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# Peripheral Ossifying Fibroma In Posterior Maxilla In A Female Patient: A Case Report

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Case Report
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## ABSTRACT

Since the evolution of mankind, microorganisms, pathogens, infections, diseases, and injuries all have been true natural companions of humans. Pathogens whether bacterial or viral can infect any part of the body; the oral cavity is no such exception. Similarly, dental caries, swellings whether extraoral or intraoral, hard and soft tissue tumours are also common in the oral cavity. This article reviews a soft tissue gingival swelling in the posterior maxilla, which was diagnosed during clinical examination in a female patient.

**Keywords:** Ossifying Fibroma, Oral Cavity, Maxilla, Pyogenic Granuloma.

## Introduction

The oral cavity is an open pathway for air, water, food, microorganisms, and pathogens. The oral cavity is composed of oral mucosa that is subjected to trauma, oral infections, and intraoral swellings. Oral infection can lead to the progress of the invasion of pathogens, formation of soft tissue lesions, swelling of the oral mucosa or periodontal tissues, destruction of tissues, and even formation of benign and malignant tumours. This article reviews a swelling that was diagnosed in the maxillary posterior region in a female patient during her clinical examination.

## Case Report

A female patient of 40 years, reported to the department of oral medicine with a chief complaint of growth in her maxillary gingiva. On clinical examination, lobulated, non-pedunculated (sessile), elevated, dome shape gingival overgrowth was found in the upper left quadrant near the premolar molar region. No ulceration was observed. The growth was pinkish red, had firm inconsistency, and was not fixed to underlying tissue. The growth was approximately 2.5 x 3 cm and extended from tooth no. 25 to 27, in the maxillary premolar–molar area. (Figure 1) The growth was non-tender on palpation. Bleeding on probing was present. On eliciting the history, the patient noticed the swelling three months back. There was no history of pus, blood or watery discharge or colour change noted over the swelling.

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**Figure 1: Dome shape elevated sessile swelling on 25, 26, 27 region.**

Based on clinical findings, a diagnosis of Peripheral ossifying fibroma was made. The lesion was surgically excised and the patient was given medication for further healing. The patient was kept under observation.

## Discussion

Peripheral ossifying fibroma (POF) has been defined by a variety of terms such as calcifying fibroblastic granuloma, ossifying fibrous epulis, and peripheral cementifying fibroma that has reflected partly the type of calcifications apparent histologically.[1] It is a reactive growth of the oral cavity seen in the gingiva. In 1872 Menzel first described the lesion ossifying fibroma, but its terminology was given by Montgomery in 1927.[2]

It is a relatively common growth of gingiva and is considered to be reactive in nature rather than neoplastic.[3] Peripheral ossifying fibroma appears as a slow-growing solitary mass which is either pedunculated or sessile, the surface is usually smooth or ulcerated and the colour ranging from red to pink, measuring about 1-2 cm in diameter usually but cases of > 2 cm have also been reported. The teeth involved are usually unaffected but in some cases, migration, mobility, and delay in eruption of permanent teeth may occur.[4] Ossifying fibroma is a slow-growth tumour, and most of its lesions are not larger than 2 cm.[5] The differential diagnosis of peripheral ossifying fibroma includes pyogenic granuloma, peripheral giant cell granuloma, peripheral odontogenic fibroma, irritation fibroma, and metastatic cancer. Underlying bone involvement is usually not visible on a radiograph. In rare instances, superficial erosion of bone is noted.[6] The recurrence rate of the POF has been considered high for reactive lesions and it probably occurs due to incomplete initial removal, repeated injury, or persistence of the local irritants.[7]

## Conclusion

The main aim of the article was to put a light on emphasis on thorough and careful clinical examination of a lesion. A proper diagnosis of a swelling or a lesion can lead to proper planned treatment of the patient.

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