FIBRO-OSSEOUS LESIONS OF THE JAWS: DIAGNOSTIC CHALLENGES AND TREATMENT CONCEPTS

by

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The term fibro-osseous lesion is a generic term designated for a limited number of primary jaw disorders. The term fibro-osseous is descriptive, nosologically limited and diagnostically nonspecific. These benign lesions are characterized by the replacement of bone by cellular fibrous tissue containing foci of mineralization that vary in amount and appearance. Lesions generally included in this group range from developmental to reactive or dysplastic lesions as well as neoplasms.^{1,2}

It is important to appreciate that a histologic diagnosis of fibro-osseous lesions is non specific and has a limited value in predicting biologic behavior or guiding treatment. Most agree that a definitive diagnosis requires correlation of the patient's history, clinical findings, radiographic/imaging analysis, and operative findings. The pathologist, who may have insufficient clinical and radiolographic information, may find the use of this generic diagnosis attractive. Subsequently the clinician knowing that the majority of fibro-osseous lesions exhibit a slow, benign course might be inclined to under treat patients. A specific diagnosis is important because of the different treatment modalities available for this conditions. ^{3,4,5}

Classification and, therefore, diagnosis of these lesions is problematic, partly because of a lack of agreement about terminology, but also because of a significant overlap in histologic features. A number of workers have tried to clarify the classification of these lesions ^{1,4,5,6,7} and although an exact terminology is not agreed upon, a concept has emerged which has culminated in the latest WHO classification.⁸ The core of this classification is the concept of a spectrum of clinicopathological entities in which the