

Clinical Image

Non-Ossifying Fibroma of Maxilla

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Keywords

Ossifying fibroma; Computed tomography; Maxillectomy

Abbreviations

CT: Computed Tomography

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A 20-year-old male presented with right-sided facial swelling for last 7 years. This swelling was associated with symptoms of right-sided nasal obstruction and epiphora. No history of trauma, visual complaints or focal neurological deficits. Physical examination showed a 10 X 8 cm right-sided hard non-tender facial swelling extending superiorly up to the right infraorbital and inferiorly obliterating right upper gingivobuccal sulcus (Figure 1). Telecanthus and right-sided axial proptosis were adjunctive findings. CT paranasal sinuses showed a large expansile radiolucent lesion of the maxillary bone and hard palate on the right side with multifocal areas of cortical thinning (Figure 2). Important differentials include chondrosarcoma, osteosarcoma, fibrous dysplasia, squamous cell carcinomas, odontogenic cysts and Pindborg tumors [1]. Right total maxillectomy via Weber Ferguson approach was done. Histopathology was suggestive of non-ossifying fibroma. At times bisphosphonates are effectively used as adjuvant treatment [2].



Figure 1: Patient with right maxillary swelling with gross disfigurement.

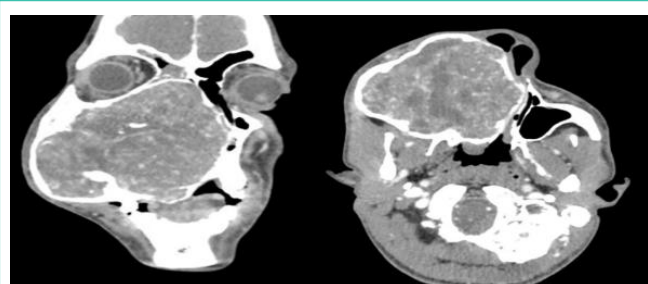


Figure 2: CT scan shows expansile lesion with cortical thinning and focal breach.

References

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