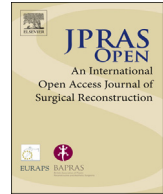




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## Case report

## Intraosseous hemangioma of the zygomatic bone

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## ABSTRACT

Intraosseous hemangiomas are rare, and although they have been described in the calvaria and vertebrae, those occurring in the zygomatic bone are extremely rare. We report the case of a 52-year-old man who presented with a painless hard swelling in the left zygomatic process. The computed tomography and magnetic resonance imaging findings showed an intraosseous mass located in the left zygomatic bone just inferolateral to the orbit. A pathologic analysis of the surgical specimen revealed a cavernous hemangioma. The surgical defect was reconstructed with an autogenous rib bone that was fixated with titanium miniplates. The literature is reviewed and computed tomography, magnetic resonance imaging, and angiographic findings are discussed with particular reference to a surgical resection and reconstruction.

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## Introduction

Intraosseous hemangiomas are usually seen in the calvaria and vertebrae. When they arise within the calvaria, they are normally confined to the frontal or parietal bones.<sup>1</sup> The involvement of the maxillofacial skeleton is infrequent. The mandible, maxilla, and nasal bones are the most frequently affected sites.<sup>2</sup>

Zygomatic involvement is extremely rare, and only 23 cases have been reported in the English-language literature.<sup>1–10</sup> Both types of hemangioma (capillary and cavernous) may be encountered in

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the zygomatic bone. Intraosseous hemangiomas are seen 3 times more often in women than in men. Although there is not an age predilection, they tend to occur more frequently in the third and fourth decades.<sup>3–5</sup>

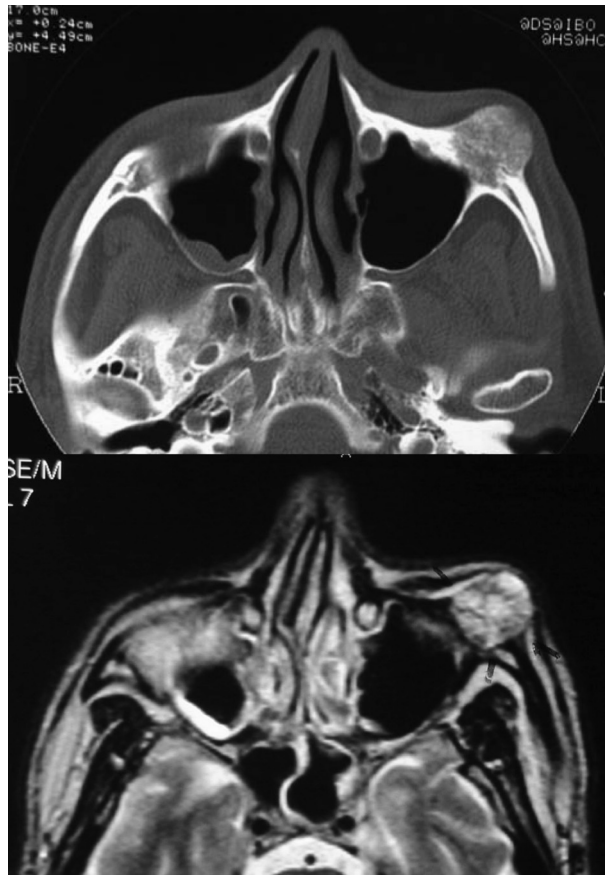
We present a case of a cavernous hemangioma arising from the zygomatic bone as documented by computed tomography (CT), magnetic resonance imaging (MRI), and angiographic findings.

### Case report

A 52-year-old man presented with a 6-year history of a painless hard swelling in the left zygomatic process, which had gradually been becoming bigger and harder.

There was a vague history of a fall, in which he had banged his face on the floor 7 years previously. On examination there was a 3-cm-diameter dome-shaped, nontender bony hard swelling in the body of the left zygomatic bone, with normal overlying skin. There were no unusual signs in the eye and, in particular, no abnormality in vision, ocular movement, or the position of the globe. In addition, no regional paresthesia was observed.

Plain radiographs showed an oval radiopaque mass in the body of the left zygomatic bone. CT showed a 3-cm-diameter circumscribed mass in the zygomatic bone with a bulging area in the inferolateral aspect of the orbit anteriorly. There was no involvement of the soft tissue and no periosteal reaction. MRI of the paranasal sinuses confirmed the CT localization of the lesion (Figure 1). The



**Figure 1.** A CT scan shows the hypointense intraosseous mass in the left zygoma with a honeycomb like appearance (upper). An axial T2-weighted MR image. The encroachment on the inferolateral aspect of the orbit is seen (lower).

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