



Extended Abstract Craniofacial Fibrous Dysplasia: Diagnosis and Treatment Options ⁺

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Fibrous dysplasia (FD) is a rare benign congenital condition characterized by the replacement of normal bone with fibrous connective tissue mixed with irregular bone trabeculae. The TAC Cone Beam represents the most effective mean for the evaluation of craniofacial FD (CFD). There are three possible approaches to the treatment of CFD: monitoring, pharmacological therapy and surgical treatment [1]. The aim of the study was to clarify on the basis of the present diagnostic means the best one to define the most appropriate therapeutic approach in the case shown in our work ie a woman of about fifty years of Brazilian origin, who came to us with an asymptomatic deformation of the left mandibular body.

In addition to the exams already in our possession, the patient was invited to perform a bone scan to evaluate radiopharmaceutical uptake and the possible presence of other skeletal lesions, as indicated by the hospital protocol for cases of suspected fibrous dysplasia. From the performed scintigraphic examination a significant asymmetry of the distribution of the osteotropic tracer on the left lower jaw was highlighted.

To confirm the diagnostic suspicion of fibrous dysplasia, a biopsy was performed.

Having ascertained the nature of the lesion, a conservative surgical approach was therefore deemed appropriate, aimed at restoring the bone size of the mandibular body without intervening on the branch, where the lesion did not have an extension such as to cause aesthetic alterations (Figure 1).

The surgery involved an osteotomy with removal of the hypertrophic segment and a curettage of the bone gap with removal of fibro-osseous particulate and of an included dental element. The flap was then closed by a single interrupted suture which was then removed after one week; the patient was monitored until the wound was completely healed [2].

The final result was satisfactory with a restoration of facial aesthetics and no neurological consequences (Figure 2).



Figure 1. Clinical aspect during the surgery procedure.



Figure 2. Final result after 6 months.

FD is a rare condition that can frequently involve the facial district. The indication for surgical treatment is not absolute, but a careful evaluation must be performed by the clinician, based on the location of the lesions and the aesthetic and functional implications that these may entail, reserving a more radical approach to cases of suspected neoplastic evolution.

Conflicts of Interest: The authors declare no conflict of interest.

References

- 1. Riminucci, M.; Fisher, L.W.; Shenker, A.; Spiegel, A.M.; Bianco, P.; Gehron Robey, P. Fibrous dysplasia of bone in the McCune-Albright syndrome: Abnormalities in bone formation. *Am. J. Pathol.* **1997**, *151*, 1587–600.
- 2. Adetayo, O.A.; Salcedo, S.E.; Borad, V.; Richards, S.S.; Workman, A.D.; Ray, A.O. Fibrous dysplasia: An overview of disease process, indications for surgical management, and a case report. *Eplasty* **2015**, *15*, e6.
- Ricalde, P.; Magliocca, K.R.; Lee, J.S. Craniofacial fibrous dysplasia. Oral Maxillofac. Surg. Clin. N. Am. 2012, 24, 427–441.



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