



Giant Cell Tumor of Left Maxillary Region: A Case Report

Y Reena¹, TThansingh², S Saket³

Date of Submission: 25-01-2024

Date of Acceptance: 05-02-2024

ABSTRACT : Giant cell tumor is rare neoplasm usually in the mandible. This case described in here presented lesion in the maxillary region. It was diagnosed and was excised surgically followed with maxillary obtuator.

Keywords: Giant cell tumor ,Benign tumor , subtotal maxillectomy, Maxillary Obturator Weber-fergusson incision,

I. INTRODUCTION :

A Slow growing benign primary lesion having tendency of converting and mimicking malignant lesion. It is rare in head and neck region. Mandible is mostly affected as maxilla. It nature has capacity of local destruction It is often seen in the children, youngadults, female.

II. CASE REPORT

A 37 years female old presented with swelling on the left maxillary region since 3 to 4 months. Swelling was insidious in onset and progressively grew to present size.Swelling was painless for which local treatment was taken but seen no improvement.There was no history of trauma,lossening teeth,no facial nerve involvement, Asymmetry presented because of swelling in the left facial regionOn examination : Diffuse hard swelling on left side of face obliterating nasiolabial fold,ala of nose.On palpation non tender firm swelling related to underlying maxillary bone, involving gingivobuccal sulcus extending from left first premolar to left maxillary tuberosity with 1 cm away from mid palatal region.Investigation to

rule out Brown tumor (hyperthyroidism)was done asSerum calcium ,Phosphorus ,Alkaline phosphatase were normal.True cut biopsy was suggestive of Benign fibrous Tumor (tumor composed of cellular fibroblastic stroma and multinucleated giant cells. Foci of mature bone is also identified. There are no atypical mitotic figures or any areas of necrosis. Features are those of benign fibrous tumor possibly ossifying fibroma.CECT SCAN : findings suggestive of aggressive mass lesion involving the left maxillary sinus causing erosions of its wall and having extensions size 3 x 4,7 x 4.4 cm erosion of maxilla and left lateral wall of nose. Left level I B and left level II A lymph nodes with homogenous enhancement -reactive ?After Pre anestheticevaluation done. The tumor was planned for excision. Using Weber Ferguson type of Incision and subtotal maxillectomy tumor was exposed. A mass of size 5 x 5 x 5 cm (fig 3) along with palatine bone and teeth of upper left region from first premolar to tuberosity was removed. Palatine artery was ligated The cavity area was curettage. The defect was covered with full thickness skin graft (fig 1) taken from left thigh. The graft was supported with bolster consisted for gellunote and gauge dressing tied around.The supported bolster dressing was removed on post-operative third day. Removal partial denture plate was given. Follow up on day 7, 10,15,1 month (fig 4) done. Maxillary Obturator fabricated with teeth was given to patient .(fig 5)

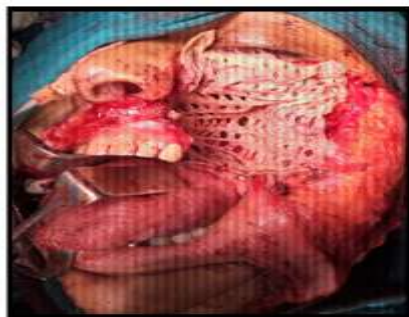


Fig.1 : Skin graft Placement on the defect



Fig 2: Final colosure of weber fergusson incision

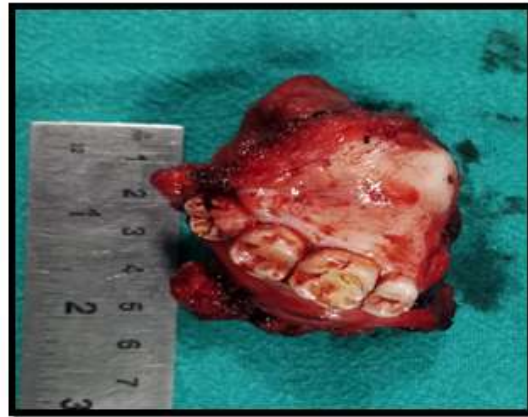


Fig 3: Resected tumor

III. DISCUSSION :

Giant cell are primary tumors arising from bone in Adults⁴Tumor growth can be intermittent, gradual increase in size of tumor³Giant cell tumor are difficult to diagnosis of jaw lesions⁵It clinical resembles malignancy. Biopsy and radiological evaluation for diagnosis⁵It has lytic nature with intact bony cortex².It usually involving gingiva and alveolar mucosa or central endosteal jaw lesion¹Stolovitzky et al stated that giant cell granuloma of the maxilla and paranasal sinus and true Giant cell tumor of bone represents continuum of single disease process which is aggressive clinical behaviour.⁶Treatment of giant cell tumors consists of surgical resection ,curettage with bone grafting .Replacing the defect with flap.as Non-surgical approaches to avoid disfigurement have also been mentioned Calcitonin, Intralesion injection with corticosteroids.⁷Recurrence is common as it depends on initial surgery plan. Usually curettage or any other treatment modalities.Recurrancereportin surgical resection is on 7%.⁸Toughgiant cell tumor is rare but agresive,misdiagnosis and clinical presentation changes the treatment modalities. Hence diagnosis of the lesion earliest may be treated conservatively.⁹

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