



Fig. 3. A bone-like mass located between #31 and #32 during flap surgery. The mass was excised in the operation.

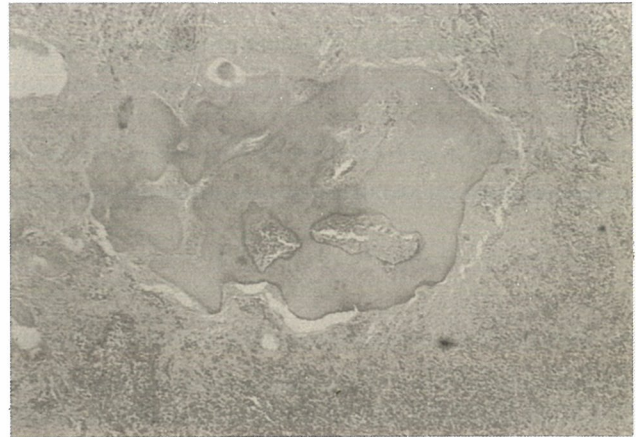


Fig. 5. Hard tissue mass presenting as bony tissue encapsulated by dense connective tissue.

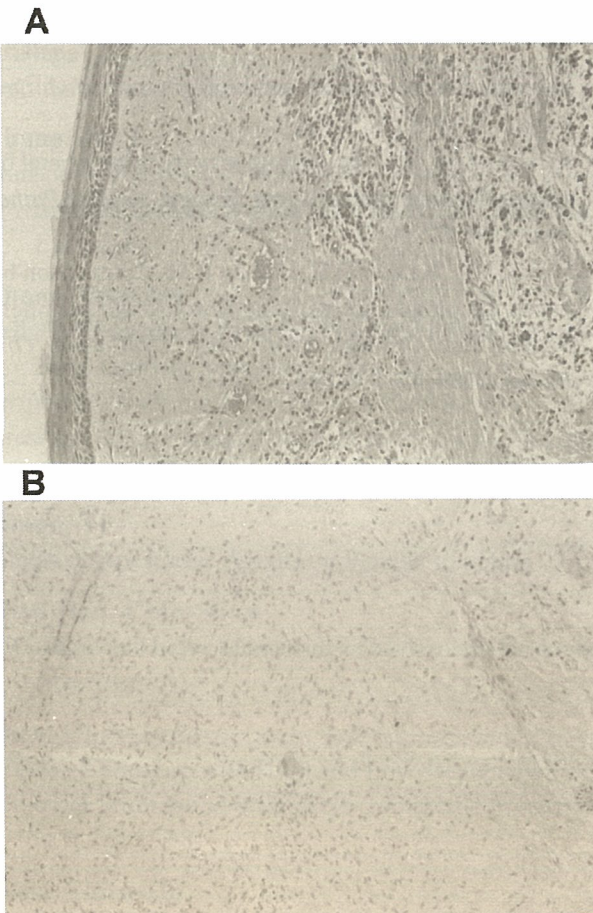


Fig. 4. Histopathological examination showing (A) dilated vessel and collagen fiber bundles composing the soft tissue mass. Proliferating plasma cells were observed in the mass (B) Calcified substances found in the epithelial layer.

tion (Fig. 3). All of the hard and soft overgrowth tissues were removed. No foreign body or local irritants were found.

Histopathologically, the lesion consisted of a mass of dense fibrillar tissue with dilated vessels covered by keratinized squamous epithelium. Small calcified foci were noted in the stroma (Fig. 4). The excised hard tissue was bone with proliferation of plasma cells and dense connective tissue (Fig.5).

DISCUSSION

This report describes a 31-year-old female with a peripheral ossifying fibroma in the anterior mandibular incisor area of a size greater than the reported average size.

One possible origin of peripheral ossifying fibroma is the periodontal ligament complex that has a high degradation and production level. The evidence for peripheral ossifying fibromas which support this hypothesis is as follows:

- (a) their occurrence exclusively in the periodontium;^{4,9,10}
- (b) their histologic features;^{9,10}
- (c) the presence of oxytalan fibers within the calcified matrix;⁹ and
- (d) the positive immunohistochemical expression of bone morphogenetic proteins.⁹