated tumour attached to the lower alveolar ridge as seen in Fig. 1. At operation under local anaesthetic this was removed 3 hours after birth. Examination of the mouth at this stage revealed a second tumour. This was present in the upper right area of the mouth, was very much smaller than the main mass, and had a sessile attachment to the gum. On inspection and palpation it was otherwise similar to the larger tumour. This was not removed. On follow-up check 13 months later this lesion had resolved and tooth eruption was proceeding normally.

Summary

A case of calcification of subcutaneous tissue following trauma and hypothermia is described.
but smaller masses were attached to the same pedicle (Fig. 2). A further tumour of smaller but similar appearance had a sessile attachment to the gum in the posterior region of the left mandible, having no connexion with the main lesion and between which the gum appeared normal in all respects. At operation under endotracheal anaesthesia the central tumour was removed two days after birth, while the smaller tumour was not touched. Five weeks after operation healing was well advanced in the central area while the mass in the posterior mandible had disappeared and the gum in this area was normal and has remained so one year later.

Pathological findings. Histological examination in each case confirmed the diagnosis of congenital epulis, and it was noted that the typical granular cells extended to the limit of resection, and indeed the pedicle in Case 2.

Discussion
In their classic account of the congenital epulis Custer and Fust (1952) are unwilling to regard the lesions as true neoplasms and tend to regard them as a form of embryonal hamartoma, arising from the tooth bud. However, in both our cases dentition is normal to date. It is of interest that no case report has ever noted an increase in size after first observation, which suggests that active growth of the lesion stops at birth. From our experience we further suggest that spontaneous regression may take place after birth, as happened in the smaller lesion in both our cases. There is also the fact that at histology the granular cells extended to limits of excision and there was no evidence of recurrence. Such behaviour we feel suggests that the natural history of the congenital epulis is to undergo resolution in the absence of superimposed trauma or infection. This can be accepted as further evidence against a neoplastic nature of the lesion.

Summary
The clinical features of two infants with congenital epulis are described, and the presence of a smaller secondary lesion in each case allowed the observation of the natural history of the condition.

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