MEDICATION RELATED OSTEONECROSIS OF THE JAW CO-EXISTENT WITH OTHER LESIONS.

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Background: Medication related osteonecrosis of the jaw (MRONJ) is a severe adverse drug reaction, consisting of progressive bone destruction in the maxillofacial region. Although its pathophysiology is not completely understood, 2 pharmacologic agents can cause MRONJ: antiresorptive agents, such as bisphosphonates (BP) and denosumab; and antiangiogenic agents. The diagnosis and staging of MRONJ is based on clinical and radiographic findings.

Discussion/Conclusions: We present 2 cases of MRONJ overlapped with 2 different lesions in the mandible. The first case is of a 63-year-old female patient undergoing intravenous bisphosphonate therapy for multiple myeloma. Cone beam computed tomography (CBCT) showed an ill-defined osteolytic lesion in the right ramus with diffuse sclerosis. The case was confirmed as multiple myeloma overlapping with MRONJ.

The second case is of a 74-year-old female patient with a history of MRONJ in the right retromolar area 9 years ago, and managed with surgery as well as extraction of teeth #31 in 2012, which resulted in complete healing. The patient presented last month with pain in tooth #30, for which endodontic treatment was planned. However, CBCT showed a periapical lesion around the tooth, with severe sclerosis and a sequestrum in the adjacent area of previous MRONJ lesion. Endodontic treatment was accomplished, and surgical debridement of the necrotic bone and adjacent area was planned. MRONJ can coexist with other lesions, including malignant neoplasms and periapical pathoses. Overlapping of these lesions with MRONJ might lead to misdiagnosis and inadequate management. Correlation of medical history, clinical findings, and careful radiographic interpretation can lead to the appropriate diagnosis and management of patients with these lesions.

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References

1 Rosella D, Papi P, Giardino R, Cicalini E, Piccoli L, Pompa G. MRONJ: clinical and practical guidelines. J Int Soc Prev Community Dent. 2016;6:97-104.
2 American Association of Oral and Maxillofacial Surgeons. Position paper on MRONJ. Chicago, IL: AAOMS; 2014.

NASOPALATINE DUCT CYSTS: A SPECTRUM OF IMAGING PRESENTATIONS.

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Background: Nasopalatine duct cysts are the most common nonodontogenic cysts of the oral cavity. These cysts are classified as being developmental in nature because they most likely develop after spontaneous cystic degeneration of the epithelial remnants of the nasopalatine duct. Imaging plays a vital role in the diagnosis and management of these cysts.

Discussion/Conclusions: We present 5 cases consisting of 3 males and 2 females seen in the Oral and Maxillofacial Radiology clinic at University of Toronto Faculty of Dentistry (Toronto, Canada). The ages of the patients ranged from 40 to 65 years. These cases all exhibited unusual imaging features that posed difficulties in interpretation. One potential difficulty in the radiologic interpretation of these entities was that these cysts exhibited a range of growth patterns that were unconventional; for example, some were asymmetric, and their epicenters were not located in the midlines of the anterior maxillae. Furthermore, some entities demonstrated benign-appearing expansile characteristics, whereas others had more aggressive features. Because of their positions and their proximities to the maxillary anterior teeth, the lesions appeared to resorb or displace teeth. Therefore, the possibility that these entities could be interpreted as rarefying osteitis (e.g., radicular cysts) or odontogenic keratocysts could not be ruled out on the basis of plain film imaging alone. Although there is value in planar film imaging as the preliminary imaging modality, atypical features, such as asymmetric location and loss of normal anatomic structures, made routine interpretation difficult. As a result, we undertook advanced imaging of these patients which enabled us to identify additional key features that enabled us to make a more definitive interpretation. This presentation aims to demonstrate the range of atypical presentations of the nasopalatine duct cysts. A clear understanding of this range of imaging features will improve the interpretive skill of oral and maxillofacial radiologists.

References

1 White SC, Pharoah MJ. Oral Radiology: Principles and Interpretation. 7th ed. St. Louis, MO: Elsevier; 2014.
2 Neville BW, Damm DD, Allen CM, Bouquot JE. Oral and Maxillofacial Pathology. 3rd ed. St. Louis, MO: Elsevier; 2009.

OSTEOBLASTOMA: A CASE REPORT.

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Background: Osteoblastoma is an uncommon benign tumor of osteoblasts containing areas of osteoid and immature bone. This tumor occurs most often in the spine of a young person, with a male-to-female ratio of 2:1, and the average age at discovery is 17 years. There may be a report of swelling or pain. Osteoblastomas are rare in the jaws, and when they do occur there, are found both in the tooth-bearing regions, more in the posterior mandible, and commonly around the temporomandibular joint (within the condyle or the temporal bone). Aggressive osteoblastoma may represent low-grade osteosarcoma.

Objective(s): The aim of this study was to demonstrate a rare but potentially destructive lesion.

Discussion/Conclusions: A 14-year-old male was referred to the oral surgery clinic after the discovery of a swelling in the left side posterior mandible during a routine examination. The area was asymptomatic and a pantomograph revealed a radiopaque mass in the left posterior mandible. A series of radiographs demonstrated the growth of an enlarging radiopaque entity in the left side of the posterior mandible. An incisional biopsy was performed and the specimen submitted for decalcification and histopathologic examination.

Enucleation and curettage of the left mandibular lesion with peripheral ostectomy was carried out, and a surgical plate that