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### Clinical case

# Management of fibrous dysplasia in the midface: Esthetic and functional considerations



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#### ABSTRACT

Fibrous dysplasia is characterized by excessive proliferation of bone-forming mesenchymal cells. The maxilla is the most commonly affected facial bone, with facial asymmetry being the usual complaint. Surgery is the treatment of choice with two available options: conservative bone shaving or radical excision and reconstruction. We describe two cases of monofocal fibrous dysplasia of the midface causing facial asymmetry and treated by conservative surgery with good esthetic results.

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#### Abordagem cirúrgica da displasia fibrosa do terço médio facial: Considerações estéticas e funcionais

#### RESUMO

A displasia fibrosa é caracterizada por uma proliferação excessiva células mesenquimais formadoras de osso. A maxila é o osso da face mais comumente afetado, sendo a assimetria facial o sinal mais comum. A cirurgia é o tratamento de escolha com duas opções possíveis: plastia óssea conservadora ou excisão radical seguida de reconstrução. Neste trabalho descrevemos dois casos de displasia fibrosa focal em terço médio da face, causando assimetria facial e tratada por cirurgia conservadora com bons resultados estéticos.

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#### Palavras-chave:

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## Introduction

Fibrous dysplasia (FD) is a benign but chronic bone lesion characterized by the progressive replacement of normal bone with fibro-osseous connective tissue.<sup>1</sup> Monostotic fibrous dysplasia is the most common form of this disease, characterized by the involvement of only one bone with no systemic manifestations. In the facial area, it is more frequently found in the maxillary bone of adolescents and young adults.<sup>1</sup> Deformities leading to esthetic and functional disorders are observed in almost all cases.<sup>2</sup> Plastic surgery is often recommended when the jaws are involved.<sup>3</sup>

Conservative management has been the standard of care, which involves removing the diseased bone via an intraoral approach.<sup>1,4</sup> In aberrant cases, orthognathic surgery is indicated to restore the occlusion and facial deformity.<sup>3</sup> This article describes the management of monostotic fibrous dysplasia affecting two adolescents. Esthetic and functional aspects are discussed.

## Case report

### Case report 1

A 25-year-old male patient was referred to our unit with a complaint of severe swelling in the face that had been developing for the past two years. On clinical examination, the patient had some asymmetry in the left midface. The facial contour was compromised, and this caused severe esthetic discomfort to the patient (Figs. 1 and 2). A computed tomography (CT) scan showed a solid mass affecting a portion of the maxilla and the zygomatic bone on the left side (Figs. 5 and 6). Microscopic evaluation showed the typical histologic signs of FD including the presence of benign fibroblastic tissue with irregular spicules of woven bone and osteoblastic rimming embedded in fibrous tissue. Conservative surgical treatment was performed through intraoral access (Figs. 9 and 10). The contour of the midface was reestablished using chisels and drills. The esthetic result was satisfactory for the patient, who



**Fig. 1 – Preoperative appearance of severe swelling in left face.**



**Fig. 2 – Presence of maxillary swelling and dental malocclusion.**

is in preparation for orthognathic surgery. The lesion did not show growth at a 26-month follow-up (Figs. 13 and 14).

### Case report 2

A 22-year-old man had developed a swelling on the right side of the face that had persisted for one year. There was no history of pain, trauma, epistaxis, loosening of teeth, trismus, or diminished vision. Extraoral examination revealed a slight asymmetry on the right side of the maxilla that raised the nasal ala and modified the nasolabial fold. Intraoral examination revealed a hard swelling involving the right maxilla and zygoma (Figs. 3 and 4). A CT scan showed a radiodense mass involving the right zygomatic and maxilla, causing facial asymmetry (Figs. 7 and 8). An incisional biopsy showed irregular trabeculae of lamellar bone as well as woven bone with no definite arrangement lying in the compact stroma and confirms the diagnosis of fibrous dysplasia. The asymmetric area was surgically recontoured via an intraoral approach



**Fig. 3 – Preoperative view of enlargement of the right midface.**

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