INTRODUCTION
Odontogenic myxomas (OM) are benign odontogenic tumors of mesenchymal origin believed to originate from the dental papilla. It was first described by Rudolf Virchow as myxofibroma in 1863. However, Thoma and Goldman renamed it as OM in 1947. Peripheral odontogenic myxoma (POM) is considered as an extra-osseous counterpart of OM. POM is very rare compared to OM. Moreover, it is a less aggressive tumor compared to its central counterpart. Less than 10 cases of POM have been reported in the English literature. Furthermore, no clinical data of POM has been described in standard oral pathology books. POM usually presents as an asymptomatic, exophytic gingival mass without bony involvement.

CASE REPORT
An otherwise healthy, 27-year lady presented to the Department of Oral Medicine and Radiology with the chief complaint of gum swelling on her upper left front region of the jaw since 3 months. Past medical history and family history was non-relevant to the presenting symptom. Intra-oral examination revealed a localised, reddish swelling extending from the gingiva of maxillary left central incisor to maxillary left canine measuring about 2x1 cm. The swelling exhibited two different areas of color variation; one area showed reddish color and other area showed a normal color of mucosa. On palpation, it was found to be soft to firm in consistency. Panoramic radiograph revealed no bony changes. Based on the clinical and radiological features, a provisional diagnosis of pyogenic granuloma was given. A surgical excision was performed under local anesthesia and tissue was sent to the Department of Oral and Maxillofacial Pathology, for microscopic evaluation.

Microscopic examination of tissue sections revealed numerous stellate shaped fibroblasts in a mucoid rich stroma with inactive rests of odontogenic epithelium. The collagenous stroma was sparse and showed few dilated blood vessels lined by endothelial cells. On the basis of microscopical features, a final diagnosis of Extra-osseous/ Peripheral odontogenic myxoma rendered.

DISCUSSION
POM is a rare and less aggressive, soft tissue counterpart of OM, believed to originate from the embryonic connective tissue associated with the tooth bearing apparatus. The frequency of POM is significantly lower as compared to other peripheral odontogenic tumors. Because of the rare occurrence of POM, standard textbooks of oral and maxillofacial pathology are devoid of its clinical and histological data. This paucity of the literature regarding this unusual neoplasm, prompted us to report this case. POM is considered less aggressive compared to its central counterpart. The present case also showed no recurrence for one year after a surgical removal. Clinically, it presents as an asymptomatic gingival mass, similar to the present case where the lesion was painless. Fibroma, irritational fibroma neurofibroma, peripheral giant cell granuloma, pyogenic granuloma and other peripheral odontogenic tumors can be considered as clinical differential diagnoses of POM. In the present case, the lesion was provisionally diagnosed as pyogenic granuloma. Microscopic examination is mandatory to reach definitive diagnosis. Histologically, this neoplasm is composed of haphazardly arranged spindle, stellate shaped cells in a mucoid stroma with or without islands of odontogenic epithelium. The present case also...
Extra-osseous odontogenic myxoma of maxillary gingiva showed similar morphology with inactive islands of odontogenic epithelium. Histologically, it may simulate neoplasms with areas of myxoid degeneration (myxoid area in pleomorphic adenoma, peripheral nerve sheath myxoma, myxoid changes in fibrosarcoma, myxolipoma, chondromyxoid fibroma etc.). Surgical excision is the treatment of choice and no recurrence has been reported.

REFERENCES