Bilateral Fibrous Dysplasia of the Upper and Lower Jaws : Case Report

Abstract

Aim: To present a case with bilateral fibrous dysplasia of the upper and lower jaws.

Presentation of Case: A patient had mild pain in the lower jaw without any specific localization. From the patient’s diagnosis, it was revealed that he had a past medical history that included skin disorder rosacea and medium intellectual disability, imaging showed confirmed the presence of a lesion in the jaws bone. The lesion was found to have no soft-tissue a condition that differentiates fibrous dysplasia (FD) from a malignancy. Discussion: FD of the cranium is idiopathic rare disorder in which normal bone is replaced by abnormal fibro-connective tissue proliferation. In 36, 3% of the cases of FD the clinical beginning is hidden, there is no clear symptoms and obtaining the diagnosis is complicated. The rest of the patients (63, 6%) are with diverse symptoms depending on location, swelling, deformation and presence of pain.

Conclusion: It can be difficult to differentiate between FD from other benign and malignant bone disorders because of the isolated cases of FD in the maxillo-mandibular region.

Keywords: Bilateral, Fibrous Dysplasia, Upper and Lower Jaws, Intellectual disability.

Introduction

Fibrous dysplasia (FD) affecting the jaws is an uncommon developmental anomaly. It may be divided into three categories; The first type involves a single bone commonly referred to as monostatic (74%). The second type includes multiple lesions comprising several bones.
referred to as polyostatic (13%). When seen with café au lait (coffee with milk) pigmentation, the process is termed Jaffe-Lichtenstein syndrome. Polyostotic fibrous dysplasia also may be combined with café au lait pigmentation and multiple endocrinopathies is known as the McCune-Albright syndrome.

The third is craniofacial (13%) which commonly found in the McCune-Albright syndrome, which includes endocrine abnormalities [1,2]. The last category, identified by Davis and Yardley, [3] appears to be confined to the face and jaws involving two or more bones. The specific cause of fibrous dysplasia is unknown, but a common theory for the monostotic form is that a nonspecific reaction to some disturbance induces an excessive proliferation of connective tissue [4]. According to SARGIN [5], in 1937 among all the disorders associated with bone formation, fibrous dysplasia is very extreme and should be classified on its own.

There is also another definition of the term fibrous dysplasia stating that the disorder is an arrest of bone maturation. The defect from maturation is a woven bone ossification that is as a result of metaplasia of nonspecific fibro-osseous type [6]. The aim of this case report is to present a case with bilateral fibrous dysplasia of the upper and lower jaws.

**Case Report**

Before about 6 years, we received as twenty-eight male case in Oral surgery department of the Medical University. The case had mild pain in the lower jaw without any specific localization. From the diagnosis, it was revealed that he had a past medical history that included skin disorder rosacea and moderate intellectual disability with emotional-volitional instability and prolonged neurotic decomposition. There was no family history of similar medical disorders.

In clinical examination, there was presence of symmetrical bilateral expansion in the distal part of the alveolar ridge of lower and upper jaws, and skeletal survey done and it was free.
The color of the surrounding and covering mucosa of the oral cavity was normal and did not show any signs of inflammation or ulceration. The examining physician expected fibrous dysplasia as initial diagnosis depending on the symptoms and signs on the upper and lower jaw. Radiological imaging done, but it was difficult to determine the nature of that lesion is it benign or malignant. Figure 1. showed confirmed the presence of a lesion in the jaws bone. Biopsy was taken from the lesion. The lesion was benign and this agrees with other studies relevant to fibrous dysplasia of jaws [7-11].

Figure 1: Presence of a lesion in the jaws bone

Discussion

Fibrous dysplasia of the cranium is characterized by the replacement of the normal bone by abnormal fibro-connective tissue. According to clinical records cases of FD at least in 36, 3%. The other (63, 6%) of the cases from different patients exhibit diverse symptoms. The different symptoms vary from one patient to another due to the difference in location. Some of the symptoms include swelling, deformation and presence of pain [12].
The amount of alkaline phosphate should regularly be monitored to avoid its increase that results in malignant transformation. The cause of pain in the lower jaw of the patient is due to the compression of the mandible nerve as a result of the enlargement of the fibrous tissue.

Treatment of the disorder is the most appropriate way to correct the functionality problem in combination with aesthetic effects. Surgical treatment method results in long-term post-operative complications [13].

**Conclusion**

It can be difficult to differentiate between fibrous dysplasia from other benign and malignant bone disorders because of the isolated cases of fibrous dysplasia in the maxillo-mandibular region. In cases of maxillo-mandibular the dentist identifies the condition before administering any treatment. Therefore, adequate knowledge of the state is necessary for proper diagnosis, treatment, and prevention of further complications.

**Ethical Considerations:**

The author get an approval of Biomedical Board of Hospital and Informed consent was applied and the case agreed for case report publishing.

**References**


6. Rajaratnam, Basetty Neelakantam, Maria Priscilla David, and Narayan Naveen. "FIBROUS DYSPLASIA-REVIEW OF LITERATURE." ?????????????????


