In addition, local irritation factors, such as those resulting from poor oral hygiene, are considered to be pathological agents. Hormonal influences may contribute to their growth because of a higher incidence in adult women, a rare occurrence before age 10, and a steady decline in occurrence rate after the third decade.

In the early stages, peripheral ossifying fibromas look very similar to pyogenic granulomas. The behavior of the 2 lesions greatly differs, however, particularly the higher recurrence rate of peripheral ossifying fibromas. Pyogenic granulomas have a superficial origin, while peripheral ossifying fibromas have a deeper origin. ¹

Therapy for peripheral ossifying fibromas is complete excision. If a peripheral ossifying fibroma is not completely excised to the periosteum and periodontal ligament, and a thorough root planing is not performed, the recurrence rate is high. Recurrence of a peripheral ossifying fibroma may introduce additional bone destruction and the necessity of additional surgical intervention.¹

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