Juvenile ossifying fibroma (JOF) is a rare fibro-osseous neoplasm that arises within the craniofacial bones in individuals under 15 years of age. It affects both males and females equally. It has the potential for excessive growth, bone destruction, and recurrence. It is more aggressive than ossifying fibroma. Recurrence rate ranges from 30% to 58%. We report a case of 11-year-old male child presented with a painless, progressive swelling of the right face for 8 months. CT scan demonstrated a well-defined, mixed-density mass filling the right maxillary sinus. Under general anaesthesia, surgical excision of the tumour was performed. Histopathologically, excised specimen was identical with fibro-osseous lesion. Juvenile ossifying fibroma (JOF) is aggressive in nature and recurrence rate is high, so early detection and complete surgical excision is essential.

Key words: Juvenile ossifying fibroma, Ossifying fibroma, Fibrous dysplasia, Fibro-osseous lesion.
A fibro-osseous lesion is one in which bone is replaced by cellular fibrous tissue, which gradually matures with the formation of woven bone, lamellar bone or very dense amorphous mineralisation. The group includes disorders ranging from fibrous dysplasia to the circumscribed lesions of ossifying fibroma and the cemental dysplasia5. Johnson et al reviewed 3000 fibro-osseous lesions and found that majority of tumours were located in facial bones, among which approximately 90% originated from paranasal sinuses. Single or multiple sinuses may be involved. When jaw is involved, maxilla is more frequently than mandible6.

Ossifying fibroma is a benign neoplasm of bone that has the potential for excessive growth, bone destruction, and recurrence. It is a slow-growing, asymptomatic, and expansile lesion4. Ossifying fibroma arises exclusively in the jaw, facial bones and skull5. Juvenile ossifying fibroma most commonly involves the paranasal sinuses and periorbital bones, where it may cause exophthalmos, proptosis, sinusitis, and nasal symptoms. This rare tumour behaves in a more aggressive fashion than does ossifying
JOF is somewhat uncertain. Small lesions can be treated conservatively by curettage or enucleation. An open surgical approach, such as transfacial, is ideal for resecting large and irregular shaped tumours that infiltrate sinuses and fronto-nasal bones. Recurrence rate ranges from 30% observed by Johnson et al. to 58% reported by Makek.

Conclusion
Early detection and complete surgical excision followed by long term follow-up are important in the management of Juvenile ossifying fibroma due to its aggressive nature and high recurrence rate.

References