



## Peripheral Ossifying Fibroma

**Suhani Gupta\***

*Oral Physician and Maxillofacial Radiologist, Owner and Founder at Dr Suhani's Dentistry, India*

**\*Corresponding Author:** Suhani Gupta, Oral Physician and Maxillofacial Radiologist, Owner and Founder at Dr Suhani's Dentistry, India.

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Peripheral ossifying fibroma is a relatively common gingival growth that is considered to be reactive rather than neoplastic in nature.

### Synonyms

- Ossifying fibroid epulis
- Peripheral fibroma with calcification
- Calcifying fibroblastic granuloma
- Peripheral cementifying fibroma
- Peripheral fibroma with osteogenesis
- Peripheral fibroma with cementogenesis

### Etiology

Local irritation such as

- Microorganisms
- Plaque,
- Calculus,
- Restorations
- Dental appliances
- Minor trauma.

### Clinical features

- Comprises nearly 3% of oral lesions
- Predominantly a lesion of teenagers and young adults, Peak prevalence-10-19 years of age.
- Affects female predominantly. Female : male ratio- 2:1 to 3:2
- 80%- anterior 60%- maxilla, 50%- incisor and canine region

- Occurs exclusively on the gingival. Nodular mass either pedunculated or sessile
- Usually originates from the interdental papilla. Colour-red to pink
- Surface is frequently but not always ulcerated. Most lesions are less than 2 cm in size although larger ones occasionally occur.
- Lesions present for many weeks or months before diagnosis.
- Usually teeth are unaffected. Rarely, can cause migration and loosening of teeth.

### Treatment

- Local surgical excision: Excised down to the periosteum because recurrence is more likely if the base of the lesion is allowed to remain.
- Adjacent teeth must be thoroughly scaled for elimination of any possible irritants.
- Periodontal surgical techniques- repositioned flaps or connective tissue grafts may be necessary to repair the gingival defect in esthetic manner.

### Recurrence

Recurrence may be due to: Incomplete initial removal, repeated injury, persistence of local irritants.