

原文題目(出處)：	Osteoid osteoma of the mandible: A case report with review of the literature. J Dent Sci 2017;2:185-9
原文作者姓名：	Ankur Singh, Monica Charlotte Solomon*
通訊作者學校：	Department of Oral Pathology and Microbiology, Manipal College of Dental Sciences, Manipal University, Manipal, India
報告者姓名(組別)：	彭煦(A)
報告日期：	2017/08/08

內文：

Abstract

1. Osteoid osteoma is a benign skeletal neoplasm most frequently observed in young individuals.
2. The tumor most commonly occurs in the femur, the tibia, and the phalanges

Introduction

1. Osteoid osteoma is a unique benign tumor of the bones
2. a “small, oval or roundish tumor like nidus which is composed of osteoid and trabeculae of newly formed bone deposited within a substratum of highly vascularized osteogenic connective tissue.
3. It usually occurs in young adults under 30 years of age
4. Pain is a distinguishing feature of this lesion and is accompanied by vasomotor disturbances.

Case presentation

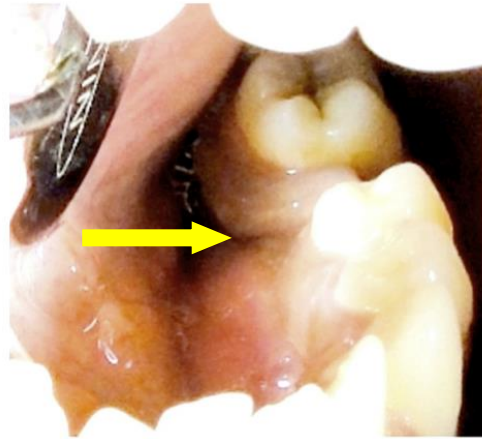
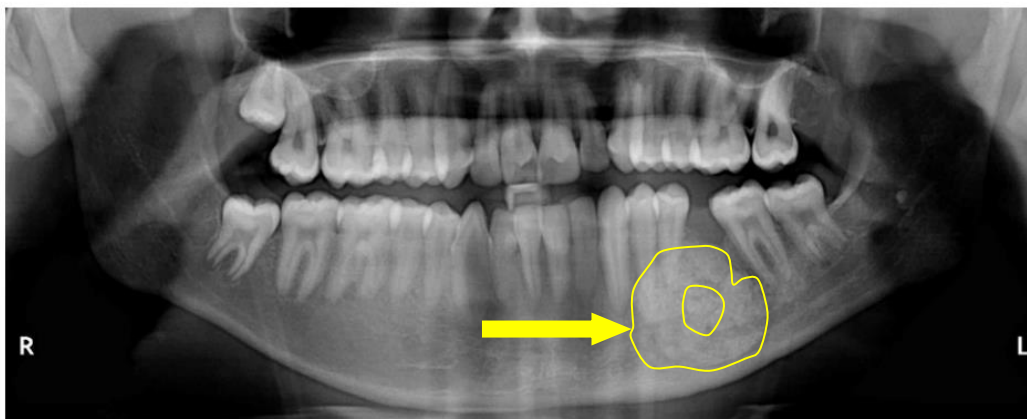


Figure 1 A photograph showing lingual cortex expansion in the 34–35 region.

1. pain and swelling in the lower left posterior region of the jaw.
2. a diffuse, bony hard swelling extending superoinferiorly from the left lower border of the mandible to 2 cm below it.
3. One left submandibular lymph node was palpable, slightly mobile, and tender.
4. Buccolingually, the swelling was 3 cm in diameter. Mesiodistally, it extended from the mandibular left first premolar region to the first molar region
5. From this clinical picture, a differential diagnosis of **infected residual cyst**, **osteomyelitis**, and **benign bone neoplasm** were taken into consideration.



1. There is a well-defined radiopacity with a radiolucent rim showing a central radiopaque nidus surrounded by a radiolucent border.
2. The radiopaque mass consisted of a radiopaque nidus measuring 1.5 cm in diameter surrounded by the formation of subperiosteal new bone. The whole mass measured 3.5 cm (maximum) in diameter.



Figure 3 A mandibular occlusal radiograph showing radiopaque lesion causing expansion of the lingual cortex.

1. Based on the results of the radiographic analysis, **osteoid osteoma**, **cementoblastoma**, **complex odontoma**, **ossifying fibroma**, **osteoblastoma**, and **idiopathic osteosclerosis** were considered in the differential diagnosis.

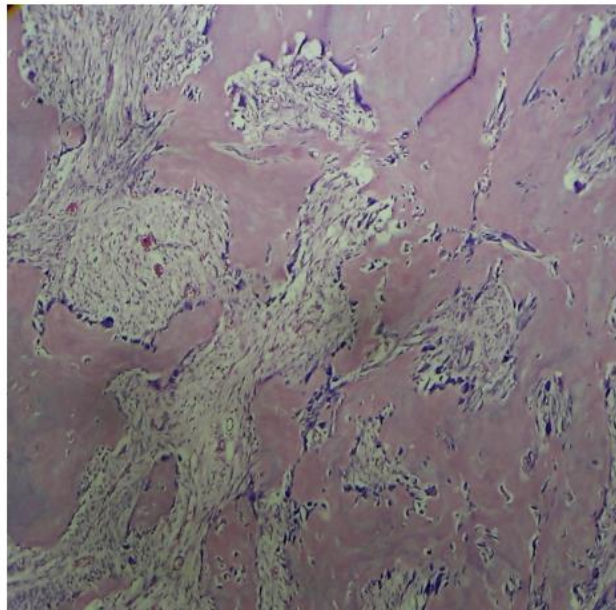


Figure 4 A photomicrograph showing irregular bony trabeculae lined by plump osteoblasts. Many dilated blood vessels are seen in the stroma (hematoxylin and eosin, 40 \times).

1. irregular bony trabeculae lined with plump osteoblasts.
2. The bony trabeculae showed varying degrees of calcification and reversal lines.
3. The trabeculae comprised of lacunae with osteocytes within them.
4. The stroma was fibrocellular and consisted of many dilated vascular channels and areas of hemorrhage

Table 1 Reported cases of osteoid osteomas of the jaws.

Author and date	Age	Gender	Location	Signs and symptoms	Radiographic description	Clinical size (cm)	Radio size (cm)
Rushton et al ^{3,4} (1951)	27	M	Left posterior mandible	Tender	No findings	NS	NS
Foss et al ^{3,4} (1955)	26	F	Left posterior mandible	Pain	Translucent nidus surrounded by sclerotic bone	4 × 1.7	1.5 × 0.7
Nelson et al ^{3,4} (1955)	17	M	Right posterior maxilla	Pain, swelling	Radiolucent center with radiating spicules of trabecular bone	2.5	NS
Stoopack et al ^{3,4} (1958)	25	M	Left posterior mandible	Asymptomatic	Central radiopacity surrounded by thin radiolucency	NS	NS
Lind et al ^{3,4} (1965)	48	M	Right TMJ	Pain	NS	NS	NS
Hillman et al ^{3,4} (1965)	4	F	Left posterior maxilla	Swelling	NS	NS	NS
Greene et al ^{3,4} (1968)	45	F	Right posterior maxilla	Pain, tender	Central radiopacity surrounded by less densely trabeculated bone	NS	NS
Brynolf et al ⁴ (1969)	77	M	Anterior maxilla	NS	Central density with radiolucent ring surrounded by increased radiopacity	NS	0.4
Dechaume et al ⁴ (1985)	22	M	Mandible left angle	NA	NA	1	NA
Gupta et al ^{3,4} (1985)	18	F	Left posterior mandible	Pain, swelling	Ill-defined radiolucency surrounded by sclerotic bone	3	NS
Lolli et al ⁴ (1987)	46	F	Mandible right angle	NA	NA	1	NA
Festa et al ⁴ (1992)	50	F	Mandible left ramus	NA	NA	1.5	NA
Yang and Qiu ⁴ (2001)	24	F	Left TMJ	Pain, swelling	Central radiopacity with alternating zones of sclerosis and radiolucency	4 × 3.5	1.2
Tochihara et al ⁵ (2001)	21	F	Left TMJ	Pain	Sclerosed nodule	0.8	0.8
Ida et al ⁶ (2002)	26	F	Left posterior mandible	Pain	Diffuse sclerosis with an ill-defined circular radiopacity	0.8	1
Liu et al ⁷ (2002)	18	M	Mandibular symphysis	Pain, swelling	Mixed radiolucent/radiopaque lesion	1.2	1.5
Badauy et al ⁸ (2007)	26	M	Left posterior mandible	Pain, swelling	Central radiopacity surrounded by sclerotic border	1	NS
Chaudhary and Kulkarni ⁹ (2007)	43	F	Left posterior mandible	Pain, swelling	Well-defined radiolucency surrounded by corticated border	NS	NS
Manjunatha and Nagarajappa ¹⁰ (2009)	43	F	Mandible right angle	Pain, swelling	Well-defined radiopaque mass	1	NS

NA = data not available; NS = not specified; TMJ = temporomandibular joint.

Discussion

differential diagnosis	
ossifying fibroma	asymptomatic, can cause bone expansion, root resorption or displacement of teeth
idiopathic osteosclerosis	usually asymptomatic and do not cause bone expansion
cementoblastoma	asymptomatic and characterized by the proliferation of cementum in close association with the tooth root
complex odontoma	usually asymptomatic and do not cause bone expansion
osteoblastoma	Not presence of radiopaque nidus surrounded by sclerotic new bone formation
osteoid osteoma	symptomatic and do not cause resorption or displacement of teeth, not associated with the roots of any tooth ,presence of radiopaque nidus surrounded by sclerotic new bone formation.

- Clinical, radiographic, and pathological features were considered to arrive at the correct diagnosis.
- The small number of cases reported in this regard necessitates an increased awareness among the dentists worldwide to report additional cases in literature.
- It will provide a medium for better understanding and show a clear picture of such rare bony lesions so that they could be diagnosed at a much earlier stage.

題號	題目
1	What age is most likely to get the osteoid osteoma? (A) seventh decades (B) second and third decades (C) fifth and sixth decades (D) infancy
答案 (B)	出處：Oral and Maxillofacial Pathology, 4ed , P608.609
題號	題目
2	Which is common findings in X-ray of osteoid osteoma? (A) Ill-defined border (B) Root resorption (C) Proliferation of cementum (D) "nidus"
答案 (D)	出處：Oral and Maxillofacial Pathology, 4ed , P609