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Case Report

MAXILLARY AMELOBLASTOMA: AN UNUSUAL PRESENTATION

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ABSTRACT

Ameloblastoma are locally aggressive jaw tumors with a high propensity for recurrence that are believed to arise from remnants of adontogenic epithelium, lining of adontogenic cysts and basal layer the overlying oral mucosa. The unusual presenting symptom, as well as the highly destructive nature of these lesions when arising in the maxilla, make them worthy of consideration in the differential diagnosis of nasal and maxillary masses. Ameloblastoma in 48 yrs old patient who presented with main complaints of nasal obstruction. History revealed there was loosening of teeth (Right last molar teeth). The CT scan revealed a soft tissues polypoidal mass in the right maxillary sinus involving alveolar arch of the maxilla with expansion of sinus and erosion of posterolateral wall. Initial biopsy confirmed Ameloblastoma, which followed by exision of the tumor by radical surgery. The case represents unusual presentation of a rare odontogenic tumor.

Keywords: Ameloblastoma, Unusual presentation, Maxilectomy, Nasal Obstruction

INTRODUCTION

Ameloblastoma is a rather rare tumor occurring in the jaws. The first description of the tumor was discussed by Falkson in 1879, but the term Ameloblastoma was coined by Churchill in 1933¹. These are typically originates in the mandible (80%) less often in the maxilla (20%) of the time². In the case of upper maxillary lesions radical resection is advised due to spongy oosteoarchitecture of the maxilla which facilitates the diffusion of the tumor to the maxillary antrum, sinus Ethmoidalis pterygomaxillary fossa, temporal fossa and base of skull. Complete excision in this area is difficult². This article aims to report a case of a plexiform Ameloblastoma of rare location, emphasizing the unusual presentation.

CASE REPORT

A 48 year old male patient was presented to the ENT department at our, Hassan Medical college hospital, Karnataka, India with primary complaint of Nasal obstruction on right side since 4 months. This patient also complained of Headache. On examination of the patient, there was polypoidal mass seen right nasal cavity occupying right osteomeatal unit extending up to the inferior turbinate. Oral cavity examination showed polypoidal mass in the right last molar region (fig no.1).we subjected to the patient for CT

evaluation of paranasal sinus to know the extension and nature of the lesion. CT scan(fig no.2) revealed large soft tissue density polypoidal lesion at the right maxillary sinus and erosion of the posterolateral wall of the maxilla. The soft tissues mass also showed extension to frontal and ethmoid sinuses on right side. Because of the mass and CT findings we suspected the case of carcinoma maxillary sinus. Because of the polypoidal mass seen Rt nasal cavity and oral cavity, biopsy was taken from the nasal cavity and sent for HPE. Histopathological examination showed plexiform pattern of Ameloblastoma.

Due to the extension of the tumor, he had been underwent subtotal maxillectomy. After the surgery defect was shown in the(fig no 3). The subtotal maxillectomy is removal of maxilla with three wall keeping behind orbital floor. The defect was packed with ointment soaked nasal pack along with dental obturator. Gross examination of the surgical specimen consisted of a portion of the maxilla, extending from distal of the canine to distal of the last molar(fig no4). The whole specimen measured 10X6X5cm. The tumor was a polypoidal mass, rubbery to spongy in consistency. Microscopic examination showed plexiform pattern of Ameloblastoma.(fig no.5). After 12 weeks he was advised to take intermediate prosthesis. He regularly visits to department with no recurrence since 2 years.

DISCUSSION

The Ameloblastoma is relatively rare dental tumor, described for the first time in 1879. According to Larson et al its incidence is 0.6 case per million, while sheer et al found an incidence of 0-31 cases per million in a white population in South Africa. Ameloblastoma of the maxilla can cause an increase in volume, pain poor occlusion and paresthesia of the affected area³. In the case reported here, the patient presented with nasal obstruction. In maxillary bone, Ameloblastoma are predominately painless and slow growth. Because of lack of cancellous bone and proximity of the maxilla to the nasal cavity, nasopharynx, paranasal sinuses, orbits and skull base the diagnosis of maxillary Ameloblastoma late⁴.

Usually maxillary Ameloblastoma presents with cheek swelling as a common symptom⁵. But in this case, presented with unilateral nasal obstruction. In our case, the tumor had extended into the Sino nasal region. On radio logically CT scan is a better investigation. On CT scan it shows, the extension of the tumors which helps in the plan of treatment.

Biopsy from the masses is necessary for definite diagnosis and treatment plan. Ameloblastoma may manifest with a number of histological pattern, including the follicular, plexiform, acanthomatous, keratinizing, desmoplastic, granular cell, basal cell and clear cell types^{1,5}. A number of modalities have been proposed in the treatment of Ameloblastoma, like excision, curettage, enucleotomy, radical treatment. The decision to use a radical or conservative approach depends on various factors: (a) dimensions and location of the lesion, (b) The growth rate and relationships with surrounding structure, (c) the histological type, (d) general condition of health and age of the patient². Reconstruction procedures are good for functioning and aesthetic maxillary problem⁶. In our case, he subjected to subtotal maxillectomy followed by maxillary obturator.

CONCLUSION

We conclude that Ameloblastoma of maxilla can also present as nasal obstruction which unusual presentation. The initial intra lesion biopsies are efficient because they are easy to perform and yield near accurate diagnosis. Multicystic Ameloblastoma are tumors with strong propensity for recurrence. Multicystic Ameloblastoma of maxilla will be treated aggressively to reduce the recurrence of the disease. Ameloblastoma of maxilla, considered one of the differential diagnosis in case of nasal polyposis.

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Fig. no.1. Follicular mass seen over the right upper teeth & intra nasal region.



Fig. 2. Transverse section showing the extent of the lesion.



Fig. no. 3. Intra operative view.



Fig no 4: Sub-total maxillectomy specimen

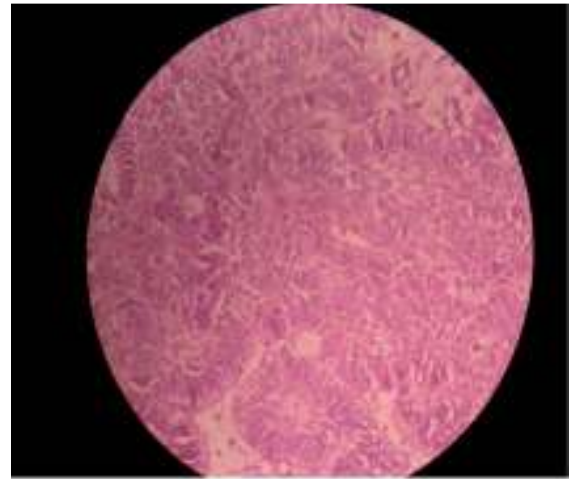


Fig. no.5: Pleiform pattern of ameloblastoma

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