

INTRODUCTION

Ameloblastoma is a benign odontogenic tumor of epithelial origin. It is locally aggressive with unlimited growth capacity. Most of the cases are in 3rd decade but some younger cases are also seen. Treatment options for ameloblastoma are either conservative methods like enucleation or more radical marginal resection or segmental block excision. The choice of treatment method can be based on the age of the patient, systemic condition, histological features, and extent and lesion location. Ameloblastoma has a high recurrence rate due to which opinions for management have been controversial.

CASE REPORT

A healthy 13-year-old came to our hospital with a complaint of painless bulging on the right side of her face.

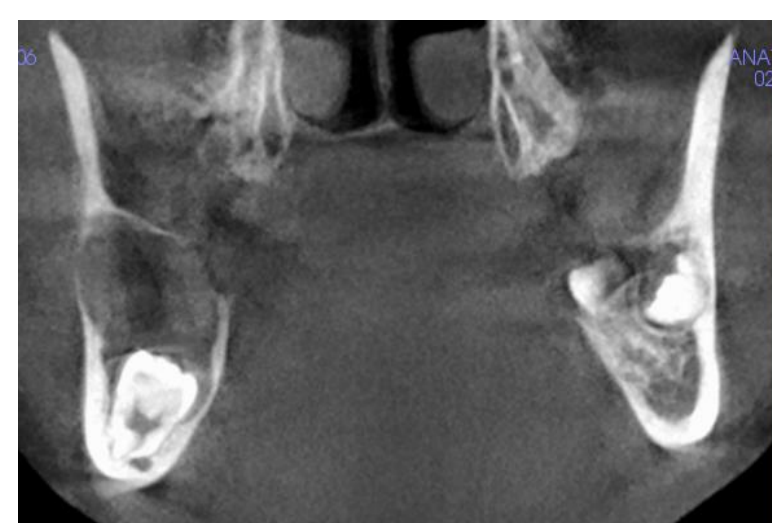
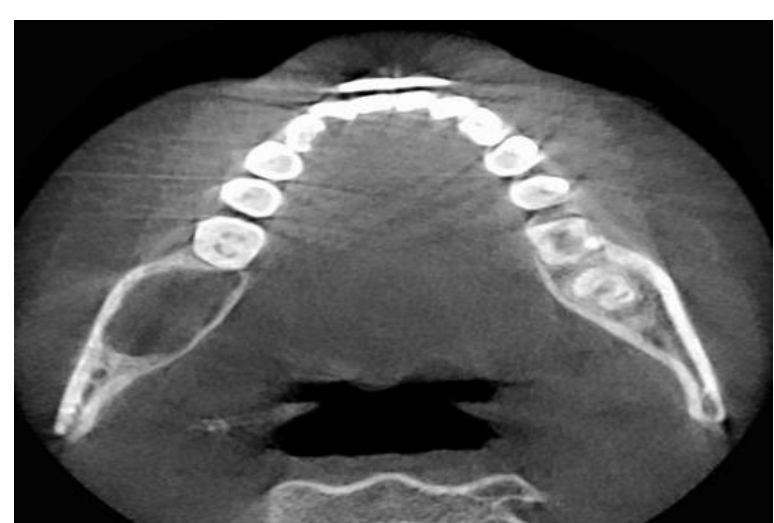
- Right facial asymmetry with swelling
- No limitation of mouth opening
- Lymph nodes were normal

A provisional diagnosis of dentigerous cyst and ameloblastoma was considered. The conservative method of treatment was chosen for this patient considering the age of patient. Decompression followed by enucleation with curettage without a safety margin, this conservative method along with close follow up was treatment of choice.

RADIOGRAPHIC EXAMINATION



- Unilocular radiolucency with unerupted 47 and displaced tooth germ of 48.
- Well demarcated corticated borders.
- Buccal and lingual cortical bone expansion.



TREATMENT PROCEDURES

2020 March

- **Decompression** under L/A
- Drain insertion
- Instructions given to maintain good oral hygiene by self irrigation
- Biopsy result inconclusive
- Close follow-up

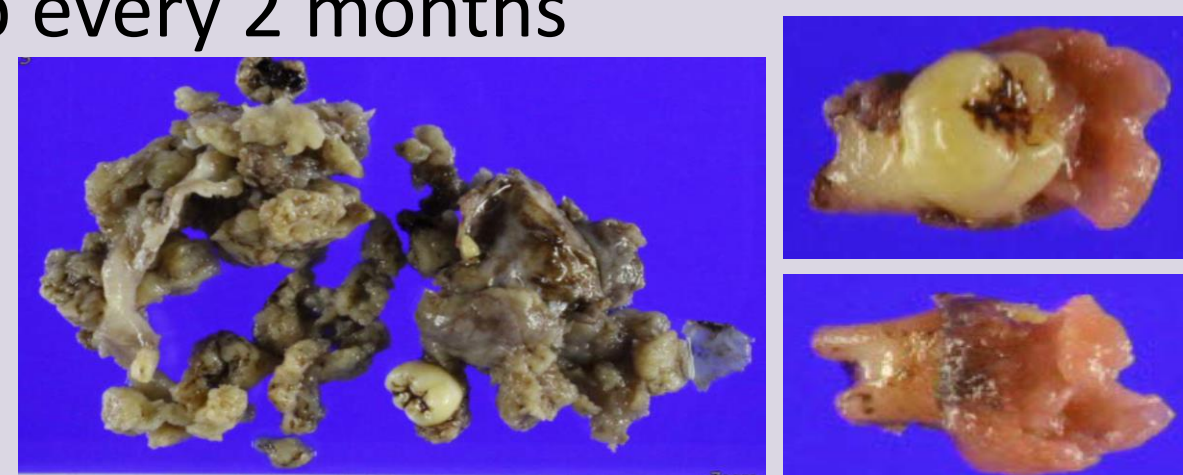
2021 Nov

- Lesion size increased, surgical treatment enucleation planned

2022 Jan

- **Enucleation** under G/A
- Frozen biopsy: Ameloblastoma
- Cystic lesion dissected from cystic cavity wall with periosteal elevator and curettage on 46
- Irrigation with saline solution was done and sutured with 4-0 vicryl suture thread
- Close follow-up every 2 months

- Excisional Biopsy: Ameloblastoma



FOLLOW-UP

20 months post Decompression



Post Surgery



5 months post-op



11 months post-op



17 months post-op



- Adequate bone formation is seen.
- No facial asymmetry and normal mandibular bone contour.
- No motor or sensory deficits.
- No recurrence in 17 months of follow-up.

CONCLUSION

The present case treated with conservative approach with 18-month follow-up shows successful treatment with evidence of bone repair. Conservative management in young patient is beneficial with fewer complications however recurrence rate is high. This makes it necessary to carefully remove the tumor by curettage of the adjacent tissues during surgery.

Patient follow-up for several years is mandatory as recurrences may occur even after long time period. In case of recurrence of lesion radical surgical treatment may be needed.

REFERENCES

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