Radiology lecture#5 part 2

**Cemento ossifying fibroma**

Dealt as a Neoplastic lesion

Mixed density

Radiolucent capsule

Remodeling for the surrounding structure

Changes the shape of sinus

Maxilla

Female

Any age

In children, it is a very aggressive form

Well defined

Sclerotic border

Differential diagnosis:
fibrous dysplasia and cemento ossifying fibroma

|  |  |
| --- | --- |
| Fibrous dysplasia | Cemento ossifying fibroma  |
| Changes a whole bone | Appears as ballooning , radiolucent capsule , it takes its natural size without respecting any boundaries |

**Central giant cell granuloma**

Reactive lesion

Anterior mandible

Young individuals

Radiolucent lesion

Thin wispy striations, and that means it’s a multilocular lesion

The septa in between are too thin that sometimes they aren’t seen

It makes displacement of teeth and inferior alveolar canal

It makes resorption

If in posterior areas, it makes expansion of cortices

It’s like any other space occupying lesion

It has an internal pattern ( = wispy striations)

**Aneurysmal bone cyst**

Reactive lesion

One of the central giant cell granuloma

Young patients

Very very expansive

It happens around the condyle at upper ramus

Painful because of the pressure on periosteum

Very rapid expansion

Multilocular

Highly vascularized lesion

**Cherubism**

One of the giant cell granuloma

Bilateral

Young kids

Multilocular

The kid looks like an angle that’s why it’s called “cherubism”
affects all 4 quadrants including posterior maxilla

it stretches the skin of the lower eyelid so we see the sclera from beneath the eyelid, so the kid appears as if he’s looking up like angles

management: same as fibrous dysplasia, if the disease didn’t have a proper remodeling and correction then we go for reshaping the bone

it makes also anterior displacement for molars because the expansion epicenter is in the ramus

**Paget’s’ disease of bone**

it affects men in 40s

it’s about an imbalance in resorption and positioning of bone

the bone starts as radiolucent the becomes mixed then more opaque

changes the shape of skull and creates a pressure on foramina, this causes a neurologic problem

the vascular tissue increases

the alkaline phosphatase increases which creates metabolic problems and rapid metabolism of bone

heart failure is expected, because the heart can’t cover the demands of high vascularization

cotton wool appearance
differential diagnosis:

|  |  |
| --- | --- |
| Fibrous dysplasia  | Paget’s’ disease  |
| Unilateral | Bilateral, involve mostly the skull and maxilla, and a little bit the mandible  |

They look similar if we looked only on one piece of bone

**Langerhans’ cell histiocytosis**

This disease has different classifications, one of them is (benign and malignant) :
type I : eosinophilic granuloma , localized in one of the bones

Type II: hand-schuller-christian disease, cells in soft tissue everywhere; kidney, eyes…. etc

Type III : letterer-siwe disease , in very young patients, they’re incompatible with life, so we might not see any of these patients
>>> type I and II are benign
>>> type III is malignant
this disease is characterized by a scooped out appearance “hint”
well defined ((too much))
as if a piece of bone is taken out
the missing bone stays without remodeling
it’s very aggressive and fast
we may see floating teeth , they’re only held by soft tissue , no bone around them at all
>> so it’s not like cysts, and not like any other slow lesions!