



Desmoplastic Fibroblastoma of the Maxilla: A Rare Intraosseous Presentation

by **Bashar Abdullah**

by **Omar Museedi**

Presentation Outline

1 Introduction & Background

2 Literature Review

3 Case Presentation

4 Imaging and Histopathological Findings



Medical Detiniters

- 1 Medicine thianis characteristics fo com for the General Management, determining these man.
- 2 Medicine with characteristic signs and symptoms.
- 3 Predictive characteristics consistent from oral.
- 4 Essential for the man to man in operation.

Dktkal Medical

- 1
- 2
- 3
- 4

Introduction & Background

Desmoplastic fibroblastoma is a benign, fibroblastic/myofibroblastic tumor.

Commonly arises in soft tissues; maxillary involvement is extremely rare

It may mimic odontogenic lesions.



Literature Review

Incidence

1

84% of jaw DF cases occur in the mandible; maxillary cases represent only ~16%.
96 cases of (DF) of the jaw have been reported . Among these, around 80–81 cases occurred in the mandible, while about 15 cases were in the maxilla.

2

Key Reports

JAAFARI-ASHKAVANDI et al. – Case in maxillary alveolar bone.
Guru et al. – Rare maxillary DF report.

3

This case adds important data to the sparse literature on maxillary DF.

Case Presentation – Clinical Findings

Patient Profile

50-year-old [Female]

Chief Complaint

Accidental radiographic finding during implant planning.

Clinical Exam

Asymptomatic lesion in anterior maxilla; intact mucosa; no regional lymphadenopathy.



CASE STUDY

Radiographic & Imaging Findings



Panoramic Radiograph

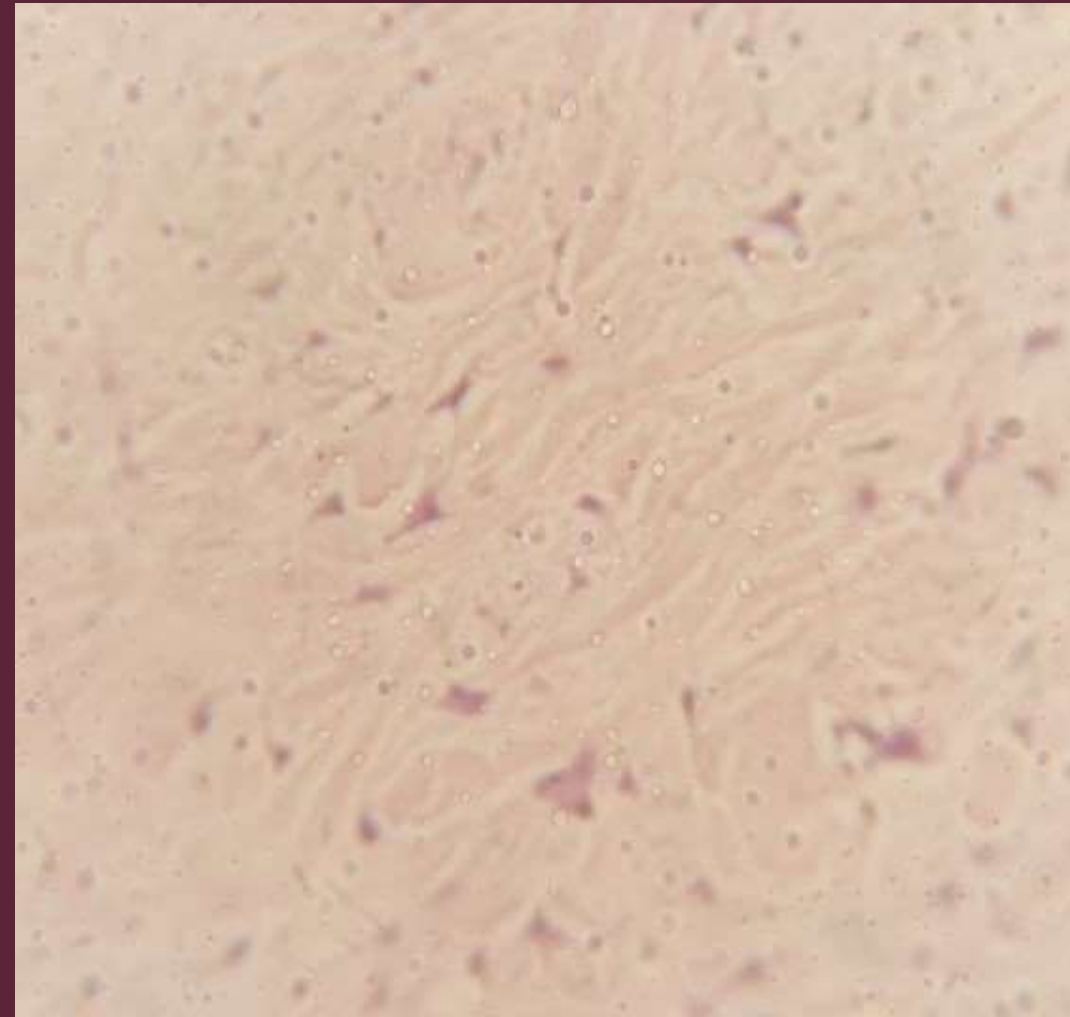
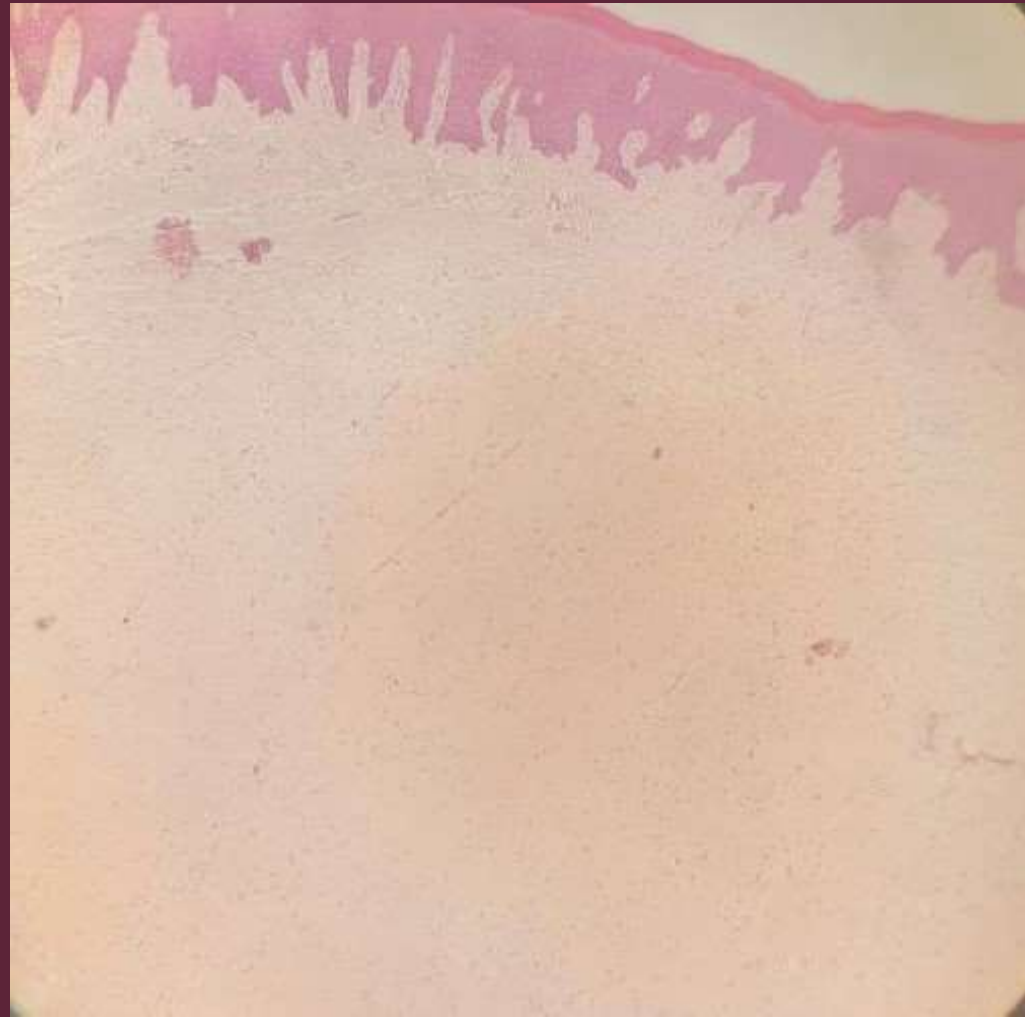
Well-defined unilocular radiolucency in the maxillary alveolar process.



CBCT Scan

Confirms intraosseous location and delineates lesion margins without cortical perforation.

Histopathologic & Immunohistochemical Analysis



- CD34 Negative
- S-100 Protein Negative
- Cytokeratins Negative
- Smooth Muscle Actin focally positive
- Vimentin strong positive

Microscopic features and immunohistochemistry consistent with desmoplastic fibroblastoma diagnosis.

Discussion



Diagnostic Challenges

Overlapping features with odontogenic fibroma and fibrous dysplasia. Necessity of correlating radiologic, histologic, and IHC findings.



Management Considerations

Complete surgical excision minimizes recurrence risk. Long-term monitoring is essential.



Contribution

Expands limited literature on maxillary DF. Highlights importance of comprehensive diagnostic workup.