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## 內文:

## 1. Introduction

Bizarre parosteal osteochondromatous proliferation (BPOP) is a rare benign lesion usually involving the small bones of the hands and feet as proposed by Nora et al. in 1983.

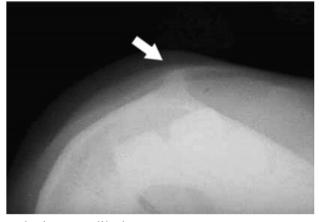
Studies have shown no gender differences in the clinical distribution of BPOP.

Previous research has not produced any definitive conclusion as to the ideal timing for removal of these lesions, and the optimal method of excision remains unclear.

## 2. Case report

The patient, a 9-year-old girl, initially consulted our hospital in June 2000, after developing swelling in the mental area of the mandibular region. She had no relevant personal medical history or family history. In August 1999, a protrusion was noticed in the mental region, but no medical attention was sought. From April 2000, the swelling rapidly increased in size and the patient was consequently taken to a local internal medicine clinic and then referred to our department.

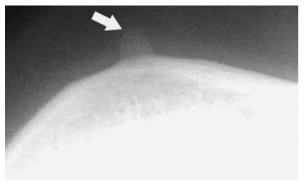


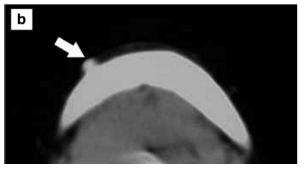


Based on the physical examination and X-ray analysis, mandibular osteoma was clinically diagnosed.

Intraoral local excision was performed under general anaesthesia. A bony protrusion from the mandible mental region measuring approximately 3mm was noted. (並多移除了 2mm 的 bone)

切片: A detailed histopathological examination was performed and showed outgrowths of bone, juvenile cartilage, and fibroblasts. The nuclei of the osteocytes and fibroblasts demonstrated no atypia, but those of the chondrocytes showed slight atypia in the form of anisokaryosis and irregular shape 被定為 BPOP





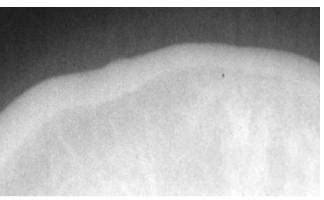


復發:The postoperative course was favourable, but swelling of the right

submental region was once again observed in January 2001. Plain X-ray and computed tomography again revealed a welldemarcated bony protrusion, measuring approximately 3mm and extending from the mandibular cortical bone. (這次多移除 4mm peripheral cortical bone)

切片上比較出 A comparative analysis of the histopathological findings from both surgeries showed that, compared with the findings after the first surgery, the second specimen demonstrated a thickening of the trabecular bone, homogenisation of the bone matrix, bone cell shrinkage, and fewer osteoblasts. Binucleated chondrocyctes with bizarre morphology were also present (Fig. 8). Furthermore, the fibroblast content in the stroma had greatly decreased, while the collagen content had considerably increased. These findings indicate bone maturation rather than malignancy.





3. Discussion

BPOP is a rare, idiopathic, non-neoplastic lesion, and is also considered to be a reactive lesion, as are florid reactive periostitisand myositis ossificans. According to several studies, one-third of patients had a history of physical trauma, and the interval until onset ranged from 2 months to a few years. However, as in the present case, many patients report no such history

BPOP has specific radiological and histopathological features and can be differentiated from other types of osteochondroma-related proliferations

X-ray: In the present patient, a bony protrusion with a clear border was detected in the mandibular cortical bone. There were no changes in the bone cortex and no continuity with the marrow cavity. These features all pointed towards a diagnosis of BPOP.

組織切片: Dorfman described a spectrum of reactive lesions of which the first stage is known as florid reactive periostitis and pathologically consists of spindle cells with minimal osteocartilaginous proliferation. The second stage characteristically shows new bone and metaplastic cartilage that becomes more prominent (i.e., BPOP), and is composed of bizarre cartilage with hypercellularity and binucleated cells, blending together with woven bone against a fibrous background. In the third stage, the focus of ossification matures and a bony base is formed with a cartilage cap.

復發的原因: Although there have been no reported cases of metastatic BPOP, the rate of recurrence is relatively high. Nora et al. reported that the recurrence rate after 2months to 2 years was 51%, and that 22% of those patients had a second recurrence. Meneses et al. found a similar incidence of recurrence.

The ideal timing for removal of these lesions has not been defined; however, Yuen et al. suggested that recurrence is likely when excision is carried out too early or the periosteum is not fixed (i.e., florid reactive periostitis). Furthermore, they stated that recurrence is more frequent in the exophytic type of completely ossified lesions (BPOP)

切除: it would seem that local excision with slightly wider margins should also be considered as a potentially successful treatment option.