

Reparative Granuloma of the Mandible

Zakaria Aziz*, Naouar ibnouelghazi, Amine Bouaichi, Marie lysette Ngoua, Nadia Mansouri Hattab

Department of Maxillofacial surgery, Mohammed VI University Hospital Center, Marrakesh, Morocco

***Corresponding author**

Zakaria Aziz

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Abstract: We report the case of a young patient who presented a reparative granuloma revealed by a left lateral mandibular swelling evolving in a complex clinico-radiological presentation complicated by underlying mandibular fracture; It is an often mandibular or maxillary tumor, its etiopathogeny is not yet elucidated, characterized by its clinico-radiological polymorphism, a panoply of medico-surgical techniques exists, that's indication depends on several parameters (clinical and radiological) and where surgery remains the alternative of choice.

Keywords: Reparative granuloma, mandibular fracture, surgery

INTRODUCTION

Giant cell reparative granuloma is a rare benign bone tumor [1]; its etiopathogeny is still poorly known, it affects with preference the maxillary bones representing 7% of all their benign tumors [2]. Its prognosis is better compared to other giant cell tumors in term of recurrence and malignant degeneration provided that the most appropriate therapeutic strategy is adopted [3]. We focus on the giant cell reparative granuloma, a particular anatomico-clinical entity, through this clinical case.

CASE REPORT

We report a case of a 22-year-old patient with a history of dental avulsion of the 37th. The reason for consultation was the appearance of a left latero-mandibular swelling evolving for 5 months with the appearance of lancinating pain and dental loss.

The examination found a tumor filling the left vestibule laterally; associated with an exophytic cauliflower lesion on the pelvic mucosal side facing the mass. The panoramic dental radio and the facial CT had

objectified a unilocular bone lytic process of the preangular left horizontal branch in with cortical rupture and invasion of neighboring soft tissues (Figure 1, 2).



Fig-1: Dental panoramic: clear left unilocular pre-angular image with clear boundaries and underlying mandibular fracture

surgery becomes radical and decaying in aggressive and invasive forms as we have advocated in this patient.

The choice of reconstruction by bone grafting assisted by induced membrane is for us an indication of choice where the induced membrane, in addition to its nutritional, vascular and stabilizing role, is especially in this particular case a protective barrier for the graft.

CONCLUSION

The non-anatomico-clinical parallelism of the reparative granuloma, such as the case of our patient is a diagnostic difficulty that may require a wide range of paraclinical investigations, and imposes surgery that can be mutilating by haunting recidivism.

Contributions of the authors

All the authors contributed to the medical care of the patient, as well as the writing this article they approved.

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