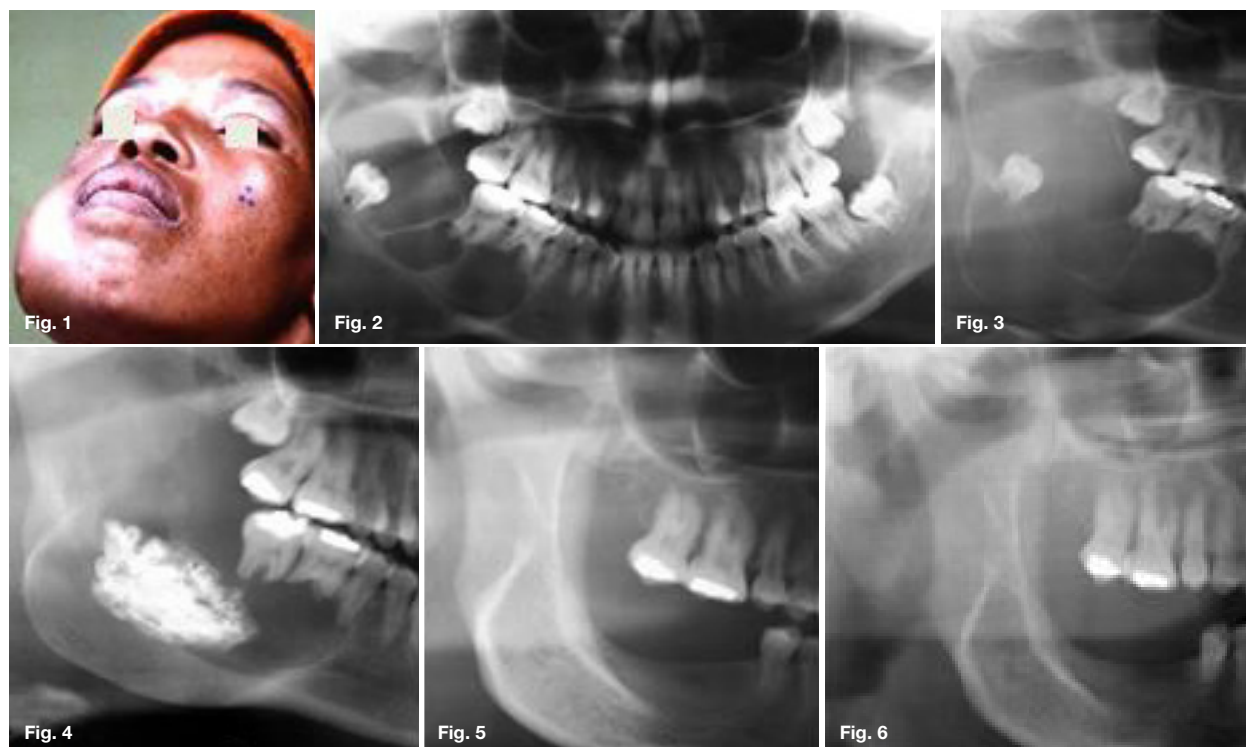


Maxillofacial Radiology 182

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CJ Nortjé

This eighteen year old female presented at the department with the main complaint of a swelling in the lower right mandible which developed over a period of twelve months (Fig. 1 & 2). She did not experience much pain but felt uncomfortable sleeping on her right side. What are the important radiographic features and what is your provisional diagnosis. An appointment was made for her to return so that a biopsy could be done but she only returned twelve months later.



INTERPRETATION

Figure 3, is a pantomograph of the same lesion 24 months after lesion originally presented showing an increase in size. The Images of the lesion (Fig. 2&3) also changed dramatically from a classical multilocular appearance to a more expansive lesion with advanced resorption of the roots of 46 & 47. Extra oral examination revealed a diffuse hard swelling measuring approximately 4 cm x 3 cm. On intraoral palpation there was expansion of buccal and lingual cortical plates. A biopsy was done and multiple sections of the biopsy specimens were studied histologically. The clinical and radiological features especially the presence of root resorption indicated the possibility of an ameloblastoma; however the histological features was not pathognomonic. The other problem was that the patient belonged to a religious group which do not allow any form of blood transfusion. Many ameloblastomas can only be successfully treated by resection which normally would mean that a blood transfusion would be part of surgery protocol. In this specific case it was decided that an exceptional conservative treatment approach would be applied under the circumstances.

Decompression and packing with BIPP paste were done to prevent pathological fracture (Fig. 4) After 6 months enucleation with curettage was done and an incisional biopsy revealed the presence of a unicystic ameloblastoma. Regular follow up were carried out on a yearly basis, Figure 5 is a cropped pantomograph two years after the enucleation showing normal healing and no signs of recurrence of the lesion. The cropped pantomograph (Fig. 6) was taken fifteen years after she presented at the department showing complete healing and remodelling of the unicystic ameloblastoma. Unicystic ameloblastoma refers to those cystic lesions that show clinical, radiographic or gross features of a jaw cyst but on histologic examination show a typical ameloblastomatous epithelium lining the cyst cavity, with or without luminal and/or mural tumour proliferation unicystic ameloblastoma is a less encountered variant of the ameloblastoma and believed to be less aggressive. Moreover, recurrence of unicystic ameloblastoma may be long delayed and a long-term post-operative follow up is essential for proper management of these patients.

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