An unusual presentation of the myxoma of maxilla

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Introduction

Myxoma is a benign, but locally aggressive and rare skeletal neoplasm. It was first described by Thoma and Goldman in 1947. The lesion is defined by the World Health Organization (WHO) as a locally invasive neoplasm consisting of rounded and angular cells lying in an abundant stroma. Kim et al. (2002) reported two cases in mandible & maxilla each. Aquilino et al. (2005) has also reported a case of maxillary myxoma. This neoplasm probably arises from the primitive mesenchymal structures of a developing tooth including the dental follicle, the dental papilla or even the periodontal ligament and therefore is of interest for the periodontist. It is mostly located intraosseously and may cause cortical expansion. Usually occurring in second and fourth decades of life, it has a male: female ratio of 1: 1.6. It has a 2: 1 predilection for occurrence in the mandible rather than the maxilla, most of those occur in premolar and molar areas. Radiographically, the lesion appears as unilocular or multilocular radiolucency with or without wispy trabeculae. Complete surgical excision of the defect is advocated for smaller lesions. If removed incompletely the recurrence rate is up to 33%. The present case was a distinct presentation of maxillary myxoma occurring in its anterior region, perforating the bony cortex, in a male patient. He was managed conservatively with esthetic restoration.

Objectives

A painless gingival swelling in a 38 year old male patient since 16 months.

Material and Methods

Case presentation: A 38 years male, with gradually enlarging, painless gingival swelling since 16 months. On examination the lesion was localized to the buccal gingiva of tooth # 12 & 13, pink, firm, sessile, 2.5 cm x 2.5 cm in size. Tooth # 12 was grade II mobile. The associated teeth were vital. He had a 12 months old IOPA radiograph of the same lesion showing, unilocular radiolucency between teeth # 12 & 13.

Radiographic examination: Fresh IOPA radiograph was taken, it was showing unilocular radiolucency between the roots of tooth #12 & 13. Bone exhibiting wispy trabecular pattern. Borders of the lesion were well defined. The occlusal radiograph of maxilla showed limited palatal extension of the lesion and displacement of tooth # 12 & 13.

Incisional biopsy: Gross examination of gelatinous specimen revealed a glistening, homogenous cut surface with well delineated capsule. Microscopically, it showed myxomatous tissue immediately beneath the epithelium giving a false impression of a peripheral myxomatous lesion.

Surgical procedure: Under all aseptic precautions, under local anesthesia the lesion was excised en masse and the defect curetted. The tooth # 12 was extracted. The defect was then filled with Hydroxyapatite bone graft and covered with upper lip pedicle flap. The periodontal dressing was applied.

Histopathologic examination: Low magnification view revealed bony spicules overlying the myxomatous tissue at certain areas, which indicated its intraosseous origin. At higher magnification, it showed loosely arranged, evenly dispersed spindle shaped cells with lightly eosinophilic cytoplasm in mucoid rich matrix.
Fig 1: Clinical appearance of lesion
Fig 2: IOPA radiograph of lesion
Fig 3: Occlusal radiograph of lesion
Fig 4: Incisional biopsy
Fig 5: Microscopic examination
Fig 6: Surgical site preparation
Results

An uneventfully healed operated site with a well accepted flap. No signs of recurrence till date. The prosthesis restored the esthetics of the patient.

![Fig 16: Healing after 12 months](image1)
![Fig 17: After prosthetic restoration](image2)

Conclusions

Myxoma is benign, locally aggressive lesion, rare in skeleton. Kim et al. (2002) reported two cases in mandible & maxilla each. Aquilino et al. (2005) has reported a case of maxillary myxoma. The lesion presented also occurred in the maxilla in the anterior region. Myxoma usually spreads within marrow causing cortical expansion. Unlike this the myxoma described here has perforated the cortex instead of only expansion. The clinical suspicion and early diagnosis has led to prompt management of the disease & proper esthetic restoration; thus avoiding a disfiguring surgery, had the lesion been discovered at a later stage. Every gingival enlargement should be viewed with a high degree of clinical suspicion for early diagnosis of an aggressive lesion beneath an indolent looking swelling. This may lead to offering the patient a conservative surgery with esthetic restoration rather than disfigurement due to an extensive surgery later.

Literature


Abbreviations

WHO - World Health Organization
IOPA - Intra Oral Peri Apical

This Poster was submitted by Dr Rashmi Dhale.

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Introduction: Mycosis is a benign but locally aggressive neoplasm that rarely appears in the maxillary sinus. It usually occurs in 2nd or 3rd decade of life, common in females, in maxillobuccal sinus or region, spreading within mucousal and paranasal region. This case in point shows a striking contrast as the mycosis occurred in maxilla, and maxillobuccal sinus & perforated the maxillary sinus wall and maxillary mucosa.

Objective: To diagnose and surgically excise the maxillary myosarcoma along with orbital resection.

Materials and Methods: The panoramic radiograph of the anterior maxillary wall was taken on a medical X-ray machine. The lesion was surgically excised, defect was covered with a graft. The ethmoid sinus had been previously debrided.

Results: The surgical finding was excellent. The pathologist's report was confirmed the nature of the lesion.

Discussion: The case presentation emphasizes the importance of clinical suspicion, diagnostic evaluation, and management of sinus myosarcoma in this case. The findings are consistent with the reported literature.

Conclusion: Localized maxillary myosarcoma is a benign disease with rare clinical presentations. This case was a challenging case, and the patient is doing well post-surgery.

Key Words: Maxillary myosarcoma, Unilateral nasal obstruction, Endoscopic resection.

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