Erciyes Med J 2021; 43(4): 408–9 • DOI: 10.14744/etd.2020.47786
IMAGE – OPEN ACCESS

Maxillary Odontoameloblastoma

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A 12-year-old patient was admitted to our clinic with a progressive swelling on her left facial half (Fig. 1a). The patient reported occasional pain on her face and her left upper 2nd molar tooth not developing. On examination, a solid mass was palpated in the left maxillary sinus anterior wall. Endoscopic examination revealed narrowed left nasal passage due to pressure from the lateral side. On computed tomography scan, an expansile mass causing destruction on medial maxillary wall, orbital floor, and anterior wall of maxillary sinus was seen (Fig. 1b). The mass extends from alveolar process of maxillary bone at 2nd–3rd molar teeth level and completely fills the maxillary sinus. With Caldwell-Luc procedure, a hard white mass that depletes and causes some perforations on the anterior sinus wall was reached. The mass was totally excised using drill. The maxillary sinus ostium was enlarged endoscopically and the ectopic tooth in the antrum was extracted (Fig. 2). The patient had no active complaints during the 1st month follow-up. Pathology report showed odontoameloblastoma (OA). Written informed consent was obtained from the patient's parents.

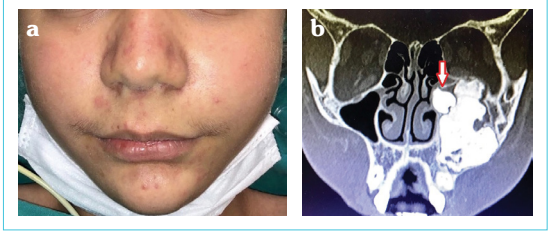

Figure 1. (a) Asymmetry is observed in the left upper jaw. (b) Image of computed tomography scan shows mass that completely fills the maxillary sinus and the presence of an ectopic tooth

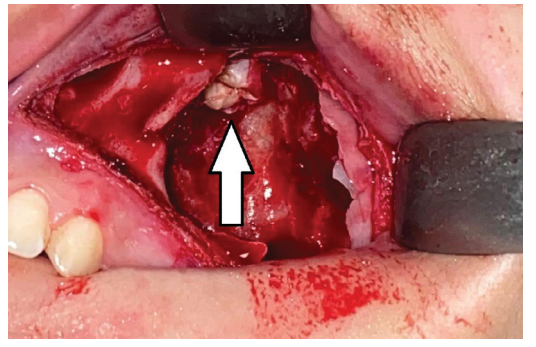

Figure 2. Post-lesion excision, maxillary sinus, and ectopic tooth are seen (arrow points to ectopic tooth)

OA is an extremely rare neoplasm that has been described as a slowly and progressively growing lesions exhibiting growth features that closely resemble ameloblastoma. They are centrally destructive lesions with expansile properties and may cause progressive swelling of the alveolar bone, dull pain, changes in occlusion, and delays in tooth eruption (1). It shares similar clinical features with odontoma regarding predilection for young age, occurrence in either jaw and it's tendency to cause bone expansion similar to ameloblastoma may aid in clinical differentiation (2). In the review by Mosqueda-Taylor et al. (3), 3 of 14 cases recurred (21.4%). These authors emphasized that OA should be closely followed-up for at least 5 years.

Informed Consent: Written, informed consent was obtained from the patient's family for the publication of this case report and the accompanying images.

Peer-review: Externally peer-reviewed.

Author Contributions: Concept – İK; Design – İK; Supervision – SS; Materials – SS; Data Collection and/or Processing – MGY; Analysis and/or Interpretation – İK; Literature Search – İK; Writing – İK; Critical Reviews – MGY.

Conflict of Interest: The authors have no conflict of interest to declare.

Financial Disclosure: The authors declared that this study has received no financial support.

Cite this article as:
Kara İ, Yıldız MG, Sağıroğlu S. Maxillary Odontoameloblastoma. Erciyes Med J 2021; 43(4): 408-9.

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Submitted
04.09.2020

Accepted
09.11.2020

Available Online
05.05.2021

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REFERENCES

1. Reichart PA, Philipsen HP, editors. Odontogenic Tumors and Allied Lesions. Chicago: Quintessence Publication; 2004. p. 171–3.
2. Dive A, Khandekar S, Bodhade A, Dhobley A. Odontoameloblastoma. J Oral Maxillofac Pathol 2011; 15(1): 60–4. [CrossRef]
3. Mosqueda-Taylor A, Carlos-Bregni R, Ramirez-Amador V, Palma-Guzmán JM, Esquivel-Bonilla D, Hernández-Rojas LA. Odontoameloblastoma. Clinico-pathologic study of three cases and critical review of the literature. Oral Oncol 2002; 38(8): 800–5. [CrossRef]