



FLORID-CEMENTO OSSEOUS DYSPLASIA (FCOD) AN ASYMPTOMATIC AND INCIDENTAL FINDING- A RARE CASE REPORT

Mansi Tiwari*, Abhijeet Deoghare., Anshul Sharma., Pramod Krishna., Rajdeep Singh and Neha Agarwal

B-1 Rajeev Nager, Raipur -492007, Chhattisgarh State, India

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ABSTRACT

Florid cementoosseous dysplasia is a benign, rare, multilocular & fibrous lesion of the jaw. It is commonly found in mid aged black women population, is generally asymptomatic, and is incidentally detected during routine radiological examination. In radiograph Florid cemento-osseous dysplasia clearly appears to be a form of bone and cemental dysplasia which is limited to jaw. In this pathology patients do not have laboratory markers or radiological imaging evidence of bone pathology in other parts of the skeleton. Radiographically, FCOD appears as lobulated dense masses, which are symmetrically found in various regions of the jaws commonly and involves the posterior mandibular segment. These bony lesions have anatomical demarcation as they are confined above the inferior alveolar canal.

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INTRODUCTION

Florid cement osseous dysplasia is originally a form of cemento osseous lesion. They can be further classified as cemento-ossifying fibroma, benign cementoblastoma and the cemento-osseous dysplasia group, in which periapical cemental dysplasia and florid cemento-osseous dysplasia (FCOD) are included.¹

The term florid cemento-osseous dysplasia (FCOD) has been given by World Health Organisation's (WHO) 'International histological classification of odontogenic tumours' to replace the old term 'gigantiform cementoma'.²

In FCOD the lesions are confined to tooth bearing area of the jaws, the normal jaw bone is replaced by cementum like masses. The lesions are usually benign and asymptomatic usually diagnosed as incidental radiographic finding.

The lesion appears as multiple lobulated sclerotic masses located in two or more quadrants of the jaw symmetrically present on the alveolar bone.³ It is common in black middle aged women, it may commonly seen in asian and caucasian women. The reason for this gender and racial predilection is unknown.^{4,5}

Symptoms such as dull pain or drainage are almost always associated with exposure of sclerotic calcified masses in the oral cavity. This may occur as the result of progressive alveolar atrophy under a denture or after extraction of teeth in the affected area.⁶

Once the diagnosis is confirmed treatment is advised only in symptomatic patient. The patient should be regularly follow-up and recall examinations with prophylaxis and reinforcement of good home hygiene care to control periodontal disease and prevent tooth loss as these patients are more prone to osteomyelitis. Regular follow up should be done in asymptomatic patients.

Case-Report

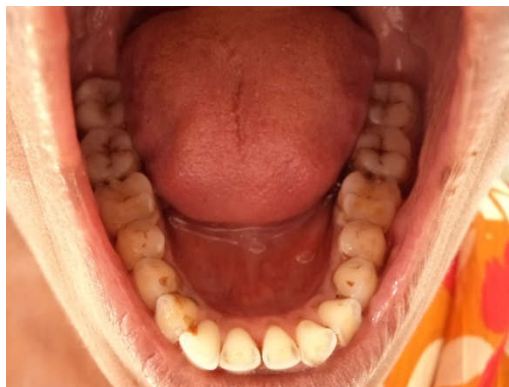
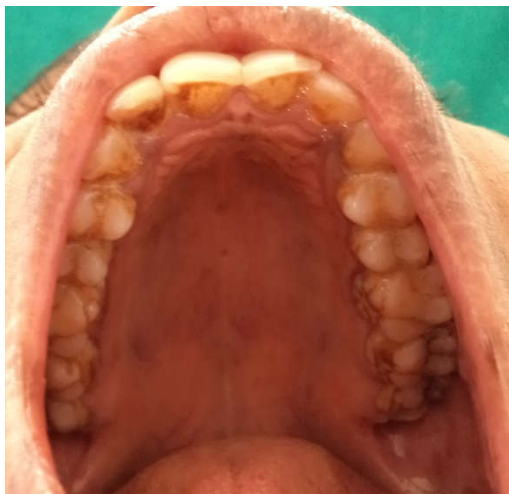
A 35 year old female patient reported to the Department of Oral Medicine & Radiology with the chief complaint of pain in her lower left back region of jaw since 1 week. On extraoral examination no facial asymmetry was noted. Intraoral examination revealed proximal caries with both 36 and 46, vertical tenderness was positive. IOPA was advised for both 36 and 46, on the radiographic examination 36 and 46 showing proximal radiolucency involving pulp and dense multiple lobulated sclerotic masses was discovered in relation to the apices of teeth.

Orthopantomogram is then taken, which was showing well defined multiple sclerotic lesions in the alveolar bone of both the mandibular quadrants. The radiopaque lesions are typically present at the tooth bearing portion of the mandibular, first and second molars, the lower right first and second premolar, first

*Corresponding author: **Mansi Tiwari**

B-1 Rajeev Nager, Raipur -492007, Chhattisgarh State, India

and second molars. The lesions appeared lobular radiopaque masses having cotton wool appearance, surrounded by radiolucent rim.



There was no root resorption or fusion of the lesions to the involved teeth lesions are confined above the inferior alveolar canal. On the basis of clinical and radiological examination diagnosis of FCOD was made, as the bone biopsy was contraindicated.

DISCUSSION

The aetiology of FCOD is unknown, although, some authors have proposed that a reactive or dysplastic process of the periodontal ligament may be involved^{7,8}. These lesions are characterized by replacement of bone by connective tissue matrix, which displays varying degrees of mineralization in the form of woven bone or cementum-like round basophilic acellular structures.⁹

FCOD can be misdiagnosed as chronic sclerosing osteomyelitis when it is associated with pain and discharge. However chronic sclerosing osteomyelitis is primary inflammatory condition of the mandible presenting with cyclic episodes of unilateral pain and swelling and shows a single area of diffuse sclerosis containing small, ill-defined osteolytic areas,¹⁰ while florid cemento-osseous dysplasia is found as multiple round or lobular opaque masses.¹¹

Another differential diagnosis FCOD can be Paget's disease but the dysplastic lesions in Paget's disease are multiple & polystotic and the disease also has significant biochemical serum changes as markers.

Gardner syndrome can also present jaw changes alike FCOD but it can be differentiated from FCOD as there are no other skeletal changes or skin tumours or even dental anomalies which are commonly accompanied in Gardners syndrome.¹⁰

Florid –cemeto osseous dysplasia can also be differentiated from Periapical cement osseous dysplasia even though they have similar appearance as, Periapical cement osseous dysplasia lesions are single solitary masses, whereas florid OD/COD lesions have distribution as multiple sclerotic masses in a symmetrical pattern, found in one or more quadrants & usually in the tooth-bearing segment of the jaws.⁹

CONCLUSION

FCOD is an asymptomatic condition which can be detected incidently on routine radiographic examination. No treatment is required if the patient is asymptomatic. Annual follow-up and proper oral hygiene should be maintained as there are increased chances of osteomyelitis in these cases.

References

1. Goncalves M, Ronaldo P, Alves FA, Blugao CB, Goncalves A. Clinical, radiographic, biochemical and histological findings of florid cemento-osseous dysplasia and report of a case. *Braz Dent J.* 2005;16:247-50
2. Pindborg J J, Kramer I R H, Torloni H. Histological typing of odontogenic tumours, jaw cysts and allied lesions. International histological classification of tumours. pp 32-34. Geneva: World Health Organization, 1971
3. Damm DD, Fantasia JE. Multifocal mixed radiolucencies. Florid cemento- osseous dysplasia. *Gen Dent* 2001;49:461,538

4. Said-al-Naief NA, Surwillo E. Florid osseous dysplasia of the mandible: report of a case. *Compend Contin Educ Dent* 1999;20:1017-9
5. Damm DD, Fantasia JE. Multifocal mixed radiolucencies. Florid cemento-osseous dysplasia. *Gen Dent* 2001; 49:461,538.
6. Beylouni I, Farge P, Mazoyer JF, Coudert JL. Florid cementoosseous dysplasia. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod.* 1998;85:707-11.
7. Waldron CA: Fibrous lesions of the jaws. *J Oral Maxillofac Surg* 1985; 43: 249-262
8. Waldron CA: Fibro-osseous-lesions of the jaws, *J Oral Maxillofac Surg* 1993; 51: 828-35.
9. Mangala M, Ramesh DN, Surekha PS, Santosh P. Florid Cemento-osseous dysplasia: Review and report of two cases. *Indian J Dent Res* 2006;17:131
10. Jerjes W, Banu B, Swinson B and Hopper C. Florid Cemento-osseous dysplasia in a young Indian woman. A case report. *Br Dent J* 2005; 198(8): 477-478
11. Dadistan S, Tozodlu U, Goregen M, Çakur B. Florid Cemento-osseous dysplasia: A case report. *Med Oral Pathol Oral Cir Bucal* 2007; 12:E348- 50.

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