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PHOTO QUIZ

Multiple lesions in upper jaw

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CASE REPORT

A 25-year-old woman, without relevant medical history, presented at the outpatient clinic with multiple masses of the maxilla, just above the teeth. She had been aware of the slow but steady enlargement of the masses over the past five years. She did not experience discomfort or pain. There was no family history of similar lesions or intestinal polyps.

Physical examination of the oral cavity revealed large, bilateral overgrowths located on the buccal aspect of the maxilla in the premolar and molar areas *(figure 1)*. The lesions were bony-hard on palpation. The overlying mucosa was normal. Further physical examination was unremarkable. Radiographic examination revealed well-defined ovoid radiopacities superimposed over the roots of the premolars *(figure 2)*.

Figure 1. *Buccal overgrowths of the maxilla*

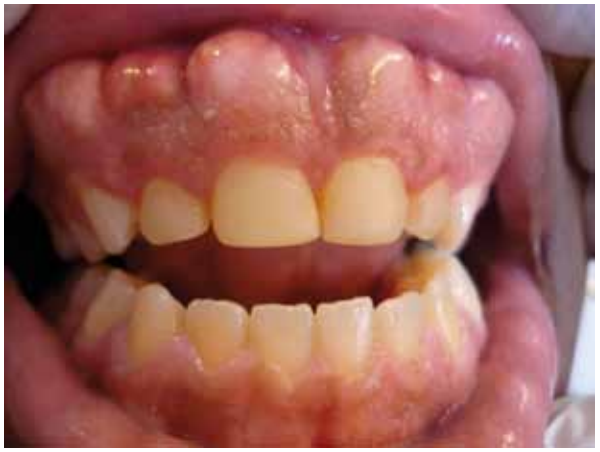
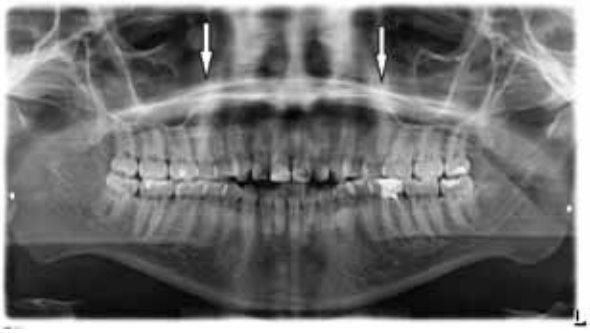


Figure 2. *Radiographic examination*



WHAT IS YOUR DIAGNOSIS?

See page 350 for the answer to this question.

ANSWER TO PHOTO QUIZ (PAGE 347)

MULTIPLE LESIONS IN UPPER JAW

DIAGNOSIS

The diagnosis is (typical) multiple buccal exostoses.

The multiple masses in the maxilla are consistent with multiple buccal exostoses, which are bony protuberances that arise from the cortical plates in the maxilla and mandible.[1] They usually occur in the late teens and early adult years, and many continue to enlarge slowly over time 2. The aetiology of the multiple exostoses remains unknown, although it has been suggested to be the outcome of a mild, chronic periosteal inflammation.[3]

The diagnosis of a buccal exostoses is based on clinical and radiographic findings.[1] An additional biopsy for diagnostic support is usually not recommended. It remains important to distinguish exostoses from early osteosarcomas and chondrosarcomas. Furthermore, the patient should be evaluated for Gardner's syndrome if he or she presents with multiple bony growths not in the classic buccal exostoses locations. Intestinal polyposis and cutaneous cysts or fibromas are other common features of the autosomal dominant Gardner's syndrome. The importance of this syndrome is the development of multiple intestinal polyps, which have a very high potential for malignant transformation. When Gardner's syndrome is suspected, the patient should be referred to the dermatologist; a colonoscopy should also be performed.[4]

Buccal exostoses are benign lesions that do not possess malignant potential, in contrast to the polyps in Gardner's syndrome. Therefore, they usually do not require treatment.[1] However, surgical resection is sometimes indicated if the bony outgrowths become so large that they interfere with function and denture placement.[1]

In this case, it was assumed that the presence of multiple bony changes of the maxilla warranted further investigation. Investigation of the skin and ileocolonoscopy excluded Gardner's syndrome as a diagnosis in this patient. In retrospect, investigation for Gardner's syndrome might not have been required because of the typical buccal location of the exostoses. Finally, the exostoses were removed by surgical excision because of cosmetic reasons.

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