

# Peripheral osteoma of the mandible

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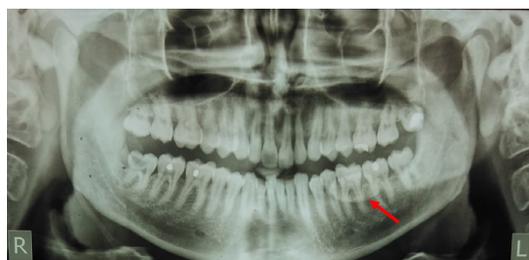
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## DESCRIPTION

A 30-year-old male patient made a visit to our clinic with a chief complaint of painless swelling in the lower left back tooth region for 3 years. Patient also gave history of difficulty in tongue movements, while speaking and eating food. His past medical and dental history were unremarkable. Patient gave no history of any deleterious habits. Extra orally no abnormalities were detected. Intra oral examination revealed a round immobile nodular swelling on lower left posterior region, extending from second premolar to second molar. Panoramic radiograph and occlusal radiograph were advised. Panoramic radiograph revealed well-defined radiopaque mass extending from lower left second premolar to lower left second molar (figure 1). Occlusal radiograph confirmed the location of the swelling to be on the lingual surface with broad base (figure 2). Considering the clinical and radiographic findings, peripheral osteoma of mandible was considered. The bony mass was surgically excised with sufficient safety margins and later sent for histopathological investigation. The histopathological specimen revealed dense compact bone with little fibrous connective tissue stroma at the periphery. Osteoid cells were present. Hence a final diagnosis of peripheral osteoma of the mandible was considered.

Osteomas real prevalence is unknown, with no sex predilection. However mandibular osteomas are rare entity.<sup>1</sup> Osteomas are usually asymptomatic, characterised with slow and continuous growth patterns. Traumas and infections are the causes to trigger excessive bone activity.<sup>2</sup> However, in the present case patient did not have any history of trauma or infection. In radiological examination, peripheral osteomas appear as an oval-shaped radiopaque mass with well-defined margins and growing on a broad base, as described in our report. It can also have a stalk on the cortex. These lesions usually do not cause destruction of the adjacent bone as reported in our case.<sup>3</sup>



**Figure 1** Panoramic radiograph revealing the radiopaque lesion.



**Figure 2** Occlusal radiograph showing the broad base of the bone mass and location of the lesion.

Peripheral osteoma should be differentiated from exostoses, osteblastoma and osteoid osteoma, late-stage central ossifying fibroma or complex odontoma. Exostoses are bony excrescences that usually stop growing after puberty, differentiating them from osteomas. The borders of central ossifying fibromas are usually well defined with a thin radiolucent line which may separate it from the surrounding bone. A sclerotic border may be present in the bone next to the lesion.<sup>4</sup>

Surgical excision is the treatment of choice for osteomas. Resection of the lesion was done with a sufficient safety margin when the lesion was classified as 'true osteomas' based on the appropriate diagnosis.<sup>5</sup> However, the lesions rarely show recurrence with no evidence of malignant

## Learning points

- ▶ Mandibular osteomas are rare and benign radiopaque lesion, which require both clinical and surgical attention, as it could be concern of speech, mastication and aesthetics of an individual.
- ▶ Radiographical and histopathological confirmation are mandatory in ruling it out from other similar types of radiopaque lesions of the jaw.
- ▶ Patients with osteomas should be evaluated for Gardner's syndrome. These patients may present with symptoms of rectal bleeding, diarrhoea and abdominal pain. The triad of colorectal polyposis, skeletal abnormalities and multiple impacted or supernumerary teeth is consistent with this syndrome.



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transformation.<sup>4</sup> In the present case, the lesion was totally excised, and the patient was placed on follow-up.

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