

Peripheral Osteoma (PO) of Posterior Maxilla : A Rare Case Report

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Abstract

Osteoma is a Benign Osteogenic lesion with a very slow growth, characterised by proliferation of either cancellous or compact bone. In the jaw, these are uncommon lesions. We report a rare case of maxillary Peripheral Osteoma in a 55 year old female patient with a history of infection and traumatic extraction 5 year back which could have triggered to the present form of Peripheral Osteoma.

Keywords: Maxilla, Osteoma, Maxillofacial Region.

Introduction

Osteoma is Benign Osteogenic tumour arising from the proliferation of cancellous or compact "Ivory Osteoma" bone.^{1,2} It can be Central Osteoma arising from the endosteum, Peripheral Osteoma arising from the periosteum or extra skeletal soft tissue Osteoma that usually develops within the muscles^{3,4}. These occur frequently in the sinuses, most common in the Frontal Sinus, followed by Ethmoidal sinus and maxillary sinus.^{5,6}

Most cases of P.O appear to have a very slow growth rate, are asymptomatic and produce swelling and asymmetry.

Although from an etiological view point, these lesions have been correlated to abnormal enlargements of embryonal tissues, previous Craniofacial Traumas (20% of cases) or Chronic Inflammatory processes of nasal and sinus structures.^{7,8,9} Association between Maxillofacial Osteoma, cutaneous sebaceous cysts, multiple supernumerary teeth and colorectal polyposis has also been reported (Gardner's syndrome).⁵

Case Report

A 55 year old female patient was referred to the Department of Oral and Maxillofacial Surgery of Krishna Dental College Ghaziabad, with complaint of swelling in right posterior maxilla and difficulty in mastication, which had developed over the course of 5 years. Patient has history of right buccal space infection and had undergone traumatic extraction of right posterior teeth 5 years back. On oral examination, a painless well circumscribed, exophytic mass was observed on the edentulous posterior right maxillary alveolar ridge extending to buccal sulcus which was peanut size and progressed to the present size. It measures "3×3"cm in diameter. The lesion was bony hard and covered by normal mucosa, except for a small

area of ulceration which was likely due to the secondary trauma. CT scan shows a well defined mass measuring 3×3 cm. Routine blood investigation and serum urea and serum creatinine were within normal limits. Based on the clinical and radiological findings, a provisional differential diagnosis of Peripheral Ossifying Fibroma, and Osteoma was made.

Under local anaesthesia, the lesion was easily excised without complication. The superficial surface appeared pale and smooth. Microscopically, the lesion was formed by mature bone, showing lacunae and marrow spaces containing connective tissue. A Final diagnosis of Peripheral Osteoma (cancellous type) was made.

Discussion

Osteomas are benign osteogenic lesions with very slow growth. This may be arise from proliferation of either cancellous or compact bone. They can be central, peripheral or extra skeletal.¹⁰ Usually asymptomatic, these lesions may proliferate in medullary bone (endosteal) or on the bone surface as a Polypoid or sessile mass (periosteal).^{11,12}

Peripheral Osteoma of jaw bone is quite rare. The mandible is more commonly affected than maxilla. There is 3:1 female predilection, but different authors have referred both female and male predilection in

However, local sensitivity and difficulty in mastication have been diagnosed.^{1,8} The most common site of maxillary osteoma is the alveolar process. Various hypothesis have been put forward, which include congenital and hereditary disorder, a developmental origin, neoplastic or reactive mechanism to trauma or infection. Differential diagnosis includes exostosis but these tend to stop growing after puberty; periosteal osteoblastic and osteoid osteoma usually present as a rapidly growing painful swelling.^{8,13}

Surgical removal of PO is not generally necessary unless and until there are symptoms like facial asymmetry or functional problems.¹⁵

In our case of PO was seen in 55 year old female patient with swelling and discomfort during eating. She had buccal space infection on the same side 5 years back and then followed by history of traumatic extraction which could have figure PO. The swelling was solitary, non tender, non compressible and non pulsatile. The lesion was surgical excised and histopathological examination confirmed the diagnosis of Peripheral cancellous Osteoma. The patient has been asymptomatic with no evidence of recurrence since 2 years and is wearing denture comfortably.

Sah, et al : Peripheral Osteoma of the maxilla.

Table 1 : Summary of clinical data of maxillary osteomas previously published in English language literature including the present case

Case	Authors	Year	Age	Gender	Complaint	Site
1	Seward	1965	50	Female	Swelling	Alveolar ridge
2	Sayan et al	2002	NA	Female	NA	Alveolar ridge
3			NA	Female	NA	Alveolar ridge
4			NA	Male	NA	Alveolar ridge
5			NA	Female	NA	Hard Plate
6			NA	Male	NA	Hard Plate
7	Dalambiras et al	2005	16	Female	Swelling	Alveolar ridge
8	Woldenberg et al	2005	76	Female	Local Sensitivity	Alveolar ridge
9	Durighetto et al	2007	40	Male	Swelling & difficulty in mastication	Alveolar ridge
10	Latrou et al	2007	64	Male	Swelling	Alveolar process
11	Present case	2013	55	Female	Swelling and difficulty in mastication	Alveolar ridge and buccal sulcus

NA: not available

case of series of Osteoma of maxillofacial region.^{1,12} To best of our knowledge, and apart from Osteoma located in the maxillary sinus, these are only 10 cases of maxillary osteomas previously described in English language literature [table-1]^{1,8,14} of which complete clinical data of 5 cases not available. PO mostly present as an asymptomatic, slow growing swelling.

References

For references mail us at editor@healtalkht.com

Legends

- Fig. 1 Exophytic bony mass
- Fig. 2 Exposure of bony mass
- Fig. 3 Initial demarcation of bony mass
- Fig. 4 Bony mass removed
- Fig. 5 Primary closure done
- Fig. 6 Excised specimen
- Fig. 7 CT scan showing 3x3 cm bony mass
- Fig. 8 Well defined bony mass (CT scan)



Fig. 1

Fig. 2

Fig. 3

Fig. 4

Fig. 5

Fig. 6

Fig. 7

Fig. 8

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