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Poster Session P17 – Oral Medicine and Pathology

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Poster Session P17/Oral Medicine and Pathology

P17–251

Pathologic root resorption of maxillary primary central incisors

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Introduction: Physiologic root resorption occurs from the apex of the primary teeth close to the permanent teeth. Pathologic root resorption occurs on root surfaces due to various factors, such as dental trauma, inflammation, replantation, orthodontic treatment, delayed or irregular eruption of teeth, or growing cysts or tumor. In children, the most frequently affected teeth from trauma are the maxillary primary central incisors. Pathologic root resorption initiates from the traumatized pulp or periodontium.
Clinical management: These cases involve patients (age?) who visited the department of pediatric dentistry at Yonsei university dental hospital with the chief complaint of trauma of the maxillary primary incisors. We chose 10 maxillary primary incisors among those children, where the root resorption was observed in their periapical radiographs. The features of root resorption were classified according to Rubel's types of pathologic root resorption of maxillary primary central incisors.
Conclusion: Pathologic root resorption was observed in various patterns in all of the 10 traumatized maxillary primary central incisors. Although the teeth with pathologic root resorption were treated with pulpectomy, the resorption process continued.

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Frey's syndrome, a complication of congenital haemangiopericytoma

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Introduction: Frey's syndrome is characterized by recurrent episodes of facial gustatory flushing and/or sweating, limited to the cutaneous distribution of the auriculotemporal nerve. The condition has rarely been reported in children where it is normally a sequel of perinatal birth trauma.
Clinical management: A 16-month-old boy was referred by paediatric oncology with recurrent, unilateral facial flushing of the left cheek which had been present for 8 months. The flushing only occurred during mastication. There was no associated discomfort, swelling or perspiration. Of significance was a previously diagnosed congenital haemangiopericytoma, a rare vascular tumour. The lesion had presented on the left cheek and parotid region, extending to skull base on MRI. Diagnosis was confirmed by incisional biopsy at 10 weeks of age and managed with Chemotherapy. On examination extra-orally there was a biopsy scar posterior to the left ear. There was no lymphadenopathy, swelling or facial flushing. However on stimulation, a florid flushing of the left cheek occurred extending from the left pre-auricular area to the corner of the mouth. Importantly, a subsequent MRI excluded tumour recurrence. The parents were reassured and the condition was diagnosed as Frey's Syndrome. The long-term plan is to review the patient. Fortunately, the condition is often resolves spontaneously. In fact treatment in the paediatric age group is unnecessary and often ineffective.
Conclusion: This case highlights a rare complication in a paediatric oncology case. It is important for a paediatric dentist to be aware of these lesions and possible differential diagnoses.

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Management of Arteriovenous malformation

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Introduction: Arteriovenous malformations (AVM) are uncommon vascular abnormalities which can either be developmental defects present from birth, acquired or secondary to trauma. Large AVM is a problem because of disfigurement, risk of enlargement, bleeding and rupture of the lesion which can be life threatening. General management of these cases are complex and are very challenging for plastic surgeons, however, many successfully treated cases are well documented in the literature Jeong H *et al., Acta Oto-Laryngologica* 2006; 126(3): 295–300. Dental management of these cases is challenging due to risk of severe bleeding.
Clinical management: This case report represents a 10-year-old girl with a large AVM affecting the right side of her face including mandible and the right side of the tongue. This case was managed by embolization, partial glossectomy and popescu suturing since 2004. The paper will present general management, dental findings and dental management of the patient.
Conclusion: In conclusion, dental management of this case was very challenging due to a large swelling affecting the right side of the cheek and tongue, risk of bleeding and difficult behaviour. The dental treatment provided was comprehensive and included prevention, restorations and behaviour management.

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Alteration in odontogenesis caused by chemotherapy and radiotherapy in children's oncology – report of two cases

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Introduction: Children with cancer have higher survival rates when treated with therapeutic oncology. Unfortunately it also causes disturbances in the formation of other body tissues and in odontogenesis. Radiation simultaneously affects the bone, periodontal ligament and pulp, causes the teeth to have abnormalities in their shape and size, and delays eruption. The magnitude is given by the child's age, the anatomical area irradiated and the frequency. Chemotherapy interferes with the cycle and cellular

metabolism, can cause irregularities in the matrix and surface enamel microdontia, taurodontism, and prevent root development. The nature and extent of the effects vary with the type of drug used, its dose and the frequency of cycles of treatment. Panoramic X-rays taken prior to therapy are used to predict the development of dental abnormalities.

Clinical management: Report of a girl of 12 with acute lymphoblastic leukaemia treated with chemotherapy and radiotherapy for 7 years. The clinical and radiographic examination showed irregularities in the surface enamel in the incisors and first permanent molars. The second case is a child of 12 with a retinosarcoma treated with chemotherapy and radiotherapy from 2 years of age. We can observe slow growth and bone development, delayed eruption of premolars, and altered shape and size. The dental treatment is preventive and restorative planned with a view to the future.

Conclusion: The sequelae of oncologic therapy pose challenges to dentistry. The imaging is essential in the diagnosis of disorders of odontogenesis and helps in planning the preventive treatment, rehabilitation and orthodontic.

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Unexplained oral self-mutilation in a young boy: a case report

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Introduction: A boy of 3 years old presented at the paediatric clinic of the University Hospital Ghent with failure to thrive. For 6 months he suffered from an eating disorder and depression. Since then, he auto-extracted five primary mandibular teeth for which no explanation could be found. After anamnesis, no explainable pre-existing condition could be found. Only a few numbers of conditions are known presenting self-mutilation: hereditary sensory neuropathy, Lesch–Nyhan syndrome and congenital indifference to pain syndrome.

Clinical management: At the moment of the first dental visit and after consultation by pediatricians, the boy was examined for other clinical manifestations in the head region to exclude child abuse. During the last 6 months, the child started to refuse feeding and did not enjoy child activities anymore. Recently he was put on an antidepressive and sedative regimen. Oral examination revealed the loss of 5 primary teeth. Because of active movements of the tongue, the alveolar bone remained uncovered and became necrotic. The remaining teeth showed normal mobility. Since a few weeks he started grinding his teeth night and day. It was decided to treat the extraction wounds under general anaesthesia. Although restriction of the hands, the child continued and succeeded this mutilation, extracting eight primary teeth and two germs from the permanent dentition the following week. Finally, presence of a rare cancer was diagnosed. Once the oncology treatment was started, the child stopped his self-mutilating behaviour.

Conclusion: From this case it is obvious that self-mutilation may be related to chronic pain.

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Multifocal epithelial hyperplasia in Australia–a case report

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Introduction: Multifocal epithelial hyperplasia (MEH) presents as painless, single or multiple nodular or papular lesions with a sessile base, ranging in diameter from 0.1 cm to 1 cm, frequently coalescing. Lesion colour varies from red to white, depending on the extent of keratinization, MEH is found predominately in communities living in poverty in North, Central and South America and Greenland. The condition appears mainly in children and adolescents and regresses spontaneously. The aetiological factors and pathogenesis of MEH are speculative. A high incidence in close-living communities and among family members indicates a viral pathogenesis however host-factors such as immune-suppression, genetic predisposition, malnutrition and poor hygiene are key putative aetiological factors initiating the proliferation of connective tissue in MEH lesions.

Clinical management: A 13 year old boy presented to the Royal Dental Hospital of Melbourne for dental examination. Intra-oral examination revealed several asymptomatic, exophytic, pink, sessile, smooth surfaced nodules situated on the lateral borders of the tongue and the lingual surface of the lower lip. The subject is of Somalian background and one of 11 siblings aged 2–22 years old living with their parents in an over-crowded residence. Examination of other family members revealed the presence of similar lesions in two younger sisters. The mother could recall a history of similar lesions in her mouth during her childhood. An incisional biopsy performed on the 13-year-old boy confirmed the diagnosis of MEH histopathologically.

Conclusion: The family was informed of the benign nature of the lesions and close monitoring will continue.

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Fanconi anaemia manifesting as a squamous cell carcinoma after bone marrow transplantation

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Introduction: Fanconi's anemia (FA) is a rare autosomal recessive disorder characterized by various congenital malformations, progressive bone marrow failure at a very young age and of solid tumours development.

Clinical management: This poster reports a rare case of a squamous cell carcinoma (SCC) of the mandible in a FA patient. A 16-year-old boy with FA assisted at the Istanbul University Faculty of Medicine Department of Hematology, who had been submitted to bone marrow transplantation (BMT) at the age of 6. Ten years after the BMT, he was referred to Istanbul University, Faculty of Dentistry, with a mass on the right side of the mandible and pain complaint. The lesion was examined with CT and MR imaging and diagnosed as SCC after an incisional biopsy.Oral examination disclosed caries of molar teeth, periodontitis and restricted oral opening. There was a fungating purulent lesion of the right side of the mandible. He had severe mucositis interrupting his oral feeding. The panaromic radiograph showed a radiolucent lesion of the mandible extending from the right lower first molar to the retromolartrigonum. It was a primer carcinoma with lenph metastasis that couldn't be resected. The patient underwent irradiation three times. He died few months later, dependant of malnutrition.

Conclusion: FA patients receiving BMT should have a close follow-up. Careful examination should be directed to mucosal membranes, because these patients present increased risk for SCC. Risk factors must be considered and avoided; diagnosis and monitoring of preneoplastic fields might be a quantum step forward to early diagnosis and even prevention of SCC in FA patients.

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Oral rehabilitation of a child with gastroesophageal reflux disease: case report

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Introduction: Gastroesophageal reflux disease (GERD) is defined as the symptoms and/or complications of the involuntary passage of the gastric contents into the oesophagus. Frequent episodes of regurgitation result in an acidic environment in the oral cavity that can cause dental erosion, which ranges from changes in enamel surface characteristics to extensive loss of tooth tissue.
Clinical management: A 3 year old girl with GERD was referred to the postgraduate clinic of the paediatric dentistry department of Athens University for dental restoration. The main clinical manifestations were dental sensitivity, loss of occlusal vertical dimension, and poor aesthetics along with dental caries. An individualized preventive program with emphasis on dietary counselling and diet modifications, fluoride supplementation and appropriate practicing of oral hygiene measures was applied. The functional and aesthetic rehabilitation of the patient included composite resin restorations and stainless steel crowns. The patient has been followed for 2 years since then without complications.
Conclusion: GERD is a frequent disorder in children and paediatric dentists should be aware of the changes in the oral environment and the dental complications of this condition. Management should focus on preventive measures aiming to counteract the acid attack on the teeth.

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Oral-anal Crohn's Disease with *Staphylococcus aureus* infection

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Introduction: A 6-years old female presented to the emergency department concerned about 'sore corners of the lips and mouth ulcers for 6 months'. GMP diagnosed nasal congestion and mouth breathing as the cause. Medically she was asthmatic, had dry skin, complained of a sore throat and suffered from constipation requiring hospitalisation once. Extra-oral examination revealed bilateral angular chelitis and enlarged lips were noticeable. Intra-orally there was glossitis and generalised gingival inflammation; the gingivae were erythematous, oedematous and gingival tags were associated with the lower right quadrant. A cobblestone thickening with fissuring and hyperplastic folds were found in the lower anterior labial mucosa and left buccal mucosa. No ulcers were visible and erosion was associated with her primary molars. Differential diagnoses included viral or bacterial stomatitis, orofacial granulomatosis, Crohn's Disease, Sarcoidosis or Angioedema.
Clinical management: A full blood count blood test was arranged and revealed high serum B12. Chlorhexidine gluconate 0.2% was prescribed for her gingival health and she was referred to Oral Medicine. Oral medicine examination found vaginal tags and anal fistula, commonly seen in Crohn's disease, and cause of bowel upset. Orofacial swelling, cracking of the lips and secondary bacterial infection were also noted. Flucloxicillin was prescribed for her *Staphylococcus aureus* infection. In addition patch testing for hypersensitivity was arranged and referral to Gastroenterology.
Conclusion: Further investigations are necessary when clinical signs of orofacial granulomatosis present, to exclude other diseases such as Crohns as the cause of swollen lips. Oral manifestations can on occasions solely lead to initial diagnosis and management.

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Solitary bone cyst–an unusual case report in a 7 year-old patient

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Introduction: Solitary bone cysts (SBC) are pathological cavities which occur most commonly in the proximal ends of the humerus and femus. A lesion with similar features found in the jaws, primarily in the mandible, may be classified in the same entity. SBC in the jaws are usually seen in patients 10–20 years of age. Males are affected more often than females (3:2). The aetiology of the SBC is still obscure, but there are several theories suggested, such as infection, trauma and intraosseous vascular abnormalities. The radiographic examination shows a radiolucent, well defined lesion. The histological examination reveals that the SBC have no epithelial lining, but fibrous lining. The treatment of choice is enucleation of the cyst.
Clinical management: A 7-year-old boy was referred by his general practitioner to the Department of Paediatric Dentistry, Aristotle University of Thessaloniki. A panoramic radiograph revealed a large, radiolucent lesion which extended in the anterior region of the mandible between the roots of the primary incisor teeth interrupting their eruption. The patient was treated under general anaesthesia in collaboration with the department of the Oral and Maxillofacial Surgery. The cyst was excised and the histological examination showed no epithelial lining. After a 2 year follow-up period, a considerable bony regeneration was evident, as well as a spontaneous eruption of the involved teeth.
Conclusion: This study reports an unusual case of a solitary bone cyst and describes the clinical aspect, the radiographic appearance and the histological features of this lesion.

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Adenomatoid odontogenic tumour associated with primary molar: report of an unusual case

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Introduction: A 7 year-old Thai girl presented with normal looking edentulous area at lower right second primary molar location. The patient was healthy and asymptomatic. No enlargement, sign of inflammation and any compromised function were found. Panoramic and periapical radiographs revealed an embedded completely formed primary molar of which coronal part was covered with a well-defined unilocular radiolucency, 1cm in diameter, with traced calcification inside. No formation of the permanent successor was observed. No displacement of adjacent teeth reflected less invasive and slow progressive lesion. Differential diagnoses were dentigerous cyst and adenomatoid odontogenic tumor.
Clinical management: Under parental consent for treatment and report, excisional biopsy of the cystic-like mass and enucleation of the involved tooth were performed under general anaesthesia. The retrieved specimen appeared as a thick fibrous capsule with irregular inner wall and a regular primary molar. Histological finding of the capsule was consistent with adenomatoid odonto-

genic tumour, which is a rare, benign odontogenic tumour usually associated with permanent tooth with female and maxilla predilection. Space maintenance and the supraerupted opposing tooth were managed to preserve a good occlusion. After one year, normal bone healing is observed; no recurrence tumour and the permanent successor are detected.

Conclusion: The case is uncommon for this type of tumour as it is associated with young patient in her first decade of life and with primary tooth in posterior region of mandible. Enucleation of the involved tooth is unavoidable. Although tumour recurrence is rare, the occlusion integrity is compromised demanding continual multidisciplinary approaches.

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A difficult diagnosis of a large unilocular radiolucency in the mandible

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Introduction: Spontaneous resolution of dentigerous cysts has previously been reported in the literature, though infrequently; cases have demonstrated radiographic resolution over an extensive period of time. The following case presents an incidental radiographic finding, of a large unilocular radiolucency in the right angle of the mandible. This was identified on an orthopantomogram (OPG) in a 16 year old patient, referred to the paediatric dentistry department for an unrelated reason.

Clinical management: Radiographic, computed tomography (CT) scanning and a surgical opinion suggested the following provisional diagnoses: ameloblastoma, dentigerous cyst and isolated bone cyst respectively. However, following subsequent surgical exploration of the lesion, an empty bone cavity was discovered containing only a small fragment of follicular tissue. This was excised and sent for histopathological analysis. A confirmed diagnosis of dentigerous cyst was made. It is speculated that this cyst had undergone spontaneous decompression, most likely through an unidentified communication with the oral cavity. Spontaneous resolution has been reported previously, although patient groups have tended to be older. These cases were identified through radiographic follow up of patients who received no surgical intervention. It is anticipated that bony healing will be evident in this patient within 18 months.

Conclusion: In conclusion, it is not always possible to accurately predict the nature of mandibular radiolucent lesions on the basis of radiographic findings alone, and surgical exploration and pathological analysis remains essential.

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Spontaneous regression of congenital epulis: a case report

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Introduction: A three week old African American female was referred to the Special Children's Dental Clinic, New Orleans for the 'evaluation and treatment of cysts in her gums'. The patient was born at full term via normal vaginal delivery. Prenatal history was uneventful. The mother reported that the patient was born with a lesion in her mouth, and it had decreased in the size over the 3-week period. There were no problems in feeding.

Clinical management: Comprehensive intraoral examination revealed a pedunculated fibrous lesion approximately 1.5 cm size on the right maxillary alveolar process, in the region of the unerupted canine. The surface of the lesion was smooth, healthy pink and non-hemorrhagic. There were no signs of pain or discomfort upon palpation. There was no lymphadenopathy. Maxillary occlusal radiograph revealed no intraosseous pathology. The clinical impression was that of congenital epulis. Clinical pictures were taken and the Oral and Maxillofacial Pathologist was consulted. Urine analysis to assess vanillylmandelic acid (VMA) to rule out neurectodermal tumour of infancy was negative. Patient was scheduled for weekly follow-ups; at each appointment the lesion regressed in size. At 4 months of age the lesion had regressed to about 5 mm in size; the patient was scheduled for monthly appointments. At 9 months of age, the lesion has self-resolved. Maxillary anterior teeth are erupting without complications.

Conclusion: The conservative management of the patient with closely scheduled evaluations prevented unnecessary surgery and anaesthesia exposure in a neonate with congenital epulis.

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Amelogenesis imperfecta in 11 year-old girl: a case report

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Introduction: The term of amelogenesis imperfecta is usually applied to inherited defect of enamel of both primary and permanent teeth. Diagnosis is based on a combination of the mode of inheritance and clinical and radiographic appearance. The appearance usually ranges from makedly hypoplastic enamel to varying degrees of hypomineralization with altered colour and translucency. The management of this disorder is varying from making appropriate diagnosis, to seek for mode of inheritance and phenotype; genetic counselling; early orthodontic assessment; and restorative dentistry.

Clinical management: This paper describes a case of 11 year-old girl who came to Pediatric Dentistry Clinic, Dental Hospital, Faculty of Dentistry, Universitas Padjadjaran, Bandung, Indonesia. Her chief complaint is anaesthetic colour of her front teeth. She is a very shy girl, because she always was being teased by her friends. Clinical and radiographic examination showed an appearance of amelogenesis imperfecta. From the anamneses, it was found that her close relative have the same disorder. The treatment is to restore the front teeth with composite veneer, and metal crown for the posterior teeth.

Conclusion: After being treated, the patient satisfied with the outcome for her attractive smile and she is able to chew comfortably. It is concluded that, with the right treatment, it can enhance the patient's self esteem and a proper function of mastication.

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Intraoral osseous choristoma in a newborn: a case report

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Introduction: Choristoma is defined as a tumour-like mass of normal cells developed in an abnormal location. Osseous choristoma is an uncommon benign lesion of the oral cavity, which appears as a tumorous mass of normal bony structure with mature

cells and is usually found in the tongue. The aim of this presentation is to report a case of osseous choristoma located in the intraoral soft tissues of a newborn. A 7 month Caucasian male presented at the Graduate Department of Paediatric Dentistry, University of Athens with a mass of soft tissue attached in the alveolar crest of the anterior region of the mandible. Clinical examination revealed a $0.8 \times 0.5 \times 0.3$ cm tumour-like mass, firm in texture with a smooth surface and a sessile base. No primary teeth had erupted yet.

Clinical management: The mass was removed by surgical excision under local anaesthesia. histopathological examination showed mature bone with peripheral osteoid within a fibrous connective tissue stroma. A diagnosis of osseous choristoma was rendered. Patient has been followed for 1 year since then and no recurrence of the lesion has been noted.

Conclusion: Although choristomas are rare lesions in the oral cavity of children, they should be included in the differential diagnosis of such cases.

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A case of bilateral parotid and submandibular salivary gland aplasia

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Introduction: Bilateral aplasia of major salivary glands is a rare congenital condition with less than 50 cases reported since 1885. The resulting salivary hypo-function affects the health of the oral hard and soft tissues as well as general health. A case report describing a 10 year old boy with bilateral aplasia of the submandibular and parotid salivary glands is presented. The subject was referred by his general practitioner regarding persistent dry mouth, with an otherwise uneventful medical history. Extra-oral examination showed recurrent eczema, thin hair, thin eyebrows, and facial features including frontal bossing and brachycephalic face suggestive of dysmorphic features. Intraoral examination showed total lack of saliva, numerous carious lesions as well as evidence of enamel hypoplasia on the erupted teeth.

Clinical management: The salivary gland aplasia was diagnosed using a sodium pertechnetate (Tc-99 m) scintiscan which showed no detectable activity in the parotid or submandibular salivary glands. An intensive preventive regime including oral hygiene and dietary evaluation and advice, nightly application of a casein phosphopeptide containing product (Tooth Mousse® GC Corporation, Australia), daily 0.05% neutral sodium fluoride mouth rinse and quarterly professional 1.23% neutral sodium fluoride application, sugar free chewing gum and salivary substitute, was implemented. Restorative rehabilitation was performed using stainless steel crowns on the hypoplastic molars and the patient remains under frequent review to keep the salivary hypofunction and caries rate under control.

Conclusion: The case report highlights definitive diagnosis being crucial in cases of salivary gland aplasia, allowing comprehensive treatment planning, with focus on prevention and treatment of rampant dental caries.

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Irritation fibroma in a 3 year-old child: a case report

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Introduction: The aim is to present the management of a fibroma in the gingiva of the anterior maxilla, in a preschool child. A 3 year-old boy visited the Pediatric Dentistry Department of Athens University for an oral lesion observed by his mother. The clinical examination revealed a well demarcated solitary nodule localized on the gingival papillae, between teeth #61 and 62. The nodular mass was asymptomatic, had an ovoid shape, smooth surface, firm texture, a sessile base and a light pink colour. Its size in the larger dimension was 5 mm. The patient was caries free, but had a poor oral hygiene.

Clinical management: The treatment plan included application of a preventive program, conservative surgical excision, and oral hygiene instructions to the parents for the post-treatment period, histological examination of the removed tissue and follow up. The option of a high frequency electrosurgical device for the surgical removal was preferred based on the patient's young age and the lesion's characteristics. The histological examination findings were compatible with the diagnosis of irritation fibroma. Poor oral hygiene was considered a contributing factor to the condition. After one week the healing process was not satisfactory, as the oral hygiene continued to be poor and parental education was repeated. At the 12-month follow up no recurrence of the nodule was present, while the oral hygiene of the patient had improved dramatically.

Conclusion: Irritation fibromas are lesions that occasionally develop in the gingivae of young children. Maintenance of good oral hygiene is critical in managing successfully such lesions.