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CASE REPORT

Peripheral dentinogenic ghost cell tumour in child: A case report

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Summary This case reports on a rare odontogenic tumour in a child presented with a gingival mass in the incisive papilla. Radiological examination did not show osseous alteration. A surgical excision was performed. A diagnosis of the peripheral dentinogenic ghost cell tumour was made. The patient is currently undergoing follow-up procedures and no recurrences have been reported. Peripheral cases of this tumour are few and tend to be quite rare, especially in children. This article is the first reported case of peripheral dentinogenic ghost cell tumour in children.

1. Introduction

The dentinogenic ghost cell tumour (DGCT) is a locally invasive tumour characterized by ameloblastoma-like islands of epithelial cells in a mature connective tissue stroma. Aberrant keratinization is found in the form of ghost cells in association with varying amounts of dysplastic dentin. In the past, DGCTwas considered a solid variant of the calcifying odontogenic cyst. The peripheral DGCT is the peripheral counterpart of the central DGCT and exhibits a similar histological appearance [1].

Peripheral DGCT is rare and presents a predilection toward the anterior part of the jaws [1—9]. It is most commonly occurs in patients from the 2nd to the 9th decade of life, and is somewhat more common in men than in women [1—6]. The peripheral DGCT is usually asymptomatic and slow growing and may appear as a sessile, sometimes pedunculated, exophytic nodule of the gingival or alveolar mucosa. Some cases have been reported in edentulous areas. The size is generally between 0.5 and 1 cm. Radiographs reveal saucerization of the underlying bone in about 20% of the cases. Teeth in the affected area may be displaced [1]. Surgery is considered as the most appropriate treatment for the peripheral DGCT and no recurrences have been reported in the literature [1—11].

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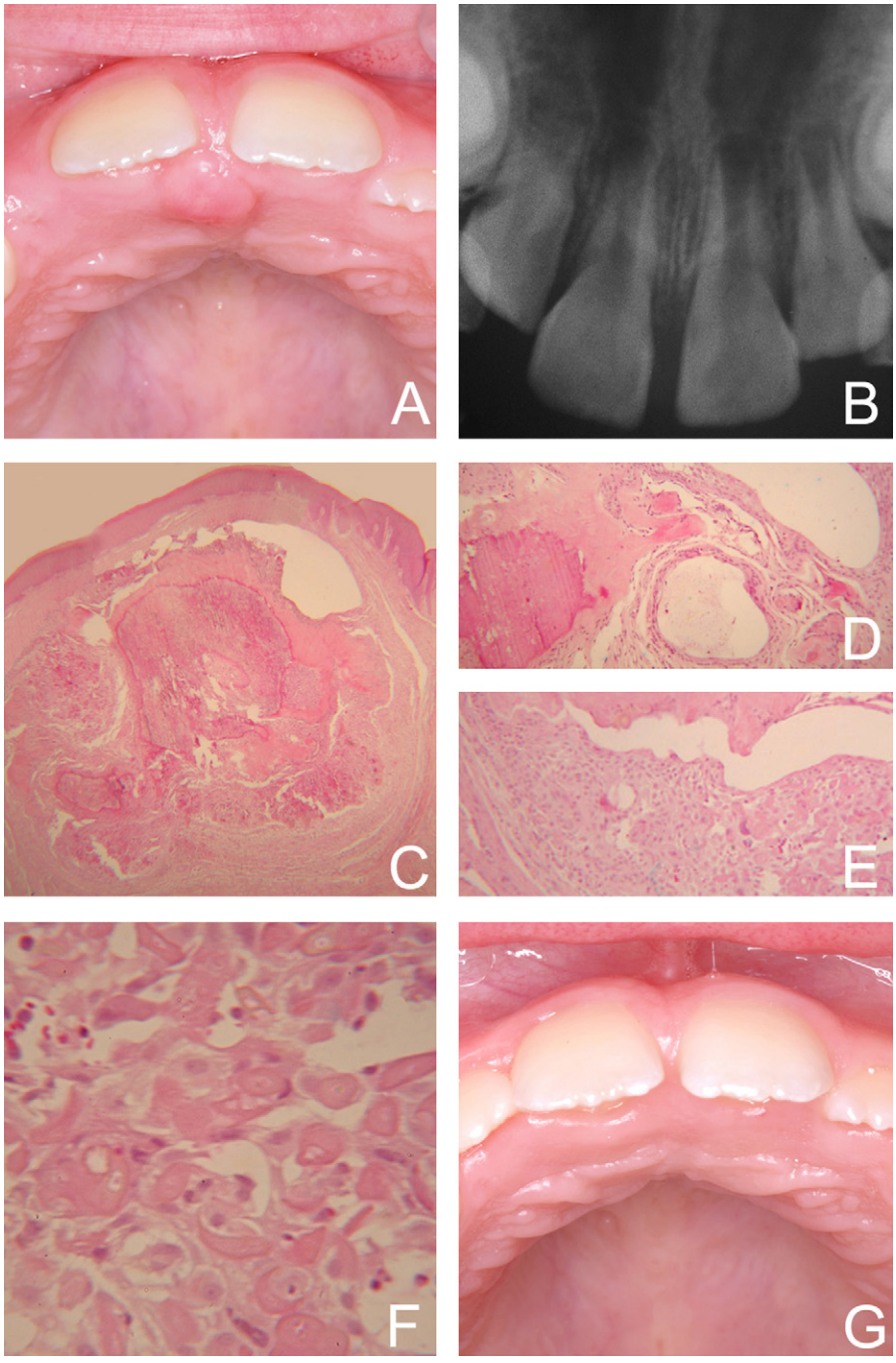

Fig. 1 (A) Clinical intra-oral view showing exophytic, sessile, with an average size of 0.8 mm, with similar coloring of the normal mucosa and well-defined nodule located in the incisive papilla. (B) Periapical radiographic view did not demonstrate any osseous involvement. (C) Odontogenic epithelium proliferation is covered with stratified squamous epithelium and well-circumscribed by connective tissue (Haematoxilin and eosin-HE, original magnification 25×). (D) Minor cyst and dysplastic dentine were observed (HE, original magnification 100×). (E) Odontogenic epithelium sheet presents cell ameloblastoma-like and ghost cells (HE, original magnification 100×). (F) Ghost cells are large, polygonal cells with pale eosinophilic, homogenous cytoplasm and shadowy nuclear outlines (HE, original magnification 400×). (G) Clinical intra-oral view after 11 months of follow-up showing the incisive papilla with normal aspects.