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"Ossifying Fibroma Of The Palate: A Rare Case Report"

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Abstract:

Rationale: This case report showcases an incidence of Ossifying Fibroma of hard palate which is extremely rare and to consider in the differential diagnosis of the mesenchymal tumours of oral cavity. **Patient concern:** 44 years old female patient reported to our department with a complaint of swelling in the anterior hard palate for the past 4 months associated with discomfort. **Diagnosis:** A diagnosis of ossifying fibroma of palate was made with the clinical and radiological examination. **Treatment:** An excisional biopsy of the mass was done under General Anaesthesia. **Outcome**: Healing was uneventful following the surgical management and patient was kept on follow up. **Take away lesson:** Primary aim of this particular case is mostly meant to increase awareness of this rare clinical condition, which can sometimes mimic a malignant tumor.

Key words: Ossifying Fibroma , hard palate , mesenchymal tumour, case report

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I. Introduction:

Ossifying fibroma is a benign fibro-osseous neoplasm characterized by the replacement of normal bone with fibrous tissue and mineralized material [1]. It accounts for approximately 3.1% to 6.7% of all oral and maxillofacial lesions and is most commonly found in the mandible, particularly the premolar–molar region [2]. Maxillary involvement is less common, and palatal presentations are exceedingly rare, with fewer than 1% of cases occurring in the hard palate [3]. The lesion typically presents during the third to fourth decades of life, with a predilection for females [1]. Due to its uncommon location in the palate, ossifying fibroma can pose a diagnostic challenge and mimic other pathologies such as odontogenic tumors or fibro-osseous dysplasia [2].

II. Case Report:

A 44-year-old female presented with a painless swelling on the left side of the hard palate for the past 8 months. The lesion had gradually increased in size, causing mild discomfort during mastication but no associated bleeding or trauma.

A general physical check-up revealed no anomalies. Clinical examination revealed a firm, non-tender, sessile swelling approximately 2.5 × 2 cm in size on the anterior hard palate. The overlying mucosa was intact. [Fig. 1]

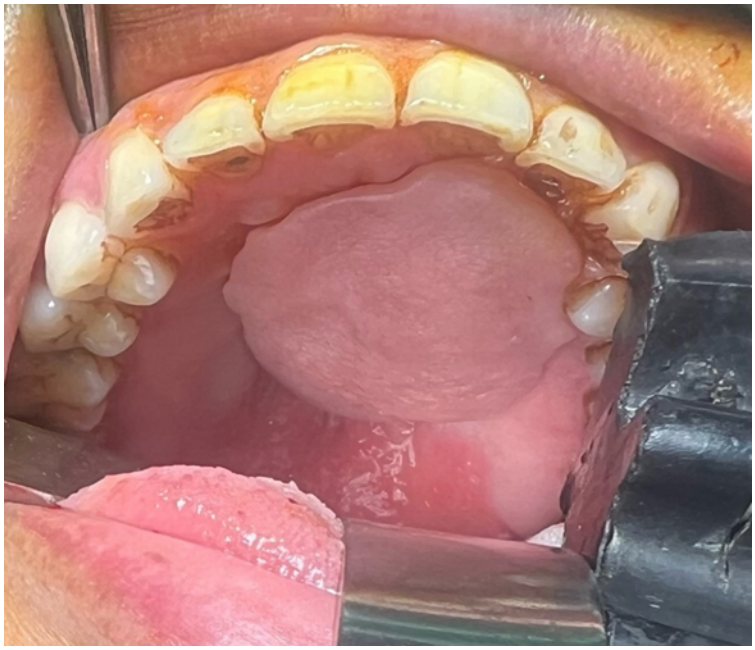

Figure 1. Intraoral Examination

The following differential diagnoses were taken into consideration: Ossifying fibroma, Central Giant Cell Granuloma, Peripheral Giant Cell Granuloma.

Patient was further subjected to Computed Tomography which showed a well-defined, mixed radiolucent-radiopaque lesion confined to the palatal bone with mild cortical expansion (Figure.2)

Every haematological parameter was within the typical range. The lesion was completely excised under general anesthesia (Figure.3), and histopathological analysis showed a polypoid fragment of fibrous connective tissue with many bone trabeculae covered by unremarkable squamous epithelium (Figure.4). Postoperative healing was uneventful with no recurrence at the 12-month follow-up.

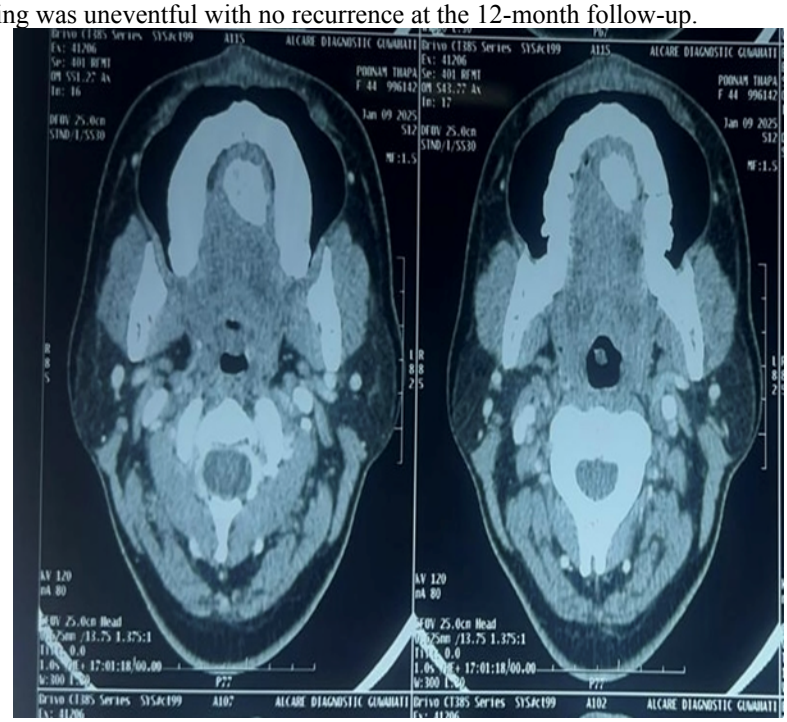

Figure 2. (A) Axial Section Of The Lesion

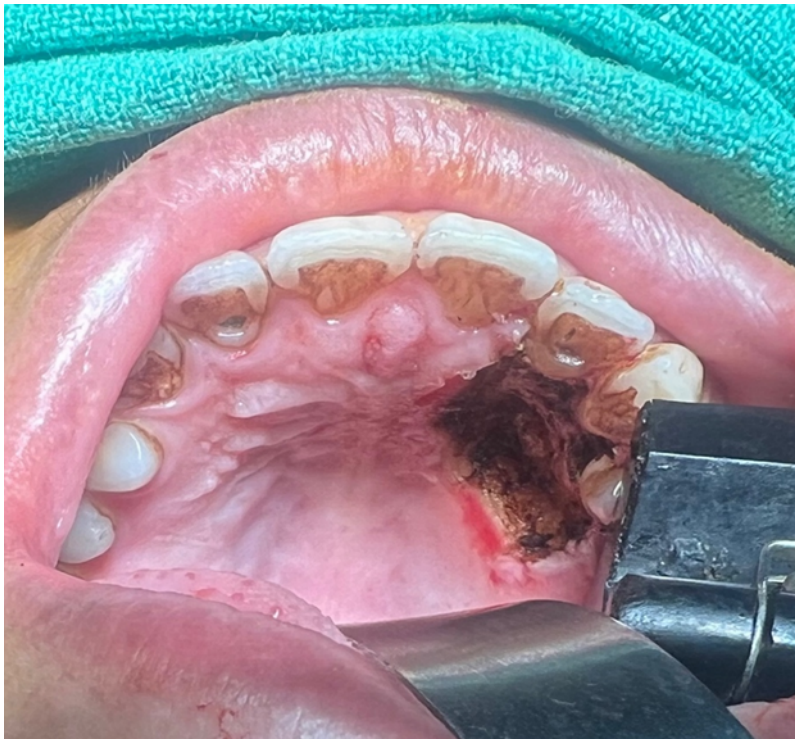

Figure 3 Excision Of The Lesion In Toto

A written informed consent was obtained for the case report and disclosure of photographs and radiographs for scientific purposes.

III. Discussion:

Ossifying fibroma belongs to the spectrum of benign fibro-osseous lesions, including fibrous dysplasia and cemento-ossifying dysplasia. These lesions are characterized by the replacement of normal bone with a fibrocellular matrix containing varying amounts of mineralized material [1]. Ossifying fibroma represents approximately 3% to 7% of benign jaw tumors, with the mandible being the most frequently affected site (over 85% of cases) [2,3]. Palatal ossifying fibromas are infrequently reported in the literature, which can lead to diagnostic confusion and delays in treatment [3,5]. Differential diagnoses include peripheral ossifying fibroma, fibrous dysplasia, osteoma, and odontogenic tumors such as ameloblastoma [4]. Radiographically, they present as well-demarcated lesions with mixed radiolucent and radiopaque patterns [2]. Histopathological features include fibrocellular connective tissue with mineralized components such as woven bone and cementum-like particles [1]. Surgical excision and curettage are the treatments of choice [6]. Recurrence is rare but may occur with incomplete removal [6]. Regular postoperative follow-up is essential to monitor for recurrence or complications [7].

IV. Conclusion:

Ossifying fibroma of the palate is a rare entity that should be considered in the differential diagnosis of well-circumscribed palatal swellings. Accurate diagnosis relies on radiographic and histopathological confirmation. Complete surgical excision is associated with an excellent prognosis.

Patient perspective: Patient underwent surgical excision for the lesion which was uneventful on the regular follow ups and patient was found to be satisfied on receiving a prompt treatment for the same.

Declaration of patient consent:

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest: There are no conflicts of interest.

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