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Case Report

Huge peripheral osteoma of the mandibular condyle: A case report



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ABSTRACT

Osteomas are benign, slow-growing osteogenic tumors commonly occurring in the craniofacial bones which are characterized by proliferation of compact or cancellous bone. They are usually asymptomatic unless they reach to the sizes that cause asymmetry or dysfunction in their anatomic location.

In this paper, we are presenting a huge peripheral osteoma (PO) located in the medial surface of condylar neck and pterygoid fossa which is causing difficulty in swallowing process for a 78 year-old male.

Clinical and radiological examination confirmed the presence of a peripheral osteoma. This tumor has been removed surgically and no recurrence has been observed.

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1. Introduction

Osteoma is a benign tumor characterized by cortical or cancellous bone proliferation [1].

There are three different types of osteoma: peripheral, central and extra-skeletal [2,3].

A peripheral osteoma arises from periosteum, a central osteoma arises from endosteum, and an extra-skeletal osteoma is inside the soft tissue [4–6].

The pathogenesis of osteomas is unknown. They can be caused by developmental anomalies, true neoplasms or reactive lesions triggered by trauma, muscle traction or infection [4–6].

These tumors are mainly found in the craniofacial bones, for example a peripheral osteoma occurs most frequently in the paranasal sinuses [4–7].

Peripheral osteoma of the mandible is relatively uncommon [6]. The purpose of this paper is to present an unusual huge condylar neck osteoma that has been extended to the pterygoid fossa.

2. Case presentation

A 78-year-old male was referred to my office with a chief complaint of difficulty in swallowing.

He had been aware of slow but steady increasing size of the lesion over the past 3 years. The lesion was not associated with pain, tenderness or paresthesia, and there was no problem with mouth-opening or chewing. He had no previous facial trauma and his medical history did not show any significant finding.

A slight swelling was observed on the left preauricular region. Intraorally, there was a large swelling on the soft palate on the same side (Fig. 1). The lesion was hard on palpation and the overlying mucosa was normal.

The regional lymph nodes were not palpable. A panoramic radiograph showed a solitary, oval, 6 cm × 5 cm well-defined radiopacity in the condylar region (Fig. 2).

Computed tomography with 3D reconstruction revealed a huge hyper dense, well defined, multilobulated mass arising from medial aspect of the condyle that extended into the left parapharyngeal and pterygoid fossa (Fig. 3). These clinical and radiographic findings sufficiently supported the clinical diagnosis of a benign bony lesion.

The patient was hospitalized for excision of lesion under general anesthesia. After explaining the treatment procedure to the patient, consent was obtained from him. Despite the swelling in the oropharynx, tracheal intubation was performed without difficulties. The mass was excised through a preauricular access (Fig. 4). Because of the size of tumor, it was divided into two parts with rotary instrument and osteotome and then each part was removed separately (Fig. 5).

* Asian AOMS: Asian Association of Oral and Maxillofacial Surgeons; ASOMP: Asian Society of Oral and Maxillofacial Pathology; JSOP: Japanese Society of Oral Pathology; JSOMS: Japanese Society of Oral and Maxillofacial Surgeons; JSOM: Japanese Society of Oral Medicine; JAMI: Japanese Academy of Maxillofacial Implants.

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Fig. 1. Preoperative intraoral view showing swelling on the soft palate.

The patient had no difficulty after operation, except mild paralysis of the frontal branch of the facial nerve which was recovered after 3 days.

Histopathologic examination revealed a composition of compact lamellar bone with Haversian canals, trabeculae with Marrow (Fig. 6). The patient is being followed up and no recurrence has been diagnosed.

3. Discussion

The review of the English literature with respect to peripheral osteoma of the mandibular condyle revealed a few cases (Table 1). Bessho et al. reported a case of peripheral osteoma occurring in the mandibular ramus. The excised mass was spheroidal, measuring 2.9 cm × 3.4 cm × 1.7 cm [9]. Bodner et al. reported a case of a teenage girl with a large PO of the mandible occupying the infratemporal fossa, causing trismus and a shift of the mandible on mouth opening. Its size was 4.0 cm × 2.5 cm × 1.5 cm [10]. Chen et al. reported osteoma of the mandibular coronoid process.

The surgical specimen was comprised of a mushroom-shaped bony mass, measuring about 3.2 cm × 1.5 cm × 1.5 cm [11]. Kondoh reported a patient with a peripheral osteoma arising on the medial aspect of the left mandibular condyle that cause mandibular deviation to the right [12].

The etiology of osteoma is not exactly known, although developmental anomaly, true neoplasm, reactive lesion triggered by trauma, infection and muscle traction have been proposed [6]. In the case described in this paper, we have no information about the possible causes.

The most common site is the frontal sinus, followed by the ethmoidal and maxillary sinuses. Peripheral osteoma is more frequent in the mandible than in the maxilla [8]. Sayan et al. reported 22.85% of these lesions in the mandible and 14.28% in the maxilla [8]. Kaplan et al. reported 81.3% in the mandible [5], which was different from reports of Chaurasia and Balan (83%) [13] and Woldenberg et al. (64%) [14].

Clinically, peripheral osteomas are usually asymptomatic and can be diagnosed in routine clinical and radiographic examination.



Fig. 3. 3D CT scan showing a huge hyper dense mass in the pterygoid fossa (arrow).

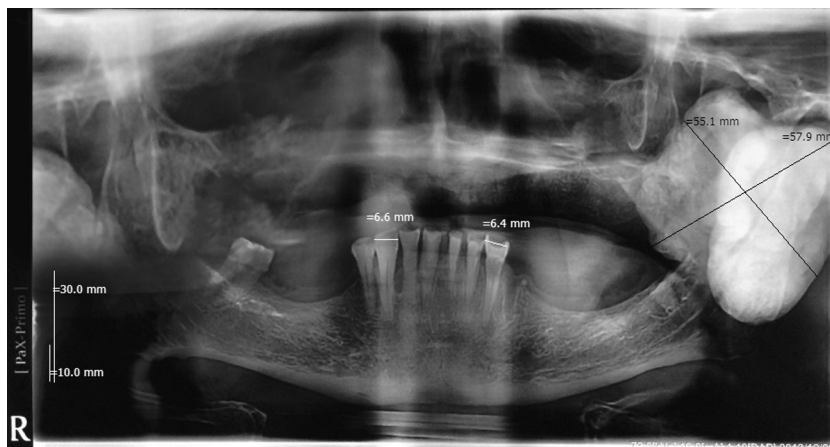


Fig. 2. A solitary radio-opacity mass in the left condylar region.

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