**MYXOMAS**

Myxomas are of odontogenic origin and are generally found in young adults. Either the mandible or maxilla may be involved. The gelatinous, very loose matrix of the myxoma is obvious at the time of surgery.

Microscopically, there are stellate and spindle shaped cells with rather faint collagen fibrils in an abundant loose myxoid stroma. In the case of a tumor with more dense collagen fibers, the term fibromyxoma may be applied.

**CLINICAL ASPECTS**

Smaller myxomas may be removed by curettage but a large one may require essentially a maxillectomy for its removal. If the tumor is completely removed, it generally is cured. Large myxomas of the mandible show a “soap bubble” pattern on X-ray that looks very much like that seen in ameloblastoma.

Very fine fibrils are seen in an abundant myxoid stroma with round to stellate shaped cells. Myxomas characteristically are hypo-cellular.