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Case Report

An atypical odontogenic myxoma

Cas atypique d'un myxome odontogène

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ABSTRACT

Introduction: Odontogenic myxoma is an uncommon tumor of the jaws, benign but locally invasive. It arises from the mesenchymal portion of the tooth germ. It has a variable non-specific clinical and radiological appearance, and may be confused with other lesions of the jaws.
Case report: A patient aged 50 presented for a periodontal treatment. After routine retroalveolar X-rays, we noted a small limited radiolucency between the left mandibular canine and the left mandibular first premolar. There were no clinical symptoms. Histology after enucleation of the lesion revealed the diagnosis of odontogenic myxoma.
Discussion: Odontogenic myxoma is a relatively rare benign neoplasia. It is locally aggressive, inducing important facial deformation and tooth displacement. The lesion often grows without symptoms and presents as a painless swelling. The radiographic features are variable, it appears as a unilocular or multilocular radiolucency, and the diagnosis is therefore not easy. The case reported is an atypical presentation of odontogenic myxoma because of the small size of the lesion, the radiographic features, and the early detection and management.

RÉSUMÉ

Introduction. – Le myxome odontogène est une tumeur bénigne mais localement agressive, dont l'origine serait le mésenchyme embryonnaire du follicule dentaire. Les manifestations cliniques et radiologiques sont variables et non spécifiques et peuvent prêter à confusion avec d'autres lésions des maxillaires.
Observation. – Une patiente âgée de 50 ans a consulté pour un traitement parodontal. Suite au bilan radiologique de routine, nous avons remarqué la présence d'une petite lésion radioclaire siégeant entre la canine et la 1re prémolaire, mandibulaires gauches, bien limitée et sans symptômes cliniques. L'énucléation de la lésion et son examen anatomopathologique ont révélé qu'il s'agissait d'un myxome odontogène.
Discussion. – Le myxome odontogène est une tumeur bénigne localement agressive, qui est normalement diagnostiqué lorsqu'elle atteint une taille importante, ce qui nécessite le plus souvent une résection chirurgicale, causant ainsi des conséquences esthétiques et fonctionnelles. Les caractéristiques radiologiques sont variables, pouvant être unigéodique ou multigéodique, ce qui rend le diagnostic difficile. Le cas rapporté est une découverte fortuite et précoce d'un myxome odontogène de petite taille, qui est extrêmement rare.

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1. Introduction

Odontogenic myxoma (OM) is a benign, slow-growing, locally aggressive and non-metastasizing neoplasm of the jawbone [1]. According to the World Health Organization (WHO 2005), OM is classified as a benign tumor of ectomesenchymal origin with or without odontogenic epithelium [2]. The odontogenic nature of the myxomas has been challenged by some authors because of the appearances, whilst consistent with odontogenic ectomesenchyme, could also represent a more primitive fibroblastic or undifferentiated tissue [3].

Myxomas of head and neck region are rare. They account for 3–6% of all odontogenic tumors [4]. They often occur in individuals who are between their second and forth decades, have a slight predilection for females and are rarely found in children and the elderly [5]. It predominantly involves the mandible, when it involves the maxilla, OM can invade the maxillary antrum and are then diagnosed later after having grown to larger sizes [6].

Clinically, OMs are slow-growing, painless, and site-aggressive tumors. Since pain and hypoesthesia are not common, the lesions may reach a considerable size before patient perceives its existence and seeks treatment [3,7]. This tumor has property of aggressiveness with infiltration to surrounding tissues because of lack of capsule; so complete removal of the tumor is difficult [6]. Despite its benign nature, recurrence has been reported, especially after curettage alone [8]. Surgical treatment through bone resection is the treatment of choice [9].

The present article reports the case of a female patient with a small mandibular OM discovered accidentally, probably the smallest OM ever reported.

2. Case report

A patient aged 50 presented for a periodontal treatment. After routine retroalveolar X-rays, we noticed a small unilocular radiolucent lesion between the left mandibular canine and the first left mandibular premolar, 4 × 10 mm in size (Fig. 1). Physical examination was normal. There were no clinical symptoms, vitality test of the adjacent teeth was positive, there was no mobility of tooth, only a slight bone depression was noticed on palpation, without any swelling (Fig. 2).

Enucleation was decided. A full-thickness flap was reflected along the gingivolabial sulcus from the left mandibular canine to the second left mandibular premolar, the cortical bone between the left mandibular canine and the first left mandibular premolar was resorbed revealing a tissue that was soft in consistency and friable resembling granulation tissue (Fig. 3).

Histopathological examination of the lesion revealed loosely arranged stellate or spindle shaped cells within a myxoid matrix. At places, tumor showed collagen fiber bundles. These findings were consistent with OM (Fig. 4).

3. Discussion

Odontogenic myxoma is a benign, slowly proliferative and locally aggressive tumor. It was first described in the literature by Thoma and Goldman in 1947 [10].

It usually occurs in the 2nd and 3rd decades of life, rarely in children or adults over the 50 years of age [11,12]. Several studies show female predilection [6,13] and posterior mandible is more frequently affected than the maxilla [13,14]. Our patient was a 52 years old female presenting with an OM in premolar mandibular area.

In 2005, WHO classified OM as: "A benign tumor of ectomesenchymal origin with or without the presence of

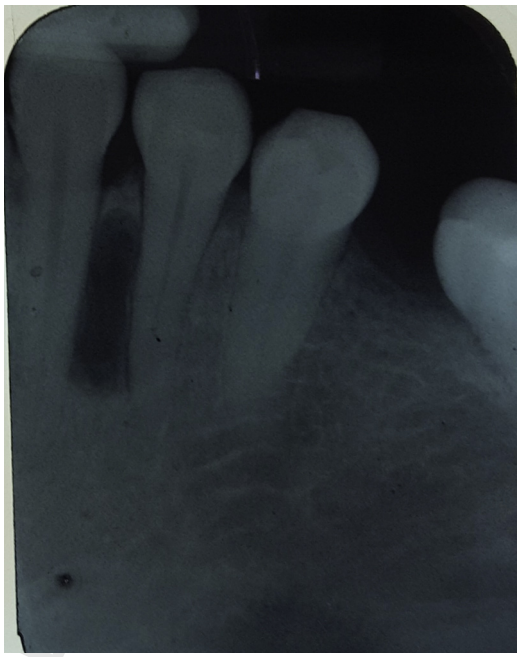

Fig. 1. Retroalveolar X-ray showing a small radiolucent lesion between the left mandibular canine and the first left mandibular premolar.

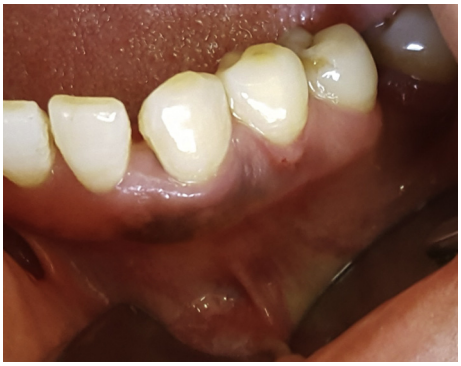

Fig. 2. Intraoral view showing no swelling and an intact mucosa.

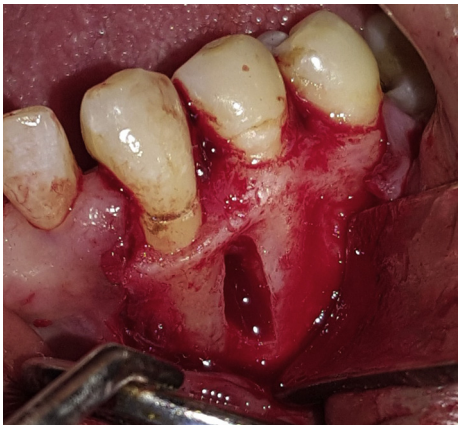

Fig. 3. Intraoral view after enucleation.