OSTEOMA OF THE MAXILLA CLINICAL CASE

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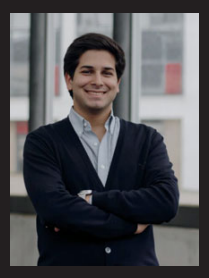

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INTRODUCTION

Osteoma is a benign neoplasm composed of mature bone, limited almost exclusively to the craniofacial bones. It occurs predominantly between the third and fifth decades of life, with a male predilection. Both surface and central osteomas are often asymptomatic and they are more common in the mandible than in the maxilla, with the mandibular condyle being a common site. Radiographically, osteoma presents as a well-demarcated radiopaque mass, usually <2 cm in size and histologically are composed of lamellar bone (compact or trabecular). Recurrence is rare after surgical excision.[1]

CASE DESCRIPTION

A 52-year-old melanodermic female patient with no relevant medical history, referenced to an appointment of Surgery and Oral Medicine in FMDUL due to an exuberant bone swelling at the posterior region of the right maxilla. An hard palpation lesion of about 2.5 cm, painless, with slow growth and radiographic expression on retroalveolar radiography and orthopantomography was observed. Computerized Tomography (CT) scanning revealed a well-defined radiopaque mass with high density, involving teeth 17 and 18, suggestive of a calcifying epithelial odontogenic tumor (Pindborg's Tumor).

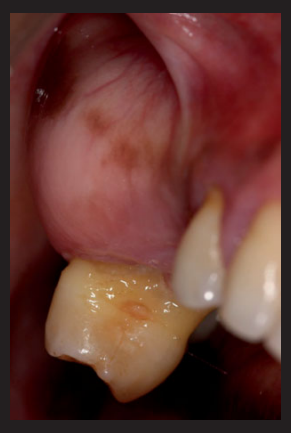

Fig. 1 – Initial Clinical Photography

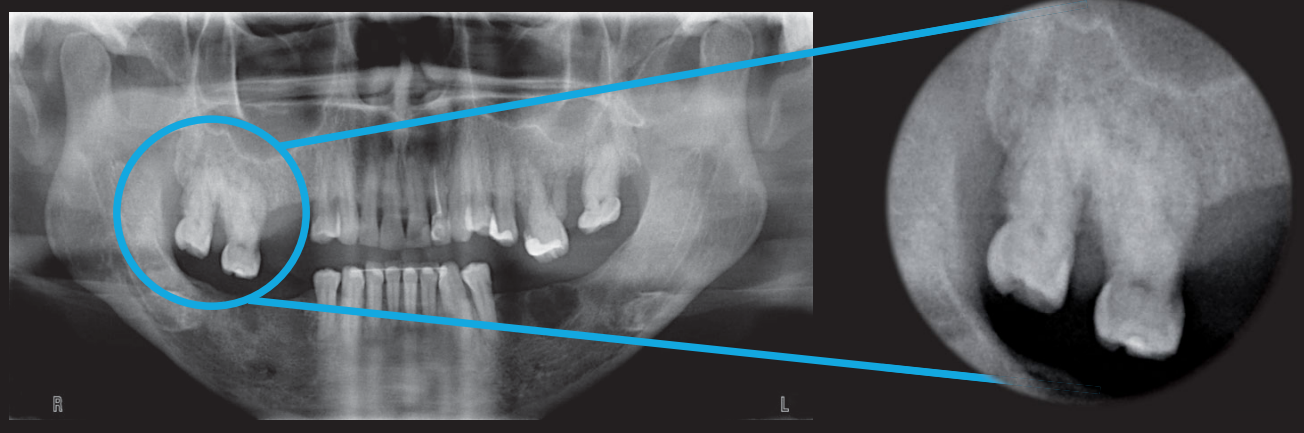

Fig. 2 – Preoperative Orthopantomography

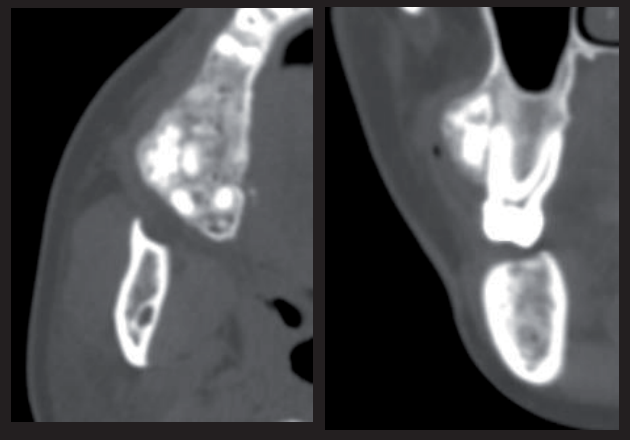

Fig. 3 e 4 – Preoperative Computerized Tomography

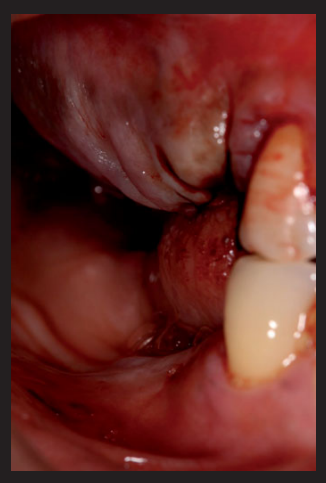

Fig. 5 – Excisional Biopsy

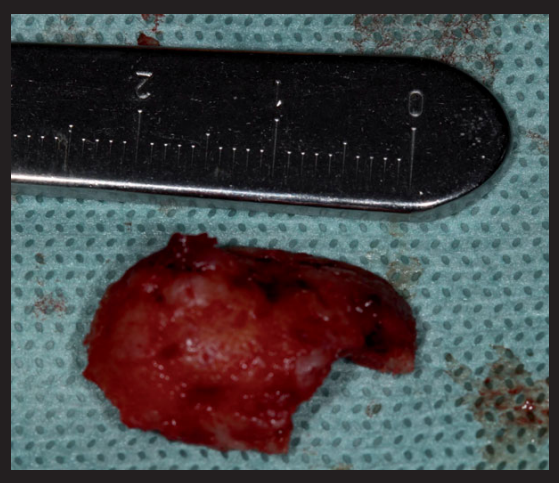

Fig. 6 – Surgically Excised Piece

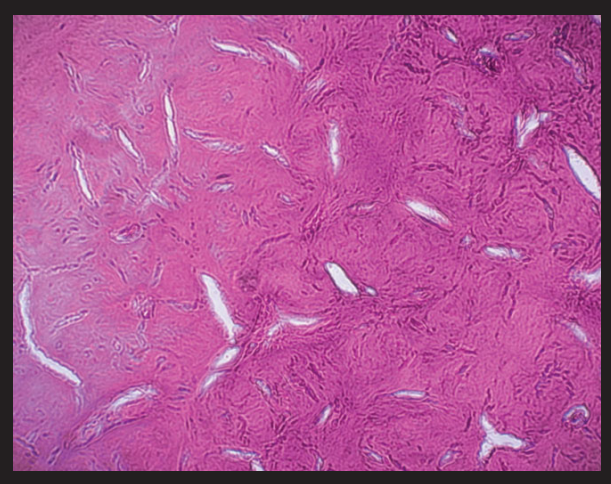

Fig. 7 – Histological examination showed a compact bone with sparse fibrovascular spaces. Hematoxylin-eosin stain, original magnification x100

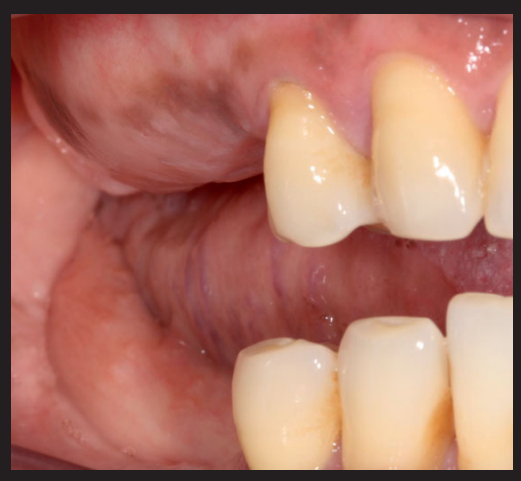

Fig. 8 – Post-Operative Control 7 Months Later

A surgical procedure was performed for extracting the dental pieces and concomitant excisional biopsy of the lesion. The patient was medicated with antibiotic (amoxicillin + clavulanic acid), anti-inflammatory (nimesulide), analgesic (clonixin) and an antiseptic (chlorhexidine). The 2.5 x 1.5 x 1 cm fragment was submitted to histological analysis and, after decalcification of the piece, a benign bone lesion was observed, consisting predominantly of lamellar bone, compact, with areas of spongy bone (anatomopathological examination performed by Dra. Saudade André). The histological diagnosis, integrated in the imagiologic context, showed to be compatible with superficial osteoma (mixed subtype).

DISCUSSION

Osteomas are benign neoplasm, made of compact or spongy bone, or a combination of both, known for having continuous bone growth. The etiology is unknown, with possible described genetic (such as Gardner´s syndrome), traumatic or inflammatory causes.[2-7] Differential diagnosis must include osteoblastoma, osteoid osteoma, exostosis and enostosis, odontoma, cementoblastoma and epithelial calcified odontogenic tumor. However, the slow growth, absence of symptoms, radiographic exams indicative of a radiopaque without a radiotransparent margin and an histological exam showing no pathological changes allow for a definitive diagnosis of superficial osteoma, with a mixed subtype (because of the origin in the periosteum and presenting compact and spongy bone, respectively).

CONCLUSION

Osteoma is an unusual entity in the jaw, so its approach can be a real challenge. The correct definitive diagnosis should be based on clinical and imaging examination, always requiring histopathological confirmation. The treatment consists of surgical excision and the recurrence is rare, contributing to the good prognosis of this pathology.

REFERENCES

1 – El-Naggar AK, Chan JKC, Grandis JR, Takata T, Slootweg PJ (2017) WHO Classification of Head and Neck Tumours, 4th edition. Chapter 8 – odontogenic and maxillofacial bone tumours. IARC, Lyon; 2 – Batra N, Batra R, Singh G, Gaur A. Peripheral osteoma of maxilla: A case report. National journal of maxillofacial surgery. 2014;5(2):240-2; 3 – Soni S, Bhargava A. Revisiting peripheral osteoma of the mandible with case series and review of literature. Indian journal of otolaryngology and head and neck surgery : official publication of the Association of Otolaryngologists of India. 2014;66(2):212-8; 4 – Nilesh K, A VV, S KV. Solitary peripheral ivory osteoma of the mandible presenting with difficulty in deglutition: a case report. Journal of dental research, dental clinics, dental prospects. 2017;11(1):56-60. 5 – Bountaniotis F, Melakopoulos I, Tzerbos F. Solitary Peripheral Osteoma of the Hard Palate Case report and literature review. Sultan Qaboos University medical journal. 2017;17(2):e234-e7. 6 – Starch-Jensen T. Peripheral Solitary Osteoma of the Zygomatic Arch: A Case Report and Literature Review. The open dentistry journal. 2017;11:120-5. 7 – Bhatt G, Gupta S, Ghosh S, Mohanty S, Kumar P. Central Osteoma of Maxilla Associated with an Impacted Tooth: Report of a Rare Case with Literature Review. Head and neck pathology. 2018.