



REVIEW

Nora's Lesion of The Anterior Maxilla: A rare case report and literature review



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KEYWORDS

Nora's lesion;
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Abstract Bizarre parosteal osteochondromatous proliferation (BPOP), or eponymically Nora's lesion, is a rare growing, to a certain extent, exophytic lesion usually emanating from the periosteum or its adjacent layers. BPOP is idiopathically *painful*. Given its cartilage-producing nature and pain, BPOP is viewed with great suspicion. Regular post-surgical radiographs and clinical follow-up are mandatory. In the gnathic bones, the lesion is extremely rare. To the author's best knowledge, this paper reports the sophomore appearance of BPOP in the anterior maxilla, in an adult female.

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PALABRAS CLAVE

Lesión de Nora;
Lesiones
cartilaginosas;
enfermedades del
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Resumen La proliferación paraosteal osteocondromatosa bizarra (PPOB), o lesión de Nora según su epónimo, es un crecimiento inusual, exófitico, que procede del periostio o sus capas adyacentes. La PPOB es idiopáticamente dolorosa. Dada su naturaleza cartilaginosa y el dolor que la acompaña, la PPOB resulta una lesión sospechosa. Son obligatorios el estudio radiológico y seguimiento clínico postquirúrgicos. En los huesos maxilares, esta lesión es extremadamente infrecuente. En lo que conoce el autor, este artículo es la primera descripción de la PPOB de maxilar, en una mujer adulta.

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Introduction

Bizarre parosteal osteochondromatous proliferation (BPOP) was first described by Nora et al.¹ in 1983. Thence,

documented cases have flowed cumulatively with the commonest reported sites on the tubular bones of the hands, feet or long bone.^{2–11} The usual treatment modality is the surgical excision with safety margins, yet recurrence rate is high.^{3,7} BPOP was, moreover, reported in the craniofacial bones; namely mandible,^{12,13} maxilla,^{14,15} and zygoma.¹⁶

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Figure 1 Clinical picture showing the bony maxillary swelling.

Case presentation

A 34-year-old female presented in the Department of Maxillofacial Surgery and Diagnosis, with a chief complaint of a painful lesion, related to the upper left canine. The insidious solitary lesion was exophytic with normally appearing overlying mucosa (Fig. 1). The radiographical film revealed mixed lesion of both radiolucency and focal radio-opacities but the lesion was smoothly well-defined. The panorex film showed neither similar nor concomitant lesions in the other gnathic quadrants. The clientele was partially edentulous but no history of denture-wearing could be traced; excluding any reactive osteocartilaginous metaplasia. Since the upper canine was decayed, the tentative diagnosis was ossifying fibroma.

Therefore, the lesion was excised and was sent out for microscopic examinations. The histological picture displayed a hyperplastic epithelium, overlying a fibrocartilaginous stroma and areas of ossification (Fig. 2). Interestingly, the marked mature hypercellular cartilaginous

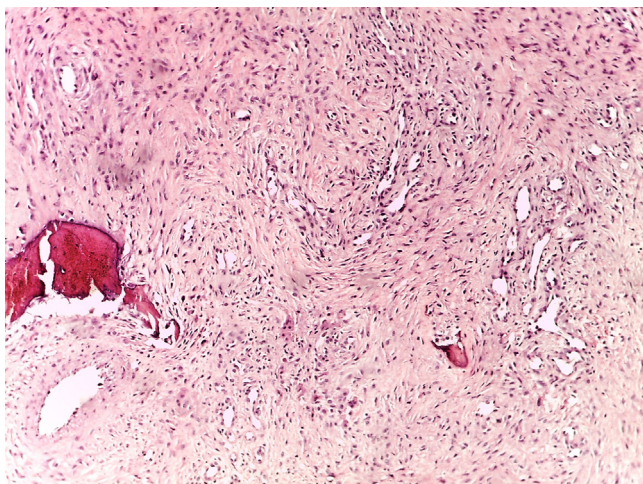


Figure 2 Photomicrograph displaying a fibrocartilaginous stroma and areas of ossification (H&E stained, original magnification 40×).

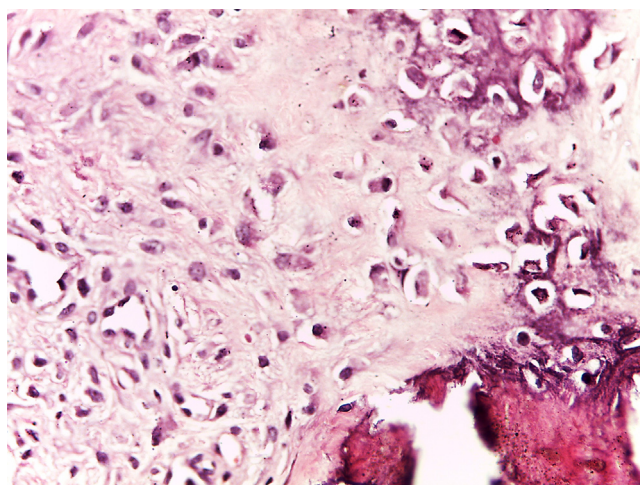


Figure 3 Photomicrograph characterizing a mature hypercellular cartilaginous production along with the basophilic staining pattern of the formed bone (H&E stained, original magnification 100×).

production along with the basophilic staining pattern of the formed bone and the rich fibrous cellularity suggested the diagnosis of Nora's lesion (Figure 3). Ominously, the chondrocytes were pleomorphic and displayed binucleation as well as some cellular atypia (Fig. 4). Scintigraphy was performed to exclude any suspicion of chondromatous osteosarcoma, given the high risk of the cartilage forming gnathic lesions. The scintigraphic scan was, however, negative for any other significant findings. The patient was followed up for 14 months with no evidence of recurrence. The clinician was educated about the nature of her medical condition and was instructed to comply with the recommended follow-up protocol. To date, there is no evidence of recurrence.

Discussion

Bizarre parosteal osteochondromatous proliferation (BPOP) is extremely rare in the head and neck, especially

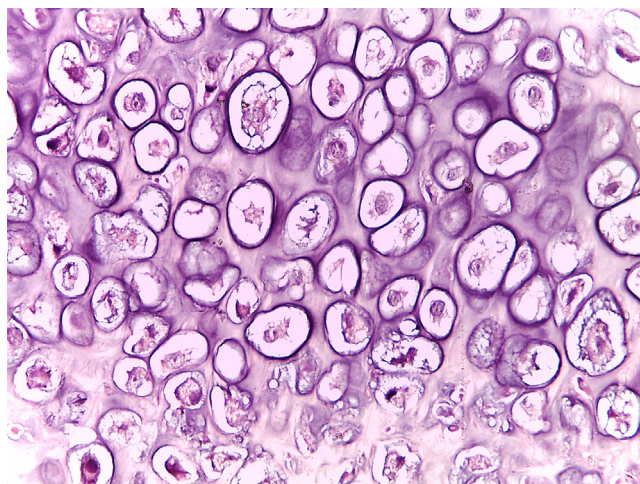


Figure 4 Photomicrograph illustrating the lobulated hypercellular cartilage formation with large pleomorphic chondrocytes (H&E stained, original magnification 200×).

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