

CASEREPORT

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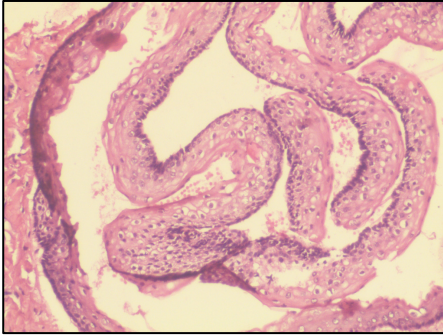
A 55 yr old patient named J.Jagga Rao came to department of Oral Pahtology & Microbiology with a chief complaint of pain and swelling on the right side of face with restricted mouth opening since 1 year. His past medical history revealed that he is a known diabetic, underwent surgery for coronary artery stunt placement 1 year ago and also a history of unstable angina.

On clinical examination, there was a diffuse swelling in the right side of face, extending from junction of a line drawn from outer canthus of eye to lower border of the mandible, to a line drawn from angle of mandible, upto parotid region with elevation of ear lobule antero-posteriorly, and from the preauricular region to lower border of mandible supero-inferiorly. Swelling is firm in consistency, tender, with a normal overlying skin. Mouth opening is restricted. 47 & 48 were missing, as the patient underwent extraction for decayed teeth.

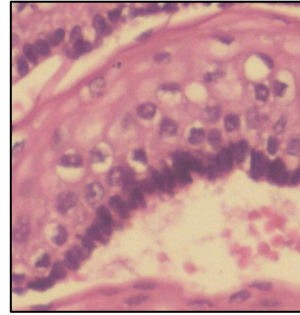
A well defined radiolucency is seen in the mandibular ramus area on right side on OPG. Fine needle aspiration revealed a clear straw colored from the lesion.

A provisional diagnosis of osteomyelitis of the mandible with parotid abscess was given. Hematological investigations revealed a rise in ESR. An incisional biopsy was done from the parotid region and a soft tissue specimen of size 0.5 × 0.5 cm was sent for histopathological examination.

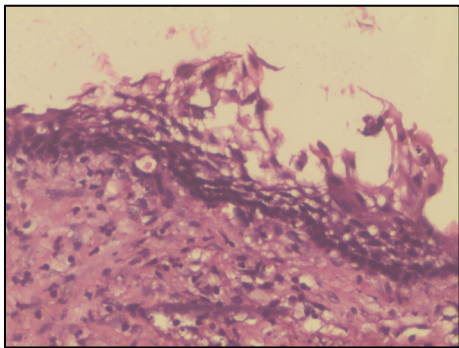
The histopathological examination of the H & E section of the specimen revealed a corrugated parakeratinized stratified squamous cystic lining with tall columnar basal cells showing hyperchromatic and palisaded nuclei (fig-1,2). One area of the section shows ameloblastomatous cystic epithelium with loosely arranged cells resembling stellate reticulum (fig-3) . The other area of the section also shows foreign body giant cells with multinucleated vesicular nuclei, prominent nucleoli, lymphocytes, macrophages and muscle tissue with vesicular with in a background of loose fibrous connective tissue stroma (fig-4,5). Based on histopathplogical features, the lesion was finally diagnosed as Odontogenic keratocyst transforming in to Ameloblastoma.



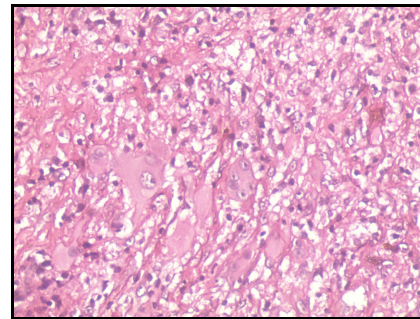
10X: View shows corrugated parakeratinized stratified squamous cystic lining (Fig 1)



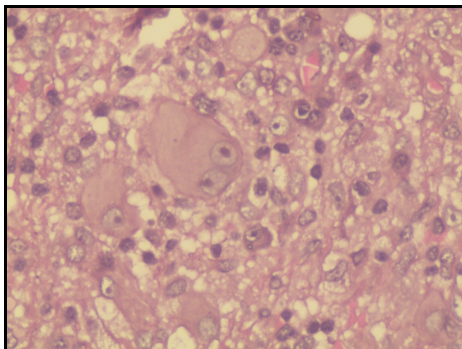
40X: View shows tall columnar basal cells with hyperchromatic and palisaded nuclei (Fig 2)



20X: view shows ameloblastomatous appearance of cystic epithelium with loosely arranged cells resembling stellate reticulum in one area (Fig 3)



20X: View shows multinucleated giant cells and inflammatory cells with in a background of loose fibrous connective tissue stroma (Fig 4).



40X: View shows foreign body giant cells with multiple vesicular nuclei, prominent nucleoli and lymphocytes and macrophages (Fig 5).

