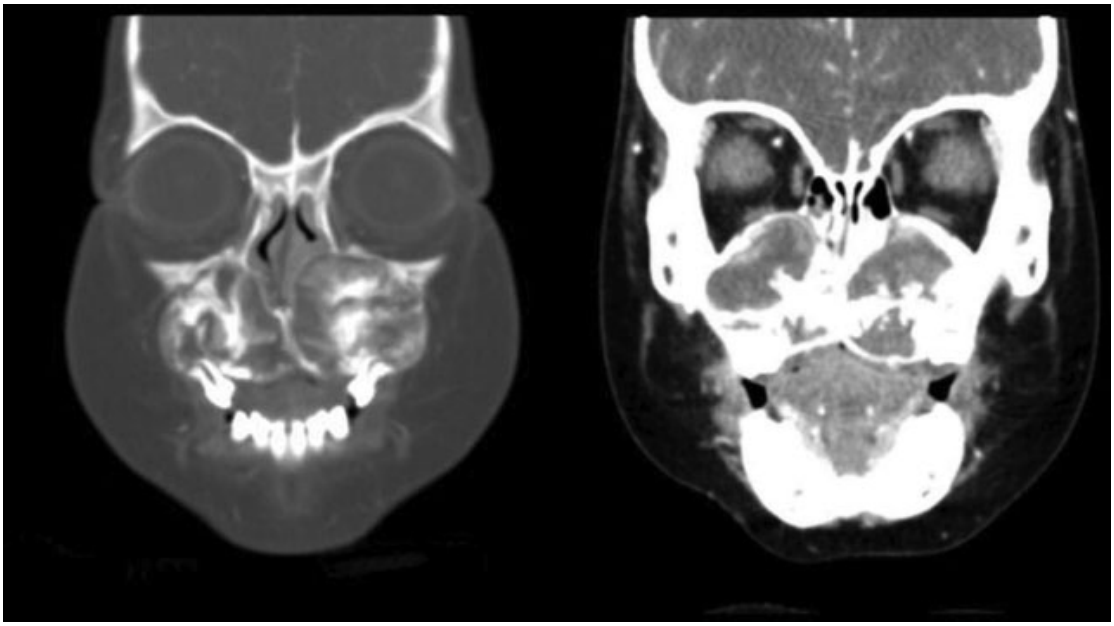
原文題目(出處)：	Juvenile psammomatoid cemeto-ossifying fibroma: Two cases. Basic & Applied Pathology 2010; 3: 138-41.
原文作者姓名：	Park SH
通訊作者學校：	Seoul National University College of Medicine, Seoul, Korea
報告者姓名(組別)：	楊承憲 I 組
報告日期：	2011/04/08

內文：

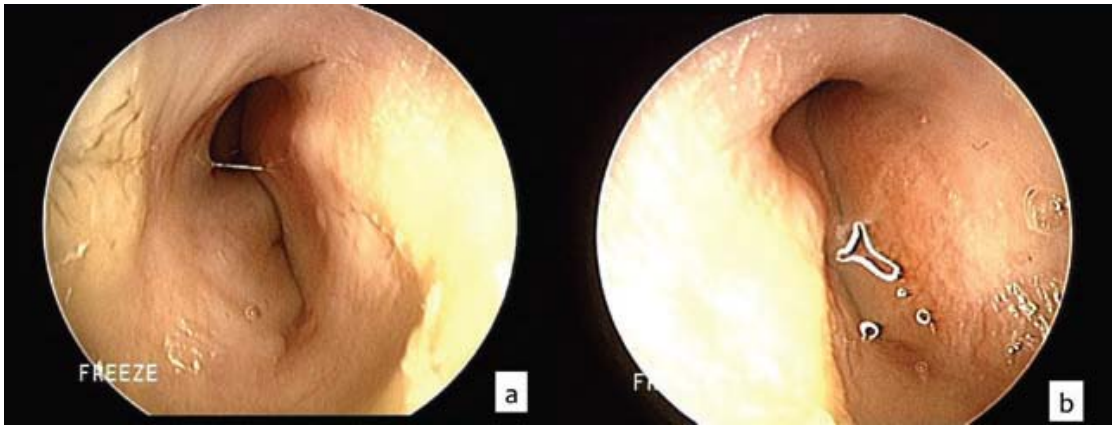
INTRODUCTION:

- Ossifying fibroma (OF) is a rare and unique fibro-osseous neoplasm described by Bendet *et al.*, that commonly develops in the craniofacial bone, especially in sinonasal tract and orbital area.
- The 1972 World Health Organization (WHO) classification separated cementifying fibroma from ossifying fibroma, however, in the 1992 WHO classification, it was considered to be a histologic variant of ossifying fibroma.
- juvenile cementossifying fibroma mainly occurring in childhood and adolescence (ages 5–15 years).Recurrence is more common in juvenile COF (The JCOF subgroup behaves aggressively resulting in destruction of the adjacent structures and sometimes leads to facial asymmetry.
- The psammomatous subtype has spherical or ovoid bony component, which resembles psmmoma bodies. Osteoblastic rimming may or may not be present.
- The trabecular subtype possesses irregularly shaped trabeculae of immature bone with or without osteoblastic rimming instead of spherical or ovoid bone.
- CASE REPORTS
- Case 1

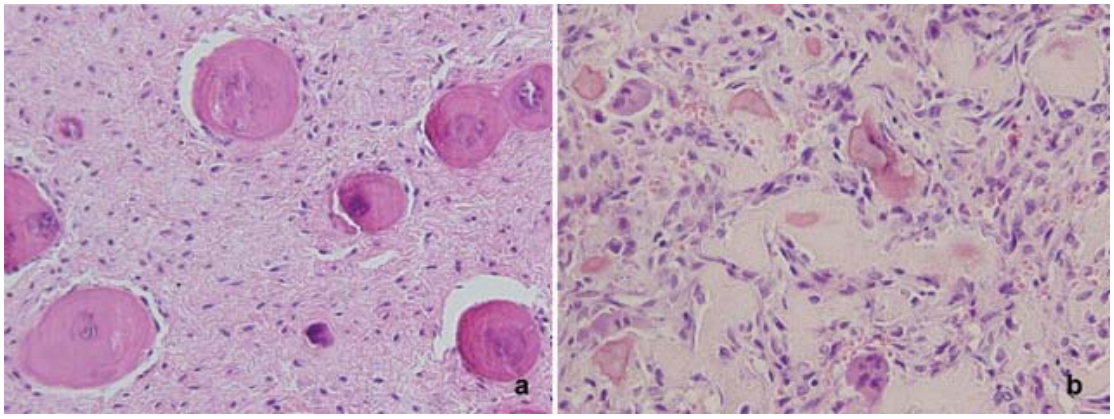


A 22-month-old girl presented with a 3-month history of persistent nasal obstruction, rhinorrhea snoring and sleep apnea.

CT scans reveal two ossifying lesions were observed fully filling up the alveolar process and expanding to the nasal cavity. The lesions involved the root of a maxilla causing the displacement of an unerupted tooth.

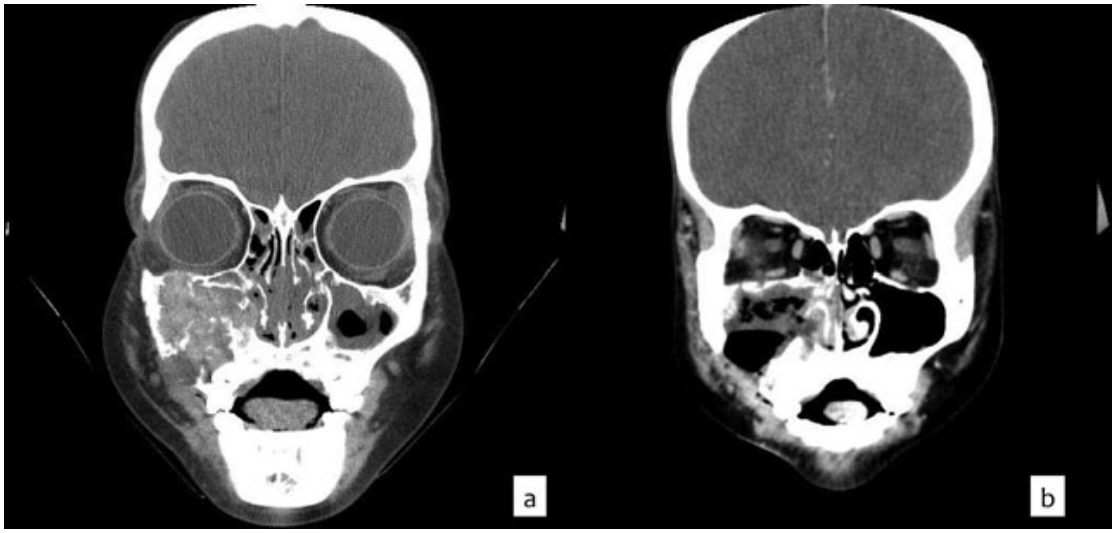


- Endoscopic biopsy was performed. Lesions were noted bilaterally bulging into the inferior meatus



- The diagnosis of juvenile psammomatoid cementossifying fibroma (JPCOF) was confirmed

Case 2



- A 5-year-old boy presented with a 3-month history of swelling in right cheek. CT showed a mass at the right maxillary sinus that had destroyed the inferior orbital wall and alveolar process

- Histological examination of the excised tumor revealed JCOF
- Excision of the mass was contemplated using the Caldwell–Luc approach, but complete removal was not possible due to massive hemorrhage. Six months later, the Caldwell–Luc approach was successfully carried out after embolization

DISCUSSION

- In the WHO classification, cemetifying fibroma and OF are considered to be a spectrum and are therefore referred to as ossifying fibroma.
- COF is a benign, monostotic well-circumscribed unilocular or multilocular fibrous-osseous tumour, known to arise from the periodontal ligament. It is more common in 30–40-year-old women.
- COFs arise most frequently in the mandible (about 70% cases) but a significant percentage of cases (22%) are found in the molar region of the maxilla, ethmoidal and orbital regions and exceptionally in petrous bone. Radiologically, the COFs are radiolucent in 53% of cases, a sclerotic radio dense in 7% and mixed or mottled appearance in 40% of the cases.
- COF is subclassified based on age; that is, JCOF and conventional COF can be distinguished from adult type by its clinical, radiological,and pathological characteristics. JCOF mostly involves the maxilla and paranasal sinus of children or adolescence and locally aggressive
- The etiology of JCOF has not been fully understood, but there are reports that COFs were related to non-random break points at Xq26 and 2q33.
- The treatment of choice for COF is complete surgical resection and is usually cured by this treatment. Incomplete resection of the tumor may result in recurrence.

題號	題目
1	Which statement is wrong about psmmomatoid cemeto-ossifying fibroma? (A) Cases report was less than trabecular type about 1:4 ratio (B) Has spherical or ovoid bony component. (C) Arise from the periodontal ligament (D) Recurrence rates was 30%-58%
答案(A)	出處：oral and maxillofacial pathology 3ed edition, P. 648
題號	題目
2	Which one is not a feature of juvenile cemeto-ossifying fibroma (A) Typically nonencapsulated (B) More aggressive neoplasm tends to arise in infants and children. (C) Slight female predilection (D) Occur in either jaw but reveal a maxillary predominance
答案(c)	出處：oral and maxillofacial pathology 3ed edition, P. 649