Radiological findings of florid cemento-osseous dysplasia and benign mucosal cyst in an elderly woman with no symptoms

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DESCRIPTION
A 65-year-old female patient came to our dental clinic with a request for the replacement of missing teeth. Intraoral examination revealed mostly edentulous jaws with just a few retained teeth, namely the mandibular right and left first and second premolars, maxillary left canine and right second and third molars. The edentulous areas showed no soft tissue abnormality or bony expansion. Supra-erupted maxillary right molars and grade-I mobile mandibular left premolars showed proximal caries. Clinical examination was unremarkable with no specific signs and symptoms and no evidence of lymphadenopathy. The patient revealed an unremarkable medical history. A routine pretreatment orthopantomographic (OPG) radiological examination (figure 1) revealed two coincidental pathologies. A dome-shaped, solitary, curved, homogeneous and slightly radiopaque mass, having a smooth, uniform and well-defined outline, was seen to arise from the floor of the right maxillary sinus, above the molars. It was broad based, with the border of the mass having the same density as the internal body, suggestive of a benign mucosal cyst.1 On aspiration, either a thick, tenacious, white, translucent sterile mucus or a clear, amber-coloured fluid with cholesterol crystals which coagulate on removal, yielded, confirming the diagnosis of a benign mucosal cyst.

A second finding was the presence of multiple mixed radiopaque–radiolucent masses, scattered bilaterally, over both the right and left mandibular edentulous alveolar bone areas. The radiolucent cavities were filled with many lobular masses having a fluffy radiopaque character and showing various stages of maturation. The margins around them showed a well-defined and regular cortex, at least around a portion of the lesion. The overall appearance was that of widespread, amorphous, mixed radiopaque–radiolucent lesions, suggestive of florid cemento-osseous dysplasia (FCOD).2 Biopsy of the lesion would be suggestive of a fibro-osseous lesion, which, together with no signs and symptoms clinically, vital teeth, and incidence of occurrence in adult black women, would point to the diagnosis of cemento-osseous dysplasia.

Both these entities require no specific treatment just clinical and radiological follow-ups. We plan to perform a total extraction of the remaining few supra-erupted, carious and mobile teeth followed by fabrication of a complete set of dentures. The only complication is the possibility of osteomyelitis, which may arise on exposure of the sclerotic masses.

Learning points

▸ Benign mucosal cysts are intrinsic non-destructive cysts of the sinus, which regress spontaneously and require no specific treatment.2 Regular radiographical evaluation should suffice.

▸ Florid cement-ossseous dysplasia (FCOD) is a reactive type of fibro-ossseous lesion,3 which is considered to be a widespread form of periapical cemento-ossseous dysplasia, with the same self-limiting nature and preservation of vitality of associated teeth. Some literature suggest the association of FCOD with traumatic bone cysts, elsewhere in the jaws. Therefore, serial radiographs at regular intervals should be taken.

▸ Clinicians should bear in mind the possibility of osteomyelitis occurring in patients with tissue-supported complete dentures, as an unyielding denture base may cause mucosal ulcerations and infection of the exposed acellular sclerotic masses in FCOD. A periodic clinical and radiographical follow-up is a must to adequately deal with such a complication.

Competing interests None.
Patient consent Obtained.
Provenance and peer review Not commissioned; externally peer reviewed.

REFERENCES