

9 YEARS' FOLLOW-UP OF FLORID CEMENTO-BONE DYSPLASIA

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Introduction

Cemento-bone dysplasia is a non rare benign fibro-osseous lesion found in the mandible and maxilla, in the support areas of the teeth, without a neoplastic component. It is not a rare condition. These lesions originate in the periodontal ligament and/or derives from local and hormonal factors. It can lead to a defect in extra-ligamentous bone remodelling. According to the World Health Organization's classifications, odontogenic lesions are based on clinical and radiographic characteristics. This dysplasia is differentiable into periapical, focal, or florid.

Florid cemento-bone dysplasia has a multifocal involvement throughout the mandibular region, usually bilateral, and it can be found in all quadrants with a periapical pattern. This dysplasia is mostly a radiographic finding, having no symptomatology. Radiographically, the lesions may be radiolucent, mixed or radiopaque, and may affect edentulous or dental areas. In early stages, florid cemento-bone dysplasia simulates Periapical lesions, and it may simulate bone cysts. The scientific literature reveals that over 90% of patients are black women in their 50s.

Clinical Case



Fig.1 Extraoral photograph of the patient (2009)



Fig. 2, 3 e 4 Intraoral photographs of the patient, lateral and frontal views (2009)

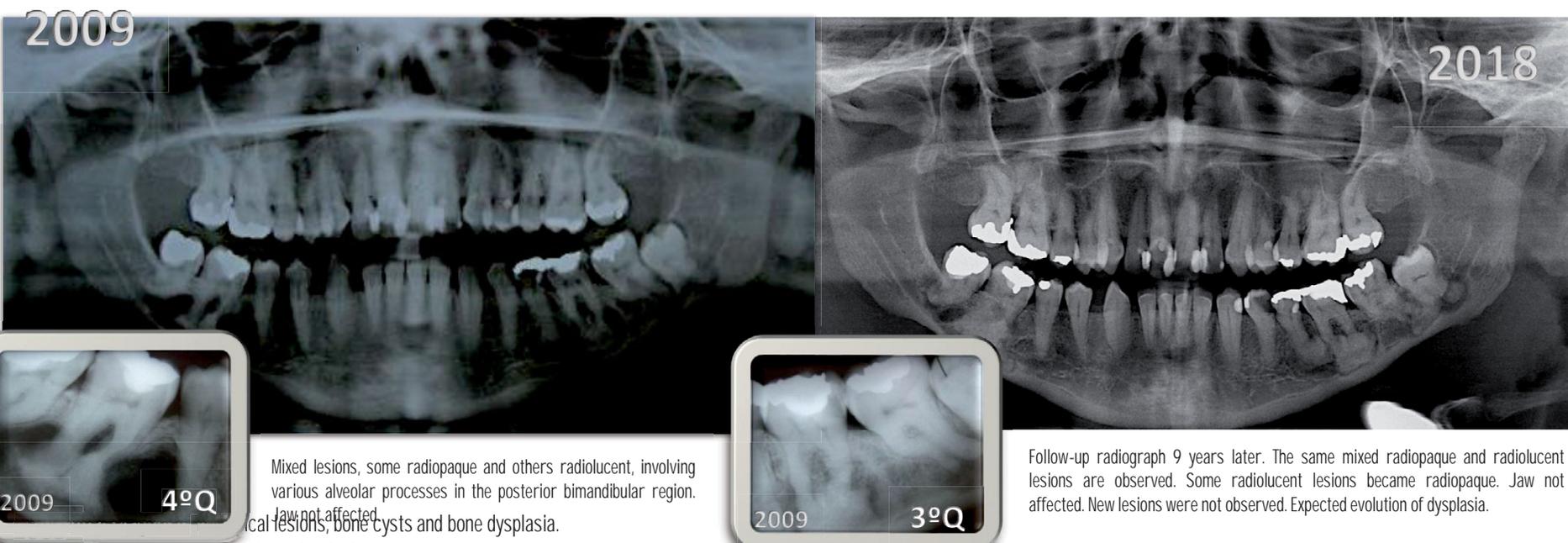
A 35-year-old Brazilian woman had her first visit to the university stomatology clinic in 2009. She was referred by a general dentist, who, after analysing the orthopantomography observed several radiolucent lesions to radiopaque, totally asymptomatic, never noticed by the patient. The colleague requested follow-up for this clinical case, in the possibility of dental treatments such as orthodontic treatment. The patient was followed from 2009 up to the present date, 2018, at the university dental clinic.

Clinical History Patient has no pathologies. Does not take medication. She is not a consumer of alcohol and never smoked. Surgical intervention of reduction and caesarean section mammoplasty. Family history of diabetes and hypertension.

Extra-Oral Physical Exam normal face, without oedema and non-palpable lymph nodes.

Intra-Oral Examination Normal lips, jugal mucosa, oropharynx, tongue, floor of mouth, gums and salivary discharge. Some dental restorations with amalgam.

Complementary Examination Orthopantomography and periapical radiographs (2009 and 2018)



Mixed lesions, some radiopaque and others radiolucent, involving various alveolar processes in the posterior bimaxillary region. Jaw not affected.

Follow-up radiograph 9 years later. The same mixed radiopaque and radiolucent lesions are observed. Some radiolucent lesions became radiopaque. Jaw not affected. New lesions were not observed. Expected evolution of dysplasia.

Diagnosis Flowering cementum-bone dysplasia

Treatment No treatment is required. Follow-up of the clinical case.

Discussion

Given the clinical and radiographic characteristics of the bone lesions, the diagnosis was clinical, radiographic, and objective. There was no need for biopsy. Non-neoplastic lesions do not require treatment. Most cases are asymptomatic, and when there is pain it is of low intensity. There is still the possibility of cortical expansion of the involved areas, but there is no impairment of vitality or dental position. However, periodic follow-up of lesions and symptoms should be maintained as there is a risk of complications. Extractions, periodontal, and implant surgery are compromised and contraindicated in the literature due to the high risk of infection, reported as osteomyelitis. This is justified by the hypo-vascularisation found in the sclerotic bone of the lesions. If osteomyelitis occurs, debridement and enucleation of the lesion should be performed.

Follow-up at 9 years revealed the expected evolution of the condition. Still asymptomatic, the same lesions are observed. In this consultation the patient revealed tooth pain 34 and was referred to endodontics. This treatment does not seem to be contraindicated.

Conclusion

After a radiographic finding like this, a diagnosis must be made. Being that this diagnosis was clinical and radiographic, the anatomopathological exam was not considered. The prognosis is favourable, but annual follow-up should be performed. The dentist must be alert to possible complications inherent to the hypo-vascularisation found. More complex dental treatments that induce inflammatory processes and necrosis are contraindicated by the high risk of infection.