DESMOPLASTIC PERIPHERAL AMELOBLASTOMA
- A CASE REPORT

* Dr. NEETHA R SHETTY  **Dr. BIJU THOMAS  ***Dr. PUSHPARAJ SHETTY

ABSTRACT
Peripheral Ameloblastoma is a rare odontogenic tumour, that arises in the tooth bearing gingiva and has a less invasive character compared to an intraosseous ameloblastoma, regardless of histologic subtype. A rare case of Desmoplastic Ameloblastoma has been reported based on the clinical, radiographic and histological appearance and an appropriate treatment is discussed.

INTRODUCTION
Peripheral Ameloblastoma, also known as extra osseous or soft tissue ameloblastoma, is a relatively uncommon odontogenic tumour that is histologically identical to the classic intra osseous ameloblastoma. Several histologic patterns of peripheral ameloblastomas have been reported in the literature, including follicular, plexiform, acanthomatous, and in most cases mixed histopathologic pattern.
Peripheral Ameloblastomas are not aggressive clinically and permanent resolution usually is achieved with conservative excision. A recurrent rate of 8% -19% has been reported and local re-excision typically resolves the problem.

The paper presents a case of an atypical peripheral ameloblastoma characterized by extensive desmoplasia.

A CASE REPORT
A 43 years old male patient reported to the department of Periodontics, A.B.Shetty Memorial Institute of Dental Sciences, Mangalore, with a swelling in the palatal aspect of upper left canine region. The swelling was noticed for one year and was not associated with pain or any other secondary changes.
Oral examination disclosed a solitary, smooth, well defined swelling present on the anterior hard palate in relation to 23, 24, 25 region.

The swelling was extending from attached gingiva up to the palatal vault, measuring approximately 2 x 3 cm, with the palatal mucosa covering the swelling.
On palpation, the swelling was firm in consistency, non-tender and fluctuant at the central most part.
Investigations included radiographs, aspiration, and biopsy. Radiographic examination was suggestive of a peripheral lesion with a shadow over alveolar bone. No aspirate was found on aspiration.
The lesion was excised and sent for histopathological examination. Histopathological examination revealed odontogenic epithelial islands surrounded by dense bundles of collagen fibers. Odontogenic epithelial islands were made up of peripheral cells, which were mainly flattened, few were cuboidal cells. Some areas showed columnar cells with reverse polarization and central area showed squamous metaplasia.

DISCUSSION
Considering the radiographic picture and histopathologic features, a diagnosis of peripheral Ameloblastoma - A desmoplastic variant was made. The post-operative course was satisfactory and no recurrence was seen during a follow up period of 6 months.

DISCUSSION
The peripheral ameloblastoma is uncommon and accounts for about 1% of all ameloblastomas. According to Buchner and Scuderi Peripheral Ameloblastoma is defined as a tumour with the histological characteristics of an intraosseous ameloblastoma but occurring in the soft tissue overlaying the tooth bearing regions of the maxilla and mandible.
Clinically, peripheral ameloblastoma usually presents as a painless, non ulcerated, sessile or pedunculated gingival or alveolar mucosal lesion with normal coloured smooth surface, and occasionally demonstrates erythematous or papillatory surface.

* Assistant Professor, Department of Periodontics, Manipal College of Dental Sciences, Mangalore
**Professor and Head, Department of Periodontics, *** Associate Professor, Department of Oral Pathology, AB Shetty Memorial Institute of Dental Sciences, Mangalore

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occurrence of peripheral ameloblastoma is seen in significantly older age group, average age of 51 years, approximately 16 years after its extra
bony growth. It is interesting to note that the age in the current case was 43 years, slightly lower than previously reported cases.

In contrast to present case, most tumours are smaller than 1.5 cm and approximately 65% are in the anterior regions of the jaws and there is a mandibular predominance of 5:9. Bone involvement is rare, when it occurs in the form of superficial erosion than neoplastic invasion.

Several histologic pattern of peripheral ameloblastoma are commonly described and include follicular, plexiform, acanthomatous, granular cell, and basal cell pattern. Among this, plexiform and follicular pattern are very common.

In the present case, presence of densely packed fibrous component and minimum odontogenic epithelial islands are similar to that of peripheral odontogenic fibroma, however presence of peripheral odontogenic epithelial cells exhibiting the palisading arrangements and clear cytoplasm and reversal polarization suggests that it is a case of ameloblastoma.

The accepted surgical treatment of peripheral ameloblastoma involves excision of the lesion down to peristuem, including a small amount of normal tissue without removal of teeth. Cases reviewed by Buchner and Sciubba report 19% of recurrence at times ranging from 2 months to 7 years after excision.

CONCLUSION

Peripheral ameloblastoma is a benign, fairly uncommon lesion that can appear clinically and radiographically similar to any gingival epulis, however differ in biological behaviour. Histopathological evaluation is mandatory for diagnosis. Despite its rarity, recurrence does remain a possibility. Management should remain conservative surgical excision with a follow up over a long time span, which is a mandatory requirement.

BIBLIOGRAPHY