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| **Name:** |
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| **Group:** |
| Group 5B3 Clinic C |
| **Pathology Question:** |
| What is a peripheral ossifying fibroma? |
| **Report:** |
| 77 y.o. male diagnosed with peripheral ossifying fibroma on the lower left mandible in the posterior region. This is atypical from what I have found. Typically, female patients will have this tumor arise in the maxilla in their 3rd and 4th decades of life. Usually, peripheral ossifying fibromas are diagnosed via biopsy with histologic sectioning and staining. These benign masses are believed to originate from the periodontal ligament due to close proximity of the gingiva to the PDL, but the exact origin is unknown. It is believed that dental plaque and calculus, appliances, trauma, and nicroorganisms can trigger this lesion.  It is comprised of a mixture of stroma (connective tissue) with calcifications that will arise in the gingiva. It is a reactive (inflammatory) pathology that is benign. It is a mass that arises from mesenchymal tissue. Histology- parakerainized stratified squamous epithelium overlying fibrocellular connective tissue stroma (with haphazardly laid spindle cells (fibroblasts), calcifications, lymphocytes and areas of hemorrhage. The calcified/mxineralied portion of the lesion can be dystrophic calcifications, cementum, or bone (woven and lamellar).    The peripheral ossifying fibromas are commonly found in the interproximal or interdental region. They often appear red/pink in color, can be sessile or pedunculated, and has a broad base by which is attaches to underlying tissue. Peripheral ossifying fibroma goes by several different names; peripheral odontogenic fibroma (PODF) with cementogenesis, peripheral cemento-ossifying fibroma, calcifying fibroblastic granuloma, fibrous epulis. The wide range of names suggests that pathologists, dentists, and histologists have a difficult time classifying these lesions.  Clinically, it may appear as a pyogenic granuloma and it needs to be examined histologically. A pyogenic granuloma is very erythematous or red in color, and is ulcered at the surface and under the microscope it appears as very vascularized granulation tissue, It effects more females than males usually, in patients less than 25 years old. Usually smaller than 2 cm but there have been reports of larger or giant POFs. The majority of these are maxillary and have a high recurrence rate when excised.  For treatment early diagnosis is very important in this lesion. Excision and curettage of surrounding tissue prevents recurrence. |
| **References:** |
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