FIBROUS DYSPLASIA
CAN IT BE CURED ?

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INTRODUCTION

Fibrous dysplasia is a non - neoplastic developmental (hamartomatous) disease of bone of obscure etiology which involves one or more bones of the body[1]. Craniofacial fibrous dysplasia is described as a separate entity involving multiple bones of the facial skeleton, unilateral or bilateral. It is most often self limiting, with cessation of growth. However, in individual cases the activity of the lesion is unpredictable[2]. Though conservative surgical recontouring is generally the treatment of choice, occasionally radical surgery is carried out. Here is a case of recurrent fibrous dysplasia with multiple surgeries including one radical excision.

CASE REPORT

A 17 year male student reported to the Maxillofacial Centre, S.D.M. College of Dental Sciences, Dharwad, India, with a complaint of a gradually increasing painless, hard swelling on the left side of the face of duration 1 month. The swelling was first noticed when he was 6 years old which was biopsied and operated 4 years later. Details of the surgery are not known. A year later he presented again with a similar swelling on the same side of the face with pus discharge from 21 and 22.

Extraoral examination revealed a bony hard swelling extending from the left ala of the nose, to the preauricular region and posteriorly upto the infraorbital margin. The left eyeball appeared to be displaced superiorly but with no signs of diplopia. Intraoral examination disclosed a swelling extending from the left maxillary lateral incisor to the left overretained deciduous first molar region with expansion of the buccal cortical plate and palatal swelling, about a centimeter away from the midpalatal raphe. The left maxillary deciduous molars were found to be missing.

A paranasal sinus view radiograph revealed a diffuse radiopacity involving the entire left maxilla, maxillary sinus, part of the nasal cavity and the orbit as well as expansion of the left parietal bone was seen.

An incisional biopsy report was suggestive of fibrous dysplasia. Hemimaxillectomy was performed and the infraorbital rim was reconstructed with an iliac bone graft. 3 years later he reported again with a recurrent swelling which revealed a similar radiopacity extending still further into the left orbit. Debulking of the lesion was done and the biopsy was reported as fibrous dysplasia. This time, a recurrent swelling was noticed filling the entire defect area and extending further into the orbit as well as base of the skull. Axial and coronal CT scans revealed a mixed radiopaque and radiolucent mass extending medially from the nasal septum involving the body of the zygomatic arch and roof of the orbit on the left side. Expansion of the left ramus of the mandible, the right occipital bone, bilateral parietal

and temporal bones, left pterygoid bone and left ethmoid sinus was also noticed. Debulking and aesthetic recontouring of the maxillary lesion was carried out to achieve satisfactory results. The histopathology diagnosis was confirmatory of fibrous dysplasia.

DISCUSSION

Fibrous dysplasia affecting the orbits, the danger of dystopia, diplopia and loss of vision require early surgery to prevent or control cranio - orbital complications[3]. However, the indications for surgery are mainly aesthetic and functional depending on the degree of deformity and functional disturbance[4]. The process may come to a relative standstill at puberty or with cessation of growth, but even new lesions may develop. The progress of this obscure disease is very unpredictable and attempts at radical removal may only lead to recurrences, and restoration of status quo. Hence, symptomatic relief with a conservative approach should be employed. However it is definitely a benign lesion and radical surgery only causes mutilation and disfigurement and is not warranted usually. In other words, fibrous dysplasia cannot be cured.

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