

原文題目(出處)：	Multiple cementoblastoma: A Rare Case Report. Case Rep Dent 2013, Article ID 828373
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報告日期：	102/11/12

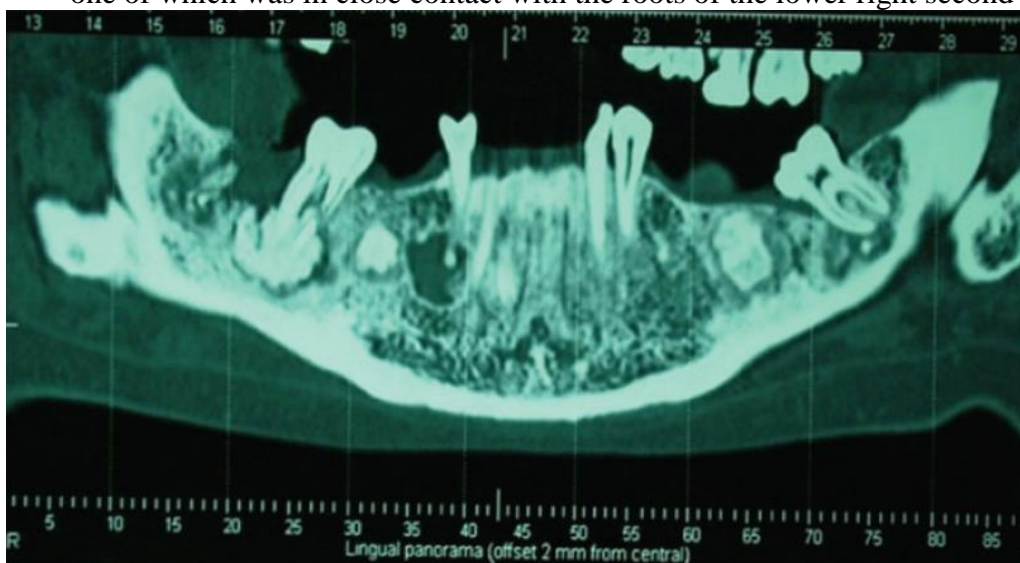
內文：

- Introduction
 - Benign cementoblastoma is an ectomesenchymal odontogenic tumor that originates from the root of the tooth
 - It usually arises in the first permanent molars in their **mandibular** region but can also be associated with **multiple teeth, deciduous teeth, or unerupted molars**
 - A peak incidence between the **second** and **third** decade of life
 - Clinically, the lesion presents as a nodular formation, hard-elastic in consistency producing swelling in the alveolar ridge area
 - The radiological findings show a well-defined radiopaque mass surrounded with a thin, radiolucent rim of non-mineralized tissue, **in intimate association of the root** of the involved tooth
 - The paper describes a rare case of multiple cementoblastoma
- Case report
 - A 60-years-old man was complaining of **pain** in his right jaw.
 - The patient's medical history revealed **good general health**, absence of systemic diseases, and smoking habit (10 cigarettes/day)
 - The clinical examination showed thick and flat periodontal biotype, class II malocclusion with marked loss of vertical size, multiple **missing teeth** in the 14-1.5-3.5- 3.6-3.7-4.5-4.6., presence of swelling, **hard elastic** consistency, and **crepitus** on palpation in the region corresponding to the elements 4.4-4.7 and in the edentulous area 4.6, 4.5

The orthopantomography revealed on the upper jaw radicular element in 1.4 region, conservative restoration in 1.1-2.1-2.2- 2.6, the presence of lesion adjacent to the root apex of the element 1.6 while the lower arch showed a carious radiolucency at the crown of element 4.7 and other lesions **spread to the mandibular body**. Particularly, these lesions were thus located: three unilocular round shaped radiopaque lesions with a perilesional radio transparent rim next to the edentulous sites 3.6-4.6 and in contact with the roots of the element 4.7



- A rounded radiolucent lesion with radiopaque perilesional flange at the root apex of the element 4.4 whose appearance argued for a **radicular cyst** of endodontic origin.
- The test thermal **pulp vitality** of 4.4 and 4.7, was **negative**
- The initial treatment plan: **implementation** of an etiological instrumental therapy (motivation to oral hygiene, periodontal probing, scaling, and radicular smoothing), **extraction of root** element 1.4, a **conservative endodontic** treatment of the element 4.4 in order to resolve endodontically periapical radiolucent lesion and endodontic treatment of 4.7 to cure the **acute pulpitis**
- in order to better analyze the lesions that were evident in the orthopantomography, the patient underwent **TC dental scan** of the mandible (Figure 2), which highlighted the presence of three well-circumscribed, round, unilocular neoformations of radiopaque appearance with a radiotransparent edge, one of which was in close contact with the roots of the lower right second molar



- Surgical treatment: The **enucleation** of the only two lesions on the right jaw, the ones involved in the acute pain, was performed in local and regional *anaesthesia* with a full-thickness flap, osteotomy using rotating tools, *enucleation* of the lesion corresponding to the **edentulous area** 4.6 and the full enucleation on site 4.7 with the annexed dental element, Finally after a cleaning of the residual cavity, the flap suture with continuous suture ethicon “3-0” was performed.
- The specimens were sent to surgical pathology for definitive diagnosis.
- two samples, macroscopically, presented as a nodular, hard-elastic in consistency, color greyish white of 2 × 1cm and 1 × 1cm, the largest of which was adherent to the dental element. The tissue samples were fixed in 10% formalin, **decalcified** with formic acid, and then routinely processed and embedded in paraffin, with cut sections of 3-4 micron. The sections were **stained** with haematoxylin-eosin.
- Microscopic examination : in its **central** portion, of dense mineralized **acellular trabeculae**

Of basophilic tissue cement-like, devoid of vessels, adhering to the root of the tooth, while **peripherally** was observed a zone of vascularized osteoid surrounded, **occasionally**, by a thin rim of **cementoblasts mixed with fibrous tissue** and **inflammatory elements**. The largest lesion, closely connected with the tooth root, was diagnosed as cementoblastoma. The second lesion (smaller one) appeared radiologically and histologically entirely identical to cementoblastoma, but it did not show the intimate association with the root of involved tooth, and, so, it posed the

differential diagnosis between osteoblastoma and residual cementoblastoma

- Because both lesions may arise in the edentulous area after extraction. considering the **epidemiological and clinical data**, the diagnosis of residual cementoblastoma rather than osteoblastoma was made
- If the cementoblastoma is properly treated, it does not recur.
- Although this neoplasm is rare, the dental practitioner should be aware of the clinical and radiographic features that will lead to its early diagnosis and treatment.

● Discussion

The location and the histological presentation of benign cementoblastoma are totally identical to osteoblastoma. The osteoblastoma is a rare benign tumor that produces bone, in which the rim of **osteoblasts surrounds the trabeculae** forming a well-circumscribed lesion

- Indeed, according to the recent literature, the only difference consists in the fact that **osteoblastoma does not melt at the root of the involved tooth** as in the case of cementoblastoma that, sometimes, can also involve the **periodontal ligament**. Other authors, such as Slootweg, classify as **osteoblastoma** the lesion correlated with root canal but **not fused with it**.
- Because the tumour arises in the edentulous area after extraction. Benign cementoblastoma must be, also, differentiated from nonneoplastic processes such as osteoid **osteoma** that, however, is easily distinguished from a microscopic point of view because it presents a reversed architecture compared to it, **presenting dense trabeculae of osteoid in the center rather than peripheral area**
- After evaluating the **site**, the patient's **age**, and rarity in the literature of synchronous association cementoblastoma with osteoblastoma, we opted for the diagnosis of **multiple cementoblastoma**.

題號	題目
1	那一個 tumor 經過 surgery treatment 後 recurrent rate 最小? (A) Ameloblastoma (B) Squamous cell carcinoma (C) Cementoblastoma (D) Basal cell ca
答案(C)	出處：Oral and Maxillofacial Pathology 3rd Edition

題號	題目
2.	Pano film 看到 radiopaque 外有一圈 rim 下列何種最不可能? (A) Osteoblastoma (B) Cementoblastoma (C) Ameloblastoma (D) Ossifying fibroma
答案(C)	出處：Oral and Maxillofacial Pathology 3rd Edition