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Bilateral radiolucent lesions of the jaw in a generalized periodontitis patient

Lésions radioclares mandibulaires bilatérales chez une patiente atteinte de périodontite généralisée

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Case presentation

A 50-year-old Caucasian woman presented with a 2-year history of an enlarging, painless mass in the lower jaw. The patient reported progressive tooth loosening in the mandible over the past 10 years, until she had only 1 lower tooth remaining. Her dentist had not informed her of any jaw lesion. Her medical and family histories were otherwise unremarkable. She denied any history of smoking, alcohol consumption, and previous facial trauma.

No abnormality was noted, on physical examination, other than swelling of the anterior mandible without any evidence of infection. Cortical perforation was observed on both sides of the mandible, without any pain, tenderness, paresthesia, and fluid content. All remaining teeth were vital with generalized periodontitis. The neck was free of any lymphadenopathy.

A panoramic film revealed bilateral poorly defined radiolucent lesions at the left and right lower premolar areas (*fig. 1*).

Destruction of the inferior mandibular border was absent. Computed tomography revealed ill-defined osteolytic lesions on both sides of the mandible: $5 \times 7 \times 23 \text{ mm}^3$ (left) and $6 \times 10 \times 11 \text{ mm}^3$ (right). There was no lesion in the other bones of the face (*figs. 2 and 3*).

The incisional biopsy was performed under local anesthesia. The histopathological examination of the hematoxylin-eosin-stained tissue revealed several multinucleated giant cells in a background of plump mesenchymal cells, blood vessels, and extravasated erythrocytes (*fig. 4*). The serum calcium, phosphorus, alkaline phosphatase, and parathyroid hormone levels were within the normal range, ruling out a diagnosis of brown tumor of hyperparathyroidism.



Figure 1. A panoramic radiograph showing poorly defined radiolucent lesions at the left and right lower premolar areas.

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Figure 2. Axial computed tomography showing ill-defined osteolytic lesions on both sides of the mandible.

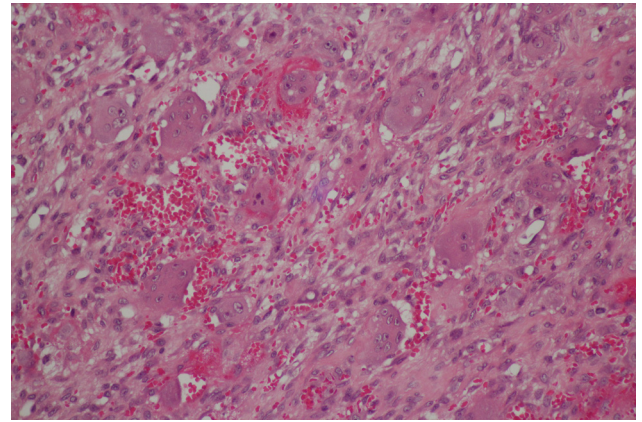


Figure 4. Photomicrograph showing several multinucleated giant cells in a background of plump mesenchymal cells, blood vessels, and extravasated erythrocytes (hematoxylin and eosin stain, original magnification 200 ×).

What is your diagnosis?



Figure 3. Coronal computed tomography showing ill-defined osteolytic lesions on both sides of the mandible.

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