FIBROUS DYSPLASIA OF THE MAXILLA: CASE REPORT

CASE DESCRIPTION

MSSAC, female gender, caucasian, 36 year old patient. Ex-smoker with high blood pressure condition.
Reason for consultation was facial asymmetry.
Both panoramic x-ray and CT scan revealed a radiopaque mass extending from the upper right central incisor to the maxillary tuberosity, with obvious maxillary sinus invasion.
An incisional biopsy was performed using a trephine. The anatomo-pathological examination revealed a fibro osseous benign lesion consistent with fibrous dysplasia (monostotic).
The patient, after being informed of the therapeutic options and because there was no functional or esthetic compromise, decided to monitorize the lesion and refused any surgical approach.

DISCUSSION

Fibrous dysplasia is a rare bone disease that represents 2.5% of all bone diseases and 7% of all benign bone tumors1. It is a sporadic condition that results from a post-zygotic mutation in the GNAS1 gene (protein linked to the guanine nucleotide, α-stimulant of polypeptide 1 activity) and is characterized by the replacement of bone with cellular fibrous tissue containing foci of ossification3,4. It can involve a single site (monostotic fibrous dysplasia), multiple sites (polyostotic fibrous dysplasia)5 or occur as part of the McCune-Albright6.

In the jaws, fibrous dysplasia is more frequent in the maxilla than in the mandible and can cause severe deformities and blindness7. The disease seems to stabilize after bone maturation3.
Fibrous dysplasia can be distinguished from ossifying fibroma by the fact that the latter always presents as a circumscribed lesion of varying density radiographically, and contains primarily, if not exclusively, lamellar rather than woven bone lined by osteoblasts8. Fibrous dysplasia has often been confused with osseous lesions of hyperparathyroidism indicating similar histopathologic features9.
Surgical treatment includes osteoplasty and pediculated grafts10.

CONCLUSION

Fibrous dysplasia is a rare and benign bone disease that can compromise both esthetics and function of the affected individuals, especially when the craniofacial complex bones are involved.
In those situations surgical treatment is recommended in order to restore the normal anatomy of the affected structures. When skeletal growth is stabilized and no functional or aesthetic impairment occurs, the therapeutic approach would be the periodic monitorization of the bone lesions.

REFERENCES