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Key Words

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ABSTRACT

Peripheral ossifying fibroma is a common reactive hyperplastic inflammatory lesion of the gingiva. Most patients are females in the third to fourth decade of life, and lesions are most commonly found on the anterior maxilla. This case was a 31-years-old female with a firm 20 × 9 × 13 mm soft-tissue-like mass over the mandibular anterior region. Radiographic examination of the lesion showed its radiopaque character. The lesion was excised and confirmed as a peripheral ossifying fibroma by histopathological examination.

(N. Taipei J. Med. 2001; 3:281-284)

A peripheral ossifying fibroma, also known as a peripheral fibroma with calcification, is a non-neoplastic enlargement of the gingiva that is classified as a reactive, hyperplastic, inflammatory lesion.¹⁻⁴ The mean age of occurrence of peripheral ossifying fibromas is the third to fourth decade of life. Buchner et al. further stated findings of an overall mean age of 30 years, and if the lesion was ulcerated, the mean age was 25 years.⁵ Females are more likely to have a peripheral ossifying fibroma than are males. The usual location of a peripheral ossifying fibroma is the anterior portion of the mouth.⁶

The size of a peripheral ossifying fibroma is often stated to be between 0.4 cm and 4.0 cm in length, with an average height of 0.2 cm.⁷ A peripheral ossifying fibroma appears as a well-demarcated tissue tumor distinguished by its base of attachment, color, surface, site of occurrence, and histology. The base of attachment is either sessile or pedunculated. The lesion is

usually the color of normal mucosa, and arises from between the teeth.⁶

Histologically, the lesion is covered by intact or ulcerated stratified squamous epithelium and has many proliferating fibroblasts in a fibrillar stroma. Sometimes, calcification with or without acellular cementum can be found.⁶

Orkin reported that peripheral ossifying fibromas originate from the periosteal/periodontal ligament and that the excessive proliferation of mature fibrous connective tissue is a response to gingival injury, gingival irritation, subgingival calculus, or a foreign body in the gingival sulcus. Chronic irritation of the periosteal/periodontal ligament causes metaplasia of the connective tissue and initiation of bone formation.⁸

Radiographically, peripheral ossifying fibromas show single or multiple calcifications in the central area of the lesion, but not all lesions demonstrate radiopaque calcification.⁶