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CASE REPORT

Florid osseous dysplasia. Case report and literature review

Displasia ósea florida. Reporte de un caso y revisión de la literatura

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ABSTRACT

Osseous dysplasias are idiopathic processes located in the periapical region of the maxillary-mandibular complex. They are characterized by the substitution of normal osseous tissue for fibrous tissue and metaplastic osseous tissue. Florid osseous dysplasia (FOD) describes a set of radio-lucid and radio opaque inter-radicular and periapical lesions, bilaterally found in the mandible and sometimes in the upper jaw. The present project presented a FOD case diagnosed by means of histological, radiological and clinical findings; there was presence of infection and painful symptoms. A 62 year old female patient treated at the Oral-Maxillofacial Surgery Unit of the General Hospital «Dr. Domingo Luciani», Caracas, Venezuela sought medical care .The patient reported onset of the condition two weeks before consultation, she experienced intense pain in the right mandibular posterior region with presence of intra-oral fistula and purulent discharge. X-ray examination revealed multiple radio-opaque lesions involving all four quadrants. Excision biopsy was undertaken, histopathological study indicated presence of florid osseous dysplasia. The patient was assessed during an 11 month asymptomatic post-operative period.

RESUMEN

Las displasias óseas son procesos idiopáticos ubicados en la región periapical del complejo maxilar mandibular caracterizados por un reemplazo de hueso normal por tejido fibroso y hueso metaplásico. La displasia ósea florida (DOF) se refiere a un conjunto de lesiones periapicales e interradiculares radiolúcidas y radiopacas ubicadas en la región mandibular bilateral y ocasionalmente en el maxilar. El presente trabajo tiene como objetivo presentar un caso de DOF diagnosticada mediante hallazgos clínicos, radiográficos e histológicos, con presencia de sintomatología dolorosa e infección. Se presenta femenina de 62 años tratada en la Unidad de Cirugía Buco-Maxilofacial del Hospital General del Este, «Dr. Domingo Luciani», Caracas, Venezuela, quien refiere inicio de enfermedad actual dos semanas previas a la consulta presentando dolor intenso en región posterior mandibular derecha con presencia de fístula intraoral y secreción purulenta. Al examen radiográfico se observó múltiples lesiones radiopacas que involucraban los cuatro cuadrantes. Se realizó biopsia excisional y el estudio histopatológico concluyó displasia ósea florida. La paciente fue evaluada durante un periodo postoperatorio de 11 meses asintomático.

Key words: Fibrous osseous lesions, osseous dysplasia, fibrous osseous dysplasia.
Palabras clave: Lesiones fibro-óseas, displasia ósea, displasia florida.

INTRODUCTION

Osseous dysplasias are idiopathic processes located at the periapical region of the upper and lower jaw. They are characterized by a substitution of normal bone for fibrous tissue and metaplastic bone.[1] In 2005, the World Health Organization (WHO) subdivided osseous dysplasia into periapical bone dysplasia, when the lesion is observed in the mandibular anterior sector, focal dysplasia when similar lesions occur and are limited to a mandibular posterior quadrant, florid dysplasia, when it occurs bilaterally in the mandible, and can even show participation of all four quadrants, and familial giant cementoma when it occurs at early ages, causing considerable lower jaw expansion. Clinical assessment cannot provide definite diagnosis of these entities, histopathological studies are required to reach this goal.[1]

Florid bone dysplasia (FBD) encompasses a set of radio-opaque and radio-lucid inter-radicular and periapical lesions bilaterally located in the mandibular region and occasionally in the maxillary region.[2-4]

FOD is classified by WHO as part of the fibrous osseous lesions.[1] Melrose[3] first described it with that name in 1976. At a later point, Waldron[5] introduced the term florid osseous cement dysplasia due to the cement-like appearance exhibited by the dense sclerotic masses which are typical of that entity.

Presently the condition is known as florid osseous dysplasia, since this type of lesions are not considered cement-producing lesions.[1]

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FOD exhibits multi-focal development in mandibular quadrants, sometimes in the upper jaw as well. It presents predilection for subjects of female gender, African ethnicity and in the fourth and fifth decade of life[6]. Lesions show a trend of symmetrical development and are generally accidentally detected when studying control X-rays.[1,4,7]

These lesions are generally asymptomatic, nevertheless, about 10% of them cause pain; exposition to the oral environment due to secondary infection, can additionally present intra oral or extra oral fistulae, with no evidence of bone expansion.[8]

Radiographically, radio-lucid, radio-opaque or mixed lesions can be observed. These lesions are bilaterally located in the mandible and are occasionally found in the maxilla. In certain cases, radio-opaque images thus generated can be confused with the normal aspect of the bone.[9]

Histologically, cellular fibrous tissue can be observed as well as lamellar bone, masses of cement-like material, absence of capsula, and calcified tissue is arranged in trabeculae and irregular masses.[5-10] In cases when the lesion is infected there is presence of inflammatory infiltrate and fibrosis.

Treatment depends on symptoms. When the lesion is asymptomatic, periodic X-ray controls should be undertaken along with prophylaxis and oral hygiene reinforcement.[11] In cases of painful symptoms, paresthesia or other relevant clinical changes, local treatment of the wound should be undertaken with use of analgesics, antibiotics and hyperbaric chamber. Alveolar resection or enucleation would be recommended in cases when the lesion does not show improvement.[12]

This project presents a case of florid osseous dysplasia diagnosed with the help of clinical, radiographic and histological findings. In this case, presence of pain and infection led to a comprehensive study of the patient.

CASE REPORT

A 62 year old female patient sought clinical care at the Oral-Maxillofacial Surgery Unit of the «Dr Domingo Luciani» General Hospital of the West. A housewife, born in San Fernando del Guapo, State of Miranda and residing in Caracas, the patient attended the clinic after experiencing for two weeks intense pain in the right posterior region of the lower jaw, with presence of an intra-oral fistula and purulent exudate.

The patient informed she had previously attended another care -giving center, where a treatment of amoxicillin with clavulanic acid (500/125 mg every 8 hours for seven days) was prescribed. No medical improvement was experienced. Medical history of the patient was non-contributory. At the time she was being assessed, the patient reported presence of painful symptoms.

General physical exploration was non-contributory for the present condition. The patient informed of pain on palpation of the maxillofacial region, at the lower third of the right side of the face *(Figure 1)*. Intra-oral examination revealed a partial bi-maxillary edentulous patient. Multiple restorations were observed in the maxillary posterior region, as well as presence of local irritation with a hyperemic lesion of approximately 5 mm diameter in the right lower posterior alveolar ridge, with presence of purulent exudate upon palpation *(Figure 2)*.

Dental sinus orthopantomographic X-ray study revealed multiple circumscribed *(Figure 3)*, circular, radio-opaque images, involving all four quadrants. In the right mandibular body, a radio-opaque image of approximately 1.5 mm surrounded by a radio-lucid image was observed which extended into the whole the basal portion of the lesion. This finding was compatible with an infectious process. Once clinical and radiographic data were gathered, the following possible differential diagnoses were proposed: florid

Figure 1. Extra-oral clinical picture. Slight volume increase in the right lower face is observed.

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