INTRODUCTION
Your child has been diagnosed as having a non-ossifying fibroma, which is a benign fibrous mass within a bone. It is also called by other names like benign cortical defect and fibroxanthoma. It arises for unknown reasons and may cause weakening of the involved bone. It is often discovered when X-rays are taken for an injury. A non-ossifying fibroma is benign and rarely causes problems. It does not interfere with healing or growth. With growth and remodeling of the bone, the non-ossifying fibroma typically disappears and is replaced with normal bone.

BACKGROUND
Non-ossifying fibromas typically arise in the ends of long bones, particularly the distal femur and proximal tibia. Non-ossifying fibromas are common, possibly affecting more than 40% of boys and 30% of girls usually between 2-15 years of age. The lesion is thought to originate at the insertion site of a ligament or tendon. With bone growth, it may migrate towards the middle of the bone. The lesions are usually asymptomatic, although they are occasionally associated with fractures.

CLINICAL PRESENTATION AND DIAGNOSIS
There is typically no pain or other symptoms associated with the presence of a non-ossifying fibroma. The non-ossifying fibroma is usually found incidentally, when X-rays are obtained to assess an injury. X-rays may show a fracture, which may pass through the fibroma. More commonly, there is no fracture, as the injury is a sprain or a contusion. While a soft tissue injury does not show on the X-rays, the X-rays may show the non-ossifying fibroma, as an eccentric lucent area with thinned cortex and a sclerotic margin. While the lesion may be concerning to someone unfamiliar with non-ossifying fibromas, the appearance on radiographs is characteristic and diagnostic. No further imaging is needed or indicated. Aggressive lesions and malignancies show signs of bone activity and other changes which are not present if the lesion is a non-ossifying fibroma.

TREATMENT
Treatment is rarely needed or beneficial as the fibroma usually disappears spontaneously over a period of several years. If a pathological fracture occurs or the non-ossifying fibroma is an
exceptionally large lesion, surgery to scrape out the fibrous tissue and fill the space with bone graft may be beneficial to promote solid healing and prevent future fractures.

EXPECTED OUTCOME AND POTENTIAL COMPLICATIONS
Although every patient is different, the long-term outlook for a patient with a non-ossifying fibroma is generally excellent. These tumors, as a rule, resolve with time without specific treatment, usually at skeletal maturity. The primary concern is that this fibrous area can weaken the bone and may increase the risk of an injury leading to a fracture.

MORE INFORMATION
Further information can be obtained on the internet. Your local public library can help you explore these sources if you are interested. Two good sites for expert and peer reviewed information are the American Academy of Orthopedic Surgeons at [www.aaos.org](http://www.aaos.org) and [www.emedicine.com](http://www.emedicine.com).

FEEDBACK
If you have questions or comments, please contact the office or submit them to the web site at [www.pedortho.com](http://www.pedortho.com).