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PERIPHERAL OSSIFYING FIBROMA RECURRENCE IN A YOUNG PATIENT: A CASE REPORT

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PERIPHERAL OSSIFYING FIBROMA RECURRENCE IN A YOUNG PATIENT: A CASE REPORT. Bruno Lucena Antunes Abrante; Luciana Moraes Hornos; Marcelo de Gusmão Paraiso Cavalcanti; Aurea Agulha de FREITAS; João Pedro Perez Gomes; Andréa Couto de Lemos Pinheiro; Cláudio Fróes de Freitas. JNT Facit Business and Technology Journal. QUALIS B1. ISSN: 2526-4281 - FLUXO CONTÍNUO. 2025 – MÊS DE JANEIRO - Ed. 58. VOL. 01. Págs. 12-20. http://revistas.faculdadefacit.edu.br. E-mail: jnt@faculdadefacit.edu.br.

ABSTRACT

A 29-year-old female patient attended the public health service presenting with an intraoral lesion and a history of recurrence. (1) The patient had undergone surgical removal of a similar lesion five years ago. A new lesion had developed in the same site, with an approximate evolution of one year. Clinical examination revealed an exophytic, firm, and painless mass to palpation, measuring approximately 5 cm in diameter, located on the palatal and buccal gingiva, with no signs of dental displacement. (1) Complementary examinations, including periapical radiography, showed no root resorptions, and aspirative puncture did not indicate cystic pathology. (2) An excisional biopsy was performed, and histopathological analysis confirmed the diagnosis of peripheral ossifying fibroma (POF). (1, 3) This case highlights the diagnostic and therapeutic challenges of recurrent POF, emphasizing the importance of complete surgical removal and periodic follow-up to reduce the likelihood of new recurrences. (2, 3)

Keywords: Peripheral ossifying fibroma. Fibro-osseous lesion. Recurrence. Excisional biopsy. Radiographic. Oral pathology. Surgical management.

INTRODUCTION

Peripheral ossifying fibroma (POF) is a non-neoplastic lesion of mesenchymal origin, frequently associated with gingival mucosa. (2, 4) It is more prevalent in young women and is characterized by exophytic growth, especially in the anterior regions of the maxilla or mandible. (5) Despite its benign nature, the high recurrence rate after surgical treatment presents a clinical challenge. (6) In this report, we present a case of recurrent POF in a 29-year-old patient, discussing the clinical, radiographic, and therapeutic aspects. (4, 6)

CASE REPORT

Patient Information

- Gender: Female;
- Age: 29 years;

- Melanoderma;
- History: Recurrent lesion in the intraoral region, surgically treated 5; years ago, with recurrence approximately 1 year ago. Denies underlying diseases, allergies, or continuous medication use.

Anamnesis

The patient presented ambulatory, without assistance, alert, oriented, with normal coloration, hydrated, eupneic, acyanotic, anicteric, and afebrile. She reported progressive growth in the upper gingival region, with gradual evolution lasting approximately one year. The lesion was painless and without other associated symptoms.

Intraoral Clinical Examination

Upon intraoral examination, the following was observed:

- Exophytic lesion located in the palatal and buccal gingival region involving teeth 13, 14, and 15;
- Firm consistency upon palpation;
- Approximately 5 cm in diameter;
- Adjacent mucosa intact and of normal coloration;
- Absence of dental mobility, dental displacement, or root resorption.

Complementary Examinations

Periapical radiography: Revealed areas of calcification consistent with internal mineralization of the lesion, with no signs of bone resorption or involvement of adjacent noble structures and teeth.

Aspirative puncture: Negative for bone cyst. (7)

Procedure Performed:

The patient underwent an excisional biopsy (total excision of the lesion) under local anesthesia, with the specimen sent for histopathological examination. (7, 8)

Final Diagnosis

The histopathological examination confirmed the diagnosis of peripheral ossifying fibroma, validating the initial diagnostic hypothesis. (9, 10)

Clinical Relevance

Peripheral ossifying fibroma (POF) is a relatively uncommon benign reactive lesion, but it holds significant clinical relevance due to its recurrent nature and the functional and aesthetic impact it can cause, especially in young patients. (11, 12) Early identification and proper management are essential to avoid complications such as frequent recurrences and the involvement of adjacent vital structures. (13) This case highlights the importance of an accurate differential diagnosis, differentiating POF from other fibro-osseous lesions, reactive hyperplasias, and benign or malignant neoplasms, which is a crucial step for defining appropriate treatment. (14).

Complete surgical management, with total excision of the lesion, including the base of the affected gingival tissue and the periosteum, is key to reducing the risk of recurrence. Long-term follow-up is also essential, especially in patients with a history of recurrent lesions, for the early identification of new manifestations. (15, 16) Additionally, this case emphasizes the essential role of public health services, such as SUS, in providing specialized care, access to complementary exams, and appropriate treatments, significantly contributing to oral health and the quality of life of patients. (15, 16).

Clinical Application

The case of recurrent peripheral ossifying fibroma highlights the importance of differential diagnosis, complete surgical removal, and continuous follow-up to minimize recurrences. (9, 10, 12, 14, 16). Recognizing clinical signs, such as firm exophytic growth and calcifications, is essential to differentiate POF from other bone and gingival lesions. (2, 3). Patient education about the lesion and preventive care is also crucial. This report reinforces the need for an evidence-based approach to improve clinical outcomes and the quality of life for patients. (7-10, 12, 16)

DISCUSSION

Peripheral ossifying fibroma is an uncommon lesion, more prevalent in young women, with a preference for the anterior gingival region. (3, 16). The history of recurrence may be attributed to incomplete removal of the lesion or the persistence of local irritative factors. This case emphasizes the importance of differential diagnosis, distinguishing POF from other fibro-osseous lesions, cysts, and benign tumors. (9, 11, 13, 16).

The role of radiographic and histopathological examinations was crucial for the definitive diagnosis. (2, 3, 5). Complete surgical excision, including the base of the tissue beneath the periosteum, was essential to minimize recurrence. (12). Regular clinical follow-up is also indispensable to avoid new recurrences. Furthermore, the absence of alterations in the adjacent teeth and the integrity of the mucosa reinforce the benign nature of the lesion. (9-11).

CONCLUSION

The management of recurrent lesions, such as peripheral ossifying fibroma, requires attention to differential diagnosis and appropriate surgical approach. This case highlights the importance of periodic clinical follow-up and complete removal of the lesion to avoid new recurrences. Additionally, the report reinforces the role of public health services in providing access to specialized treatments and comprehensive patient care. (2, 4, 6, 7, 16)

FIGURES

Figure 1: Lesion shown in frontal view.

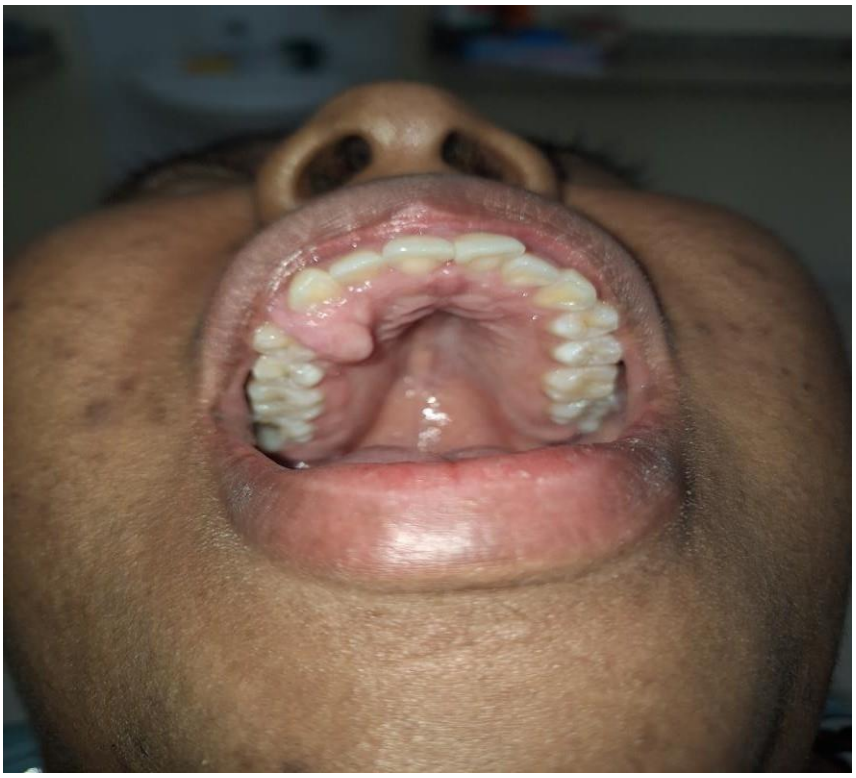
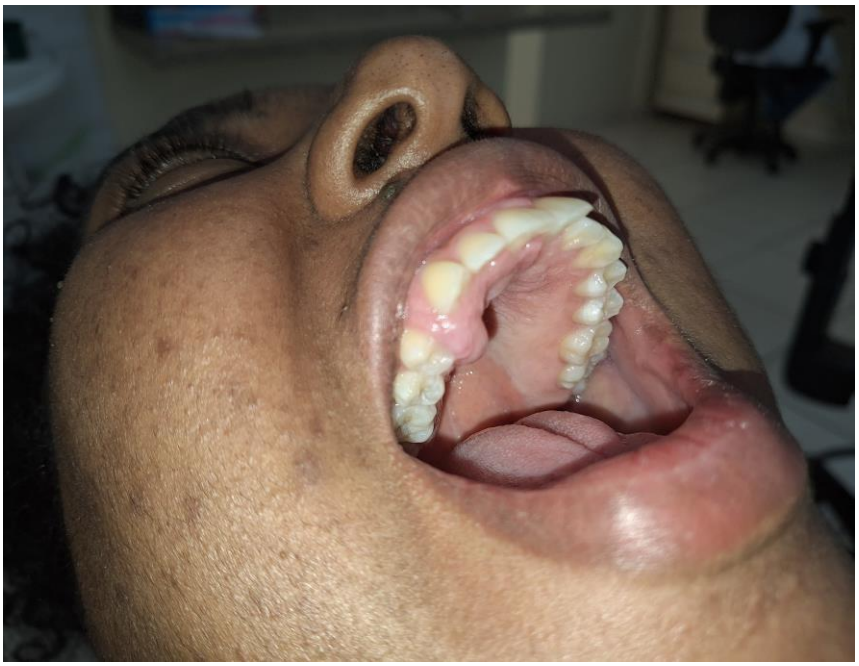


Figure 2: Lesion shown in right lateral view, between teeth 13 and 14.



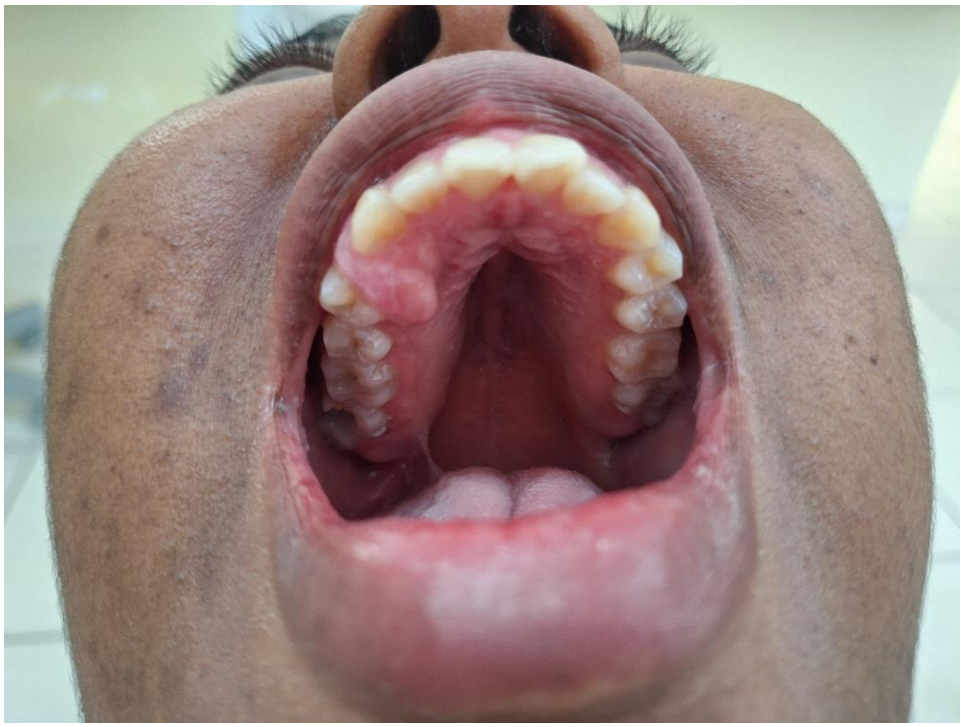


Figure 3: Showing lesion at the patient's maximum mouth opening.

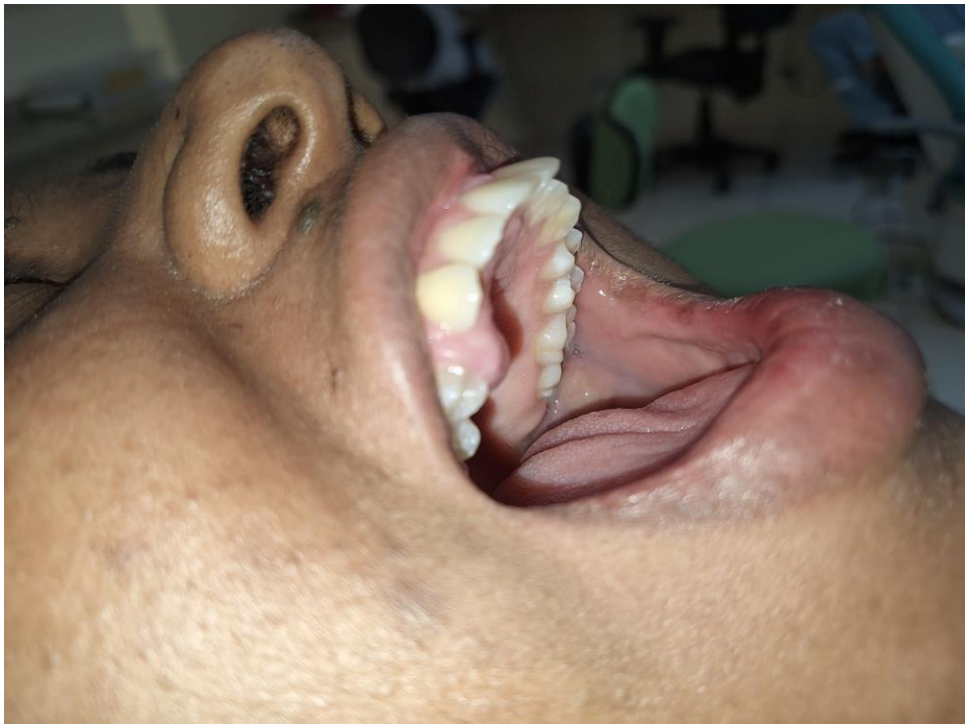
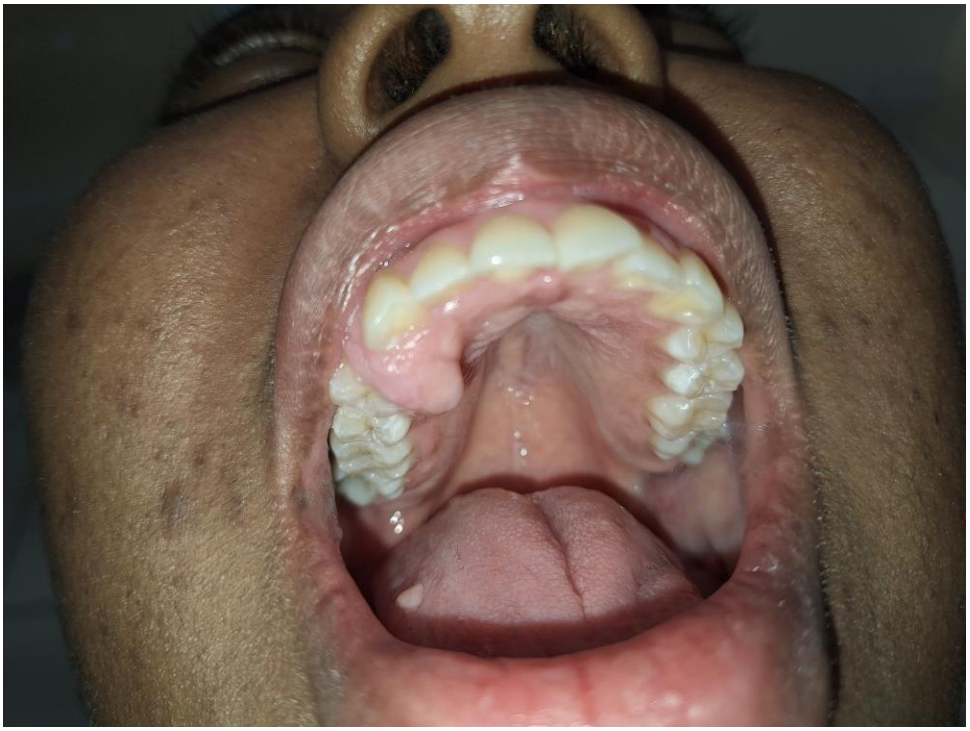


Figure 4: Frontal view, it is possible to analyze the exophytic growth.



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