

MASSIVE OSTEOMA OF THE MANDIBLE

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ON SEPT. 27, 1949, a 46-year-old white man was transferred from the medical service of the Lancaster General Hospital to the oral surgery service for consideration of a massive osteoma of the mandible. The growth was attached by a pedicle to the lower right first molar area; it obliterated most of the intermandibular space, displacing the tongue. It arose following a blow to the right body of the mandible thirty-seven years previously, and was slowly growing. In recent months it had interfered with intake of food, and consequently the patient was in a state of malnutrition. In addition to this growth, he was suffering from abscesses of both lungs. Removal of the right lung was contemplated, but it was the opinion of the chest surgeon that the osteoma should be removed first to facilitate building the patient's physical condition above his present malnourished situation.

The past history revealed that on Jan. 13, 1949, the patient was admitted to this hospital because of lobar pneumonia and was discharged on January 30 as recovered. He was directed to return in six months for removal of the osteoma. Upon his return, examination of the chest revealed suppressed sounds and impaired percussion with inspiratory pain and basal râles. The other systems were normal.

Examination.—Regional examinations disclosed a mouth in a very poor state of hygiene, with many carious teeth and a foul breath. Most of the oral space was obliterated by a large osteoma which had displaced the tongue (Figs. 1 and 2). General physical findings were not remarkable; laboratory tests gave essentially normal results. The serology was negative. Blood tests revealed the following: R.B.C. 4,110,000; W.B.C. 9,300; Hb. 79 per cent—13 Gm.; color index 0.9; polys 79; lymphocytes 17; clotting time 5 minutes; and bleeding time 2 minutes.

Treatment and Course.—Consultation was held with the medical and anesthesiology departments, and it was the consensus that the patient was a poor risk. The medical department took the stand that the only chance of building the patient up for the planned lung surgery was to first remove the oral encumbrance. The patient received 400,000 units of penicillin and 1.5 gr. of Nembutal on the night before surgery.

The following morning, after the usual premedication, the patient was anesthetized with Pentothal sodium-oxygen-helium-curare anesthesia, with nasotracheal intubation. A Gigli saw was maneuvered around the mass, and

the growth was easily removed. The tissues were closed with interrupted 000 black silk sutures. It was noted that after removal of the growth, the tongue fell backward to occlude the airway. A suture was passed through its tip

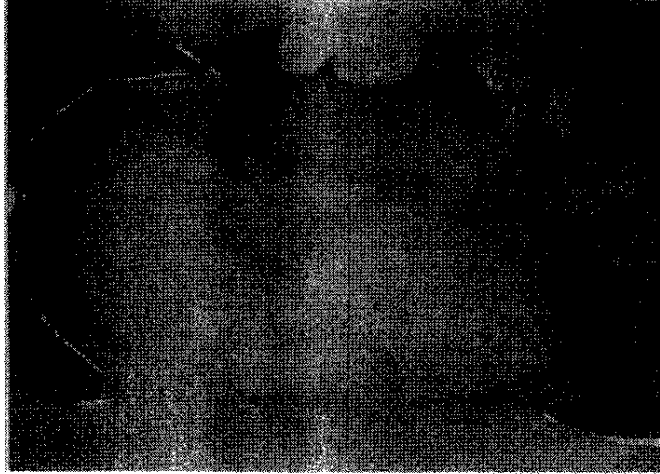


Fig. 1.—Osteoma obliterating oral cavity.

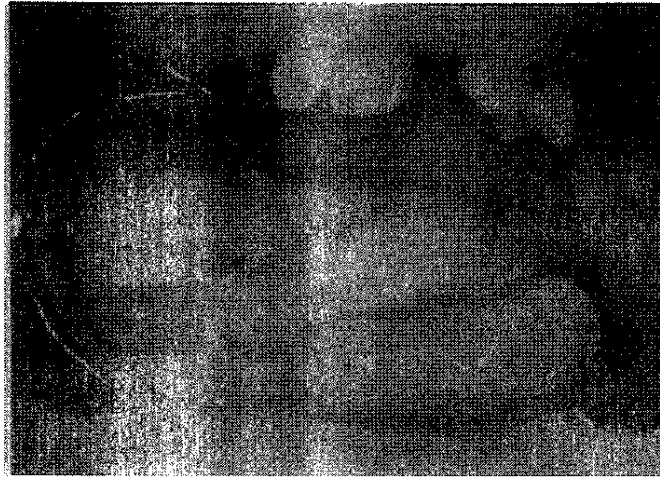


Fig. 2.—View showing osteoma with tongue protruding from beneath. Note area on surface of osteoma where the upper posterior teeth occlude.

and was then tied to a ligature attached to the lower anterior teeth. Postoperatively, the patient did poorly and on the second postoperative day he died of spontaneous pneumothorax.

Pathologist's Report.—

Gross: The material examined consisted of an irregularly lobulated mass of bone with smooth surfaces measuring 8 by 6 by 4 cm.; it weighed 102.3

grams (Figs. 3 and 4). A flap of epithelium was attached to the edge of what was the margin of the base of the mass. This flap measured about 4 by 2.5 by 0.7 cm. Imbedded in the flap was an exfoliated carious molar tooth (Fig.



Fig. 2.—Superior surface of osteoma.



Fig. 4.—Inferior surface of osteoma showing exfoliated molar tooth.

4). On sectioning, the greater part of the mass was found made up of dense cancellous bone. Located near the center was a cyst 0.7 cm. in diameter.

Histologic: In a section examined, one surface was covered by a thin layer of partly necrotic, stratified squamous epithelium. Beneath this was a broad

zone of hyalinizing connective tissue, probably periosteum. The greater portion of the specimen was made up of thick, bony trabeculae. Between the bony trabeculae were strands of loose, compact connective tissue, together with fat.

Diagnosis: Benign osteoma of the mandible.

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