Ossifying fibroma is a benign type of fibro-osseous tumor. Lymph nodes were not involved. The lesion will eventually become completely radiolucent. With maturation, radiopacities appear, suggesting ossification. This patient had previously performed surgery elsewhere in Bandung area hospital in 2009. Wide excision is an option for a large size of ossifying fibroma. In this case our treatment for ossifying fibroma is wide excision. This patient had previously performed surgery ektispasi earlier in Bandung area hospital in 2009.
and 2012 with the results of histopathological examination ossifying fibroma. Before surgery is done first taking chest, complete blood examination, chest x-ray, head CT scan and consultation with anesthesia department.

From the complete blood examination and chest x-ray within normal limit. From were found the head CT scan appears solid mass in the bilateral maxillary that destroys the bilateral maxillary sinus, bone bilateral maxillary and mandible still appear hypergens from the teeth in the bilateral mandible and left maxillary maxillary to ossifying fibroma figure 3.

After completing examination, including clinical, complete blood examination, radiograph, and histopathological examinations, we concluded that the patient had a ossifying fibroma at maxilla dextra and sinistra opted wide excision with ferguson webber incision technique was planned to perform under general anesthesia, because the tumor is large.

Surgery was initiated with incisional pattern on the left maxilla with methylene blue according to the design ferguson webber incision. Before Incision we do extraction of teeth 15-21, 26, 27. Furthermore, using blade No. 15 from the lateral left nose to nasalis sulcus to the filtrum and ends in the cupid's bow and cauter-ized the incision and blood vessels with ligation of vein and cut the mass form distal tooth 27 mesial tooth 21 and the mass
from distal tooth 15 until mesial tooth 11. Put in iodoform kassa, hecting intra oral. Hecting extra oral figure 4. Patients were treated in the nursing room for approximately 5 days with food intake using NGT.

Fourteen days after surgery, and reported that she had no pain and swelling and we did not any signs of infection. we do the appointment iodoform kassa. Patient was then referred to prosthodontic department for prosthesis for printing the preparation of dentures figure 5.

One month day after surgery and reported that she had no pain and swelling and we did not any signs of infection figure 6. She will plans be tried removable dentures by prosthodontist.

Two month day after surgery and reported that she had no pain and swelling and we did not any signs of infection figure 7.

Discussion

Ossifying Fibroma is benign, uncommon, monostotic well-defined usually unilocular but occasionally multilocular fibro-osseous tumor, arising from the cells of periodontal ligament and is composed of fibrous connective tissue with variable amounts of calcified tissue resembling bone, cementum or both. Another opinion states that Ossifying fibroma is a fibroma that exhibits osteogenic activity.

Clinically, it presents itself as a nodular lesion, exophytic, pedunculated in the majority of cases, reddish color interspersed with whitish areas or similar coloring to that of the adjacent mucosa.

Histologically, the lesion exhibits a proliferation of fibroblasts associated with the formation of mineralized material which may consist of bone, cementum-like material or dystrophic calcifications. Radiographically, they may exhibit areas of diffuse radiopaque calcifications, but many lesions do not exhibit this radiographic appearance.

The differential diagnosis of the peripheral ossifying fibroma includes all nodular lesions that occur in the gingiva such as fibroma, giant cells fibroma, pyogenic granuloma and odontogenic neoplasms.

Surgical methode for ossifying fibroma are enucleation, curettage an recetration. In the case we do enucleation with ferguson webber incision, because mass of large size. Surgical technique with extra oral approach are transfacial approach to mid-facel lateral rhinotomy. lateral rhinotomy was first described by michaux in 1848, but was popularized by mourou in 1902. the classical lateral rhinotomy described by mourou lies halfway between the medial canthus and the nasal dorsum extending from the inner margin of the eyebrow down along the nasomaxillary groove curving around the ala to enter into the nose. the incision begins from the columella laterally along the vestibule of the nose and then follows the ala of the nostril and extends along the lateral aspect of the nose to end a centimeter below the inner canthus of the eye. indications access to the nasal cavity, for open rhinoplasties and maxillary antrum. weber-ferguson incision with Lynch extension Lynch extension, it is an extension on the medial side from the medial canthus to the medial end of the upper eyebrow. indications it is used for extended maxillectomy and access to the medial orbital wall. In this case we do wide excision with ferguson webber incision technique of mass of left maxilla area followed by right maxilla mass excision and result is very significant.

The prognosis of Ossifying Fibroma can be said to be good if at the time of surgery, the tumor mass is lifted entirely. However, if removal of tumor mass is imperfect, then the prognosis is poor. In this case, the mass appointment is done perfectly in the hope that the patient’s prognosis is good.

Conclusion

Ossifying fibromas is a benign type of fibro-osseous tumor. The timely diagnosis and management of this tumor is of utmost importance to limit the progression and to reduce morbidity of the patient. In the present case report, wide excision with ferguson webber incision technique is an option for a large size of ossifying fibroma.

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Conflict of Interest
The authors report no conflict of interest

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