**Peripheral Ossifying Fibroma**  
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Oral Pathology 2017  
Section: Thursday AM

**Overview**  
Peripheral ossifying fibroma (POF) is a reactive soft tissue growth that is usually seen on the interdental papilla. It may be pedunculated or broad based, usually smooth surfaced and varies from pale pink to cherry red in color. It is believed to comprise about 9% of all gingival growths and to arise from the gingival corium, periosteum, and the periodontal membrane. It has also been reported that it represents a maturation of a pre-existing pyogenic granuloma or a peripheral giant cell granuloma (Poonacha 1).

**Etiology**  
While its etiology is unclear, POFs are frequently associated with irritants like calculus, plaque, dental appliances, ill-fitting crowns, and rough restorations.

**Clinical Presentation**  
Peripheral ossifying fibroma occurs only on the gums, developing between the teeth (interdental papilla). It is seen most commonly in the upper jaw towards the front. It can be red or pink in color, a smooth or pebbled irregular surface, ulcerated or not, a broad base limpet-like attachment or less often on a short stalk (pedunculated) and small, but very large lesions have been reported.

The most common presentation of a peripheral ossifying fibroma is as a slow growing, ulcerated, red, outward growing lump less than 2cm in diameter in an adolescent. It can reach a considerable size quite quickly, but there is often a delay of months or years before presenting for treatment, depending on the degree of discomfort, aesthetic appearance and development of ulceration (Poonacha 2).

**Demographic**  
Higher predilection for females, and it is more common in the second decade of life.

**Biopsy / Histology / Radiographs**  
An excisional biopsy of the lesion is taken. Histologically, the POF is a non-capsulated mass of a very cellular fibroblastic connective tissue covered by stratified squamous epithelium. Randomly distributed calcifications may be dispensed throughout the cellular connective tissue (Dahiya 1). Radiographically, POF may show a faint radiolucent lesion superimposed on underlying normal bone.

**Differential Diagnosis**  
The clinical differential diagnosis includes peripheral giant cell granuloma, pyogenic granuloma, fibroma, and peripheral odontogenic fibroma.

**Treatment**  
The peripheral ossifying fibroma should be completely excised and sent for histology examination. Extraction of teeth is rarely required. In addition, any predisposing causes should be treated such as plaque or irritation from a dental prosthesis.

Unusually for benign lesions, the recurrence rate is high, up to 20%, occurring on average 12 months following initial excision. Therefore, regular follow-up is required.

**Prognosis**  
Prognosis with treatment is good, but some instances of recurrence have been reported regularly in various studies. Incidences of recurrence have been put at 16-20% by various studies. The reasons for recurrence include (a) incomplete removal of lesion, (b) failure to eliminate local irritants, and (c) difficulty in access during surgical manipulation due to intricate location of POF being present usually at interdental areas. Deep excisions have been preferred as interjection to these recurrences (Dahiya 1).

If surgery is not performed the lesion continues to grow and may cause destruction of nearby bone.

**Professional Relevance**  
This lesion is relevant to us as a Dental Hygienist because it is important for us to be able to identify it as a part of a differential diagnosis and instruct patients to get the proper treatment and explain the appropriate oral hygiene instructions to ensure no recurrence of the lesion.

**Bibliography**

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