P-C4.

A CASE OF JUVENILE ACTIVE OR AGGRESSIVE OSSIFYING FIBROMA (JAOF) IN RELATION TO THE MAXILLA

P.J. PRABAHARAN, B.R.R.N MENDIS* AND A.M. ATTYGALLA**

*Final Year Student, Faculty of Dental sciences, *Department of Oral Pathology, **Department of Oral Surgery, Faculty of Dental sciences, University of Peradeniya.*

In the view of many pathologists and surgeons, the group of fibro-osseous lesions (FOL) occur by the replacement of the normal bone by fibrous tissue. Thereafter there is the formation of a new form of calcifying mass by the process of mataplasia.

The FOL comprise of a diverse, interesting and challenging group of lesions that pose difficulty in classification and management. The FOL of the jaws may vary from asymptomatic lesions discovered by accident in routine radiographs to extensive, cosmetically and functionally disturbing lesions. Proper diagnosis of these lesions depend on a good correlation of the history, clinical findings, radiographic characteristics, and the histopathological appearances. Microscopically the lesion consists plump osteoblast like cells, surrounding areas of osteoid.

The patient is a 18 years old male, from Vavuniya. He first reported to the Kandy General Hospital (Centre for sight), with a gradually progressing right sided proptosis and swelling in relation to the right eye. He had no pain but reduced vision on the right eye. He later reported to the Dental Hospital, Peradeniya with the same symptoms and an initial diagnosis of fibrous-dysplasia of bone was made. Further investigations such as like C.T Scans and histopathological observations reveals the diagnosis of Juvenile Active or Aggressive Ossifying Fibroma.

Discussion

A. JAOF is most often seen in the maxilla and the patients are in the first or second decade of life. This tumour is more cellular than any other fibro-osseous lesion. Some of these cells produce streams of osteoid that may bear some resemblance to the osteogenic sarcoma.

B. According to the Johnson (1967) these lesions are aggressive and extend into antrum and approach the nasal septum and medial wall of the obit, causing proptosis and exopthalamos. Some of these lesions become osteogenic sarcomas while others mature into ossifying fibromas. JAOF may have an ancestral relationship to osteoblastoma because of the overlapping histological features of both lesions. Reed and Hagy (1965) also consider the JAOF and osteoblastoma to be the identical lesion.