



CASE REPORT ON AMELOBLASTOMA OF MANDIBLE

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INTRODUCTION

Ameloblastomas are an enigmatic group of oral tumors whose importance lies in its potential to grow into enormous size with resulting bone deformity. It is an aggressive neoplasm that arises from remnants of the dental lamina and dental organ (odontogenic epithelium). It represents about 1% of all oral ectodermal tumors and 9% of odontogenic tumors.

Ameloblastoma is further classified into:

1. Solid/multicystic
2. Extrasosseous/peripheral
3. Desmoplastic ameloblastoma
4. Unicystic

CASE REPORT

A 47-year-old female came with a complaint of swelling over the left side of face for past 2 years showing facial deformity.

On extraoral examination, a large painless swelling was seen which was hard in consistency and nontender about 3 × 3 cm in diameter showing facial asymmetry.

Intraoral examination revealed very large swelling extending from lower left 1st premolar to the angle of the mandible of size 3 x 4 cm approximately.

INVESTIGATION

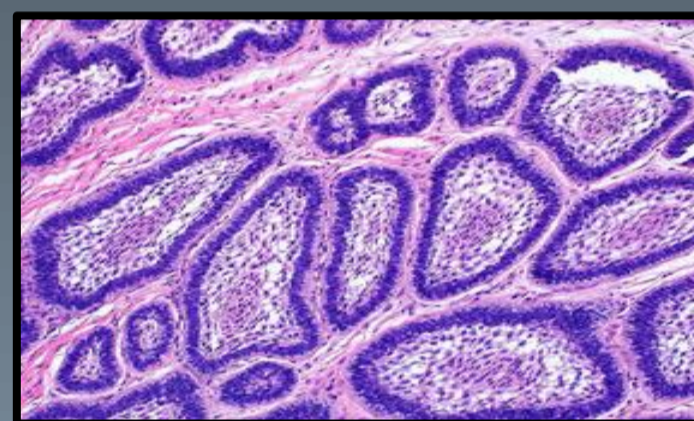
OPG- Large multilocular radiolucency extending from the ramus region to the angle of mandible associated with partial destruction of the lower border of mandible.

CT identify the content of the lesion and extension to the soft tissues.

MRI helps in identifying the extent of the Mandibular ameloblastoma

TREATMENT

En bloc resection with enucleation and curettage with drilling of perilesional bone under general anaesthesia was done and tissue was sent for HPE



The follicular pattern with islands of odontogenic epithelium within fibrous stroma.

DISCUSSION

Ameloblastoma is a benign odontogenic tumor of epithelial origin. It was described in 1827 by Cusack. Usually diagnosed between the 4th and 5th decades of life. Etiology of ameloblastoma is unknown. They may cause displacement of tooth or root resorption. In our case, patient had lower jaw swelling with bony deformity and difficulty in chewing of food. Diagnosis is made on the basis of clinical evaluation, radiological investigation and HPE report and Surgical excision is treatment of choice and involves complete removal of tumor with negative margin of 15-20 mm. Ameloblastomas are well-known for its recurrence.

DIFFERENTIAL DIAGNOSIS

1. Calcifying epithelial odontogenic tumor
2. odontogenic myxoma
3. Central giant cell granuloma

CONCLUSION

Ameloblastoma of the mandible and maxilla is generally a benign tumor of the odontoma with locally aggressive behavior. Occasionally the tumor breaks through cortical bone and extends into adjacent soft tissues. Complete surgical resection with negative margins is the hallmark for curative resection. Local recurrences are rare, and usually amenable to re-resection.

REFERENCES

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