

Peripheral Ossifying Fibroma

Marawar PP*, Mani A**, Pagar V***, Patil S****, Brahmhatt S****

Abstract

Gingival enlargement, an increase in the size of the gingiva, is common feature of gingival disease. This can be a cosmetic as well as a pathological problem which can interfere with mastication and speech, impede effective plaque control or malalignment of teeth.

Introduction

There are numerous histologically different types of focal overgrowths which may occur on the gingiva, such as the peripheral giant cell granuloma and the present lesion, which in the past has been known by a variety of names indicated above the terms most frequently used have been the peripheral ossifying fibroma and peripheral odontogenic fibroma. The term peripheral ossifying fibroma will be used here for that relatively common gingival lesion characterized by a high degree of cellularity usually exhibiting bone formation, although occasionally cementum like material or rarely dystrophic calcification may be found instead

Case Report

My Patient Sakubai Pawar female of age 56 years came to the Department of Periodontology and Oral implantology in Rural Dental College Loni on 5th October 2014 with chief complaint of swelling in upper front region of jaw.

Clinical examination

Extraoral examination revealed no swelling .

On intraoral examination, the swelling was soft, fibrous and sessile in nature. It was reddish pink in colour, measuring about 1.5 cm length and 1 cm in width.(Fig. 1)



Fig. 1 : Gingival Swelling in Upper Anterior Region.

Treatment'

Periodontal management

Initially thorough scaling and root planing was done carefully and local irritating factors were removed

Patient was educated to practice for maintaining oral hygiene. Local infiltration anaesthesia was given. Excisional biopsy was performed with 15 number blade. Curettage was done COE-pack was given, patient was asked to follow all the post operative instructions, (Fig. 2)



Fig. 2 : Excision of the lesion Anterior Region

Patient was prescribed with analgesic (zerodols.p for 5 day 2times a day).antibiotic (amoxicillin 250 m.g 3 times day for 5 days) and chlorhexidine mouth wash given twice a day. (Fig. 3)

*Professor and Head, **Reader

Ph.D. Student, *Post Graduate student

Corresponding Author:

Dr. Sayali Patil

Post Graduate Student

Department of Periodontics, Rural Dental College

Loni, Tal- Rahata, Dist-Ahmednagar, Maharashtra

E-mail-sayalipatil18686@gmail.com, Phone – 9405594486



Fig. 3 : Excision of that Lesion

Radiographic Examination

The radiographic examination was within normal limits, with no finding pertaining to any exophytic lesion.

Diagnosis : The differential diagnosis consisted of irritation fibroma, pyogenic granuloma, and peripheral giant cell granuloma.

Follow-up : The patient presented for a follow-up examination 20 days postoperatively. The surgical site appeared to be healing well. There was no evidence of recurrence of the lesion (Fig. 4)



Fig. 4 : Post Operive View

Histopatological Report. : H and E stained section shows proliferation of epithelium and connective tissue fibers are noted .

Under the influence of intense inflammatory infiltrate areas of bony fragments are evident [2].

Overall features are suggestive of Peripheral ossifying fibroma

Discussion

Peripheral ossifying fibroma is an exophytic nodular growth, which commonly occurs on the gingiva and is consisting of hyperplastic connective tissue containing focal areas of bone[1]. Intraoral ossifying fibromas have been described in the literature since the late 1940. Many names have been given to similar lesions such as epulis, peripheral fibroma with calcification, peripheral ossifying fibroma, calcifying fibroblastic granuloma, peripheral cementifying fibroma, peripheral fibroma with

cementogenesis and peripheral cement-ossifying fibroma. It has been suggested that the peripheral ossifying fibroma represents a separate clinical entity rather than a transitional form of pyogenic granuloma, peripheral giant cell granuloma, this lesions may show similar clinical and histological response to irritation. Gardner stated that POF cellular connective tissue is so characteristic that a histologic diagnosis can be made with confidence regardless of the presence or absence of calcification [1]. Buchner and Hansen hypothesized that early POF presents as ulcerated nodules with little calcification, allowing easy misdiagnosis as a pyogenic granuloma. Several publications address the issue of histologic differentiation in depth, but this is beyond the scope of the article. The POF as discovered in this case, is a focal, reactive, non-neoplastic tumor like growth of soft tissue often arising from the interdental papilla. It is fairly a common lesion POF may present as a pedunculed nodule. or it may have a broad attachment base, these lesion is red to pink coloured and their surface may be smooth or irregular. Size may vary, hormonal influence may play a role, given the higher incidence of POF among females[5].

Conclusion

POF is a slowly progressing lesion, the growth of which is generally limited[4]. Many cases will progress for long periods before patient seeks treatment because of the lack of symptoms associated with the lesion. treatment consists of surgical excision including the periosteum, and scaling of adjacent teeth. Close post-operative follow up is required because of the growth potential of incompletely removed lesions.

References

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