

Abstract delle Comunicazioni XX Congresso Nazionale Società Italiana Chirurgia Maxillo-Facciale

Complesso Universitario Scuola di Medicina e Chirurgia Federico II Castel dell'Ovo - Centro Congressi Federico II

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Condylar osteoma: surgical treatment and occlusion restoration.

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INTRODUCTION: Osteoma is a benign tumour consisting of mature bone tissue.

It is a slow-growing, asymptomatic, usually solitary lesion which affects mainly young adults.

Osteoma of the condyle may cause facial asymmetry and temporo-mandibular joint dysfunction. Therefore the most common clinical manifestations involving the condyle are malocclusion and facial asymmetry.

Osteoma should be differentiated from benign condylar conditions and malignant lesions.

Also it can often be confused with progressive asymmetries like condylar hyperplasia. Recurrence after excision is extremely rare.

MATERIALS AND METHODS: Here we present two cases of osteoma arising in the condylar region in a 42-year-old female and 40-year-old male. Patients presented with facial asymmetry and masticatory disorder.

There was no history of trauma. Both had been previously treated by bite in other centers.

Standard rx can demonstrate asimmetry of the condyles and therefore of the mandible without showing the underlying osteoma. Only CT scan is useful to differentiate the presence of an osteoma with condylar hyperplasia or TMJ disfuctions.

The lesion can be surgically removed with preauricolar skin access. Before surgery we place intermaxillary fixation using arch bars in order to do, after surgery, functional therapy, orthodontic treatment and prosthesis refinement.

Patients after surgical excision swing back of the mandible to near normal occlusion and facial midline correction.

RESULTS: after surgical excision of the lesion both patients restored the occlusion; at 3 and 4 years follow-up there are no signs of recurrence and the occlusion is preserved.

CONCLUSIONS: CT scan represents the imaging of choice to diagnose osteoma and rule out tumours, condylar hyperplasia and /or TMJ dysfunctions.

Moreover an accurate planning is essential to manage and restore the occlusion in the post-operative period.