

Mural Unicystic Ameloblastoma: A Conservative Treatment?

Authors:

¹⁾ ZAHRA SAYAD: corresponding author

Department of Oral and Maxillofacial surgery, Ibn Sina University Hospital center
City: Rabat
Country: Maroc

²⁾ BOUCHRA DANI:

Department of Oral and Maxillofacial surgery,
Ibn Sina University Hospital center
City: Rabat
Country: Maroc

³⁾ OLAYA HAMIDI:

Department of Oral and Maxillofacial surgery,
Ibn Sina University Hospital center
City: Rabat
Country: Maroc

⁴⁾ SALMA BENAZZOU:

Department of Oral and Maxillofacial surgery,
Ibn Sina University Hospital center
City: Rabat
Country: Maroc

⁵⁾ MALIK BOULAADAS:

Department of Oral and Maxillofacial surgery,
Ibn Sina University Hospital center
City : Rabat
Country : Maroc

Abstract:- Ameloblastoma is a benign solar tumor characterized by slow growth, local invasiveness, and a high recurrence rate. Unicystic ameloblastoma is a type of ameloblastoma that usually presents as cystic lesions before the age of 20. An 18-year-old boy with monocystic medulloblastoma of the mandible underwent cystectomy under general anesthesia. Endometrial subtypes are more conservative than resection or curettage, but wall subtypes are usually difficult to treat.

Keywords:- Unicystic Ameloblastoma, Mandibula, Treatment.

I. INTRODUCTION

Ameloblastoma is benign, but it locally invades. Monocystic adenoblastoma is a type of adenomatous blastoma that usually presents as a cystic lesion within the first 20 years of life. Clinically, tumors can be classified as monocystic, solid, polycystic, peripheral, or malignant. About 13% of cases are monocystic plants. Robinson and Martinez first reported monocystic adenoblastoma in 1977 and defined it as a cystic cavity with three types of cystic epithelium: duct, viscera, and parietal. Monocystic monoblastoma is an independent clinical organism. This is mainly due to the appearance of X-rays and histological features of the eye. Clinically, it is manifested as an edema of the jaw with a pronounced tendency to the jaw, especially in the posterior region. Although there are several treatments used for UA, conservative treatment is commonly reported. On the other hand, radical surgery refers to a jaw resection or partial resection of a lesion. This article describes

monocystic adenoblastoma, its various clinical and radiological aspects, and treatment management.

II. CASE REPORT

Our case was an 18-year-old boy who developed spontaneous angioedema over a 3-month period. The patient did not report any disease or allergy. External oral examination revealed that the patient had a stiff shoulder in the normal position. The block is attached to the lower jaw and has a length of 5 cm. Oral examination revealed a mass of gum tissue associated with 48 teeth and ear fillings. Panoramic radiograph showed a large cystic lesion in the ascending branch of the right mandible at 48 years of age. Computed tomography (CT) showed a large cyst containing dirty fluid and swollen peripheral sclerosis in which the ascending branch of the mandible reached full height. (Figure 2) Dental cysts were diagnosed based on clinical findings and radiographs. Cystic myotectomy of the mandibular ascending branch was performed under general anesthesia. Histopathological examination of the specimen shows the formation of a single ocular cyst, the walls of which are covered with a flat, non-keratinized follicular epithelium. These follicles are lined with peripheral occipital cells. The final prognosis was parietal medulloblastoma.

No complications were observed after surgery. Clinical follow-up and radiology at 24 months show no signs of recurrence.

III. DISCUSSION

Ameloblastoma is a benign tooth-derived tumor that is locally invasive and has a high recurrence rate (1). They account for 1% of all cysts and cancers of the jaw and 11-18% of all cancers of the teeth. (3) The term monocystic ameloblastoma was adopted in the second edition of International Histological Classification of Gingivoma (4). In 2005, the World Health Organization (WHO) classified adenoblastoma as polycystic (91%), monocystic (6%), peripheral (2%) and malignant. (1) Some researchers believe that monocystic ameloblastoma originates from pre-existing odontogenic cysts, while others claim that it originates from de novo. (5) In the study of Ibrahim et al. (6), the range of patients diagnosed was 13 to 24 years (mean age 18.5 years). The most common locations are the branches of the jaw, the lower body and the angle (6). This asymptomatic lesion is more common in the back of the mandible (90%). (3) Diagnosis of monocystic ameloblastoma is made in a relatively young age group compared to patients. (4) Most patients complained of progressive, painless swelling of the jaw with cortical dilatation. The Ramos area of the lower jaw was the most typical place. However, cystic adenoblastoma is a clinical diagnostic problem as it can resemble a dental cyst or odontogenic cyst by radiation. (7) X-ray examination includes orthopedic examination (OPG) and computed tomography (CT) to evaluate eye/eye clarity, binocular eye/eye enlargement, and tooth position. (5) MRI clearly shows the encapsulated lesion around the cyst, essentially eliminating the possibility of metastasis and making it easier for surgeons to see.

IV. CONCLUSION

Unicystic ameloblastoma is a rare tumor and a well-defined clinical entity. Considering the positive response of a single acoustic adenoblastoma to conservative treatment, this treatment option should always be considered.

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FIGURES



Figure 1: Panoramic radiograph showing a well-defined unilocular radiolucent of the ascending branch of the right mandible with a tooth 48 included.

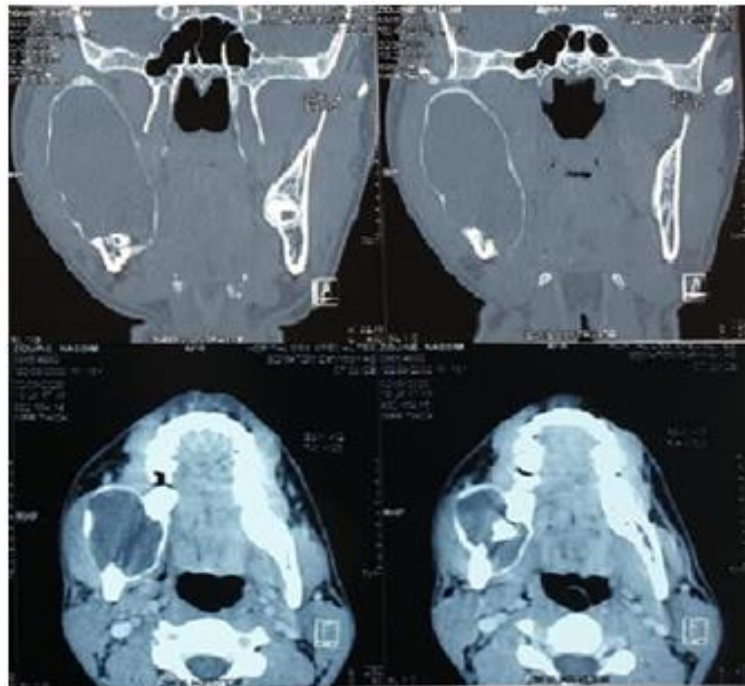


Figure 2: Computed tomographic (CT: axial and coronal view) scans revealed an expansion of both inner and outer cortical plates of the ascending branch of the right mandible by a large cystic lesion.