

Cementoblastoma: An Exception to Confirm the Rule

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Abstract

Introduction: According to the 2017 WHO classification of head and neck tumors, osseous dysplasia is called cementoblastoma, predominantly occurring in melanoderm women. Its discovery is often in the fourth decade of life at the stage of radiopaque bone lesions. The treatment is surgical. Our aim was to report a singular case of cementoblastoma. **Observation:** The 54-year-old male patient came for a dental prosthetic rehabilitation. Based on the routine orthopantomogram (OPT) findings, the patient was subsequently referred to oral surgery. Dental lesions was suggestive of cementoblastoma. Abstention was recommended regarding the tumor which is still clinically silent subject to monitoring of the underlying tumor progression. There was no further contact with the patient. **Discussion:** The male sex does not fit into the classic epidemiological profile of this tumor which almost always affects women. The late discovery is due to silent development of the tumor and poor access to care. It is also explained by the lack of knowledge of tumor processes and the rarity of global X-ray explorations given the prior history of dental avulsions. Beyond prosthetic care, monitoring of the underlying tumor progression was dependent on the prevailing work conditions in which surgical intervention is systematic. **Conclusion:** Cementoblastoma is a possibility to consider for male patient.

Keywords

Cementoblastoma, Male Patient

1. Introduction

Osseous dysplasia is a benign odontogenic mesenchymal tumor of the jaws predominantly occurring in melanoderm women [1] [2]. According to the 2017

WHO classification of head and neck tumors, it is cementoblastoma [3]. The pathogenesis remains unknown [4]. Depending on the location, extent and potential for expansion, the various forms are part of the same spectrum of periodontal tumors [2] [4]. Its discovery is often fortuitous in the fourth decade of life [5]. Its presumption is particularly based on X-ray findings at the stage of characteristic radiopaque bone lesions [1] [2]. Surgery is indicated in case of secondary infection and/or substantial deformation [1] [4]-[6]. Our aim was to report a singular case of cementoblastoma.

2. Observation

The 54-year-old male patient who lived in a suburban area was a baker and came for a dental prosthetic rehabilitation. Based on the routine OPT findings, the patient was subsequently referred to oral surgery. The overall state of patient was preserved. Prior dental avulsions were noticed. Through extra-oral inspection, the face was symmetrical and the skin was normal (**Figure 1**). Upon palpation, labio-mental sensitivity was preserved. There was no adenopathy. Through oral inspection, the mucosa was normal, dental avulsion sites and teeth with compromised periodontal support were noticed (**Figure 2**). There was no deformation of the external and internal mandibular bone entities. Upon contact, there was no dental mobility. The OPT showed elongated or deformed into “drumstick” dental roots and the adjacent radiolucent bone lesions were extended to the mandibular canal (**Figure 3**). Abstention was recommended regarding the tumor which is still clinically silent subject to monitoring of the progression. Temporary dental prosthetic rehabilitation using a removable device has also been recommended. As part of this strategy, avulsions of teeth with compromised periodontal support were proposed under preventive antibiotic therapy. After examination, there was no further contact with the patient and no follow-up was possible.



Figure 1. Symmetrical face.



Figure 2. Dental avulsion sites, dyscolorations and teeth with compromised periodontal support.

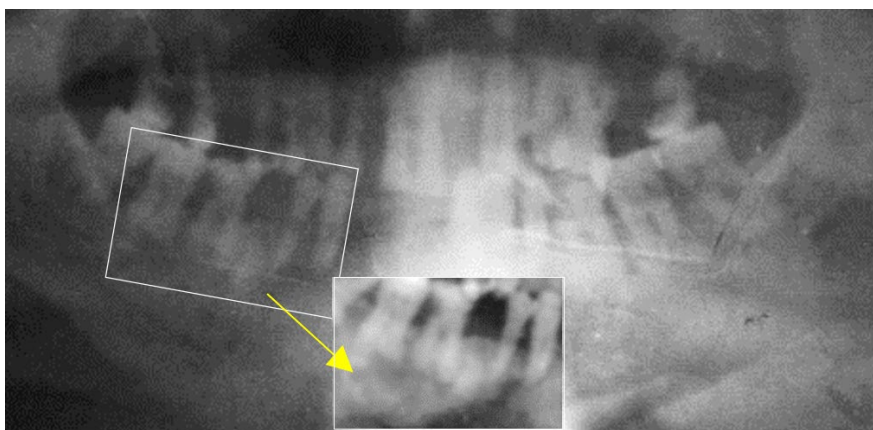


Figure 3. Elongated or deformed into a “drumstick” dental roots and adjacent radiolucent bone lesions.

3. Discussion

This case report fits neither into the epidemiological profile of this tumor nor into its usual X-ray findings. Prevailing work conditions are opposed to the treatment strategy, which is in line with current recommendations.

The discovery was beyond the forties often in the latency phase for most of the authors and below the sixties, especially in the complication stage in Senegal [1] [2] [4]. Indeed, the extra-oral radiological explorations are rare [2] [6]. Otherwise, taking into account here the prior dental avulsions that require X-ray explorations, the association with the male sex may have seemed improbable. In reality, the female predilection is almost exclusive in Senegal [1] [2] [4]. The oral and dental conditions could be due to sugary flours in the patient’s professional environment. The OPT which the dental avulsion sites are recognized reflects the still recent prevailing work conditions. However, presumption was based on radiological features:

- The elongated or deformed into a “drumstick” dental roots were indicative of

cemental origin tumor [2] [4];

- The radiolucent bone lesions were indicative of immaturity [1] [2] [7];
- The bilateral mandibular locations (florid form) are suggestive of the slow progression [2] [7].

Abstention is recommended for silent locations [1] [2] [5] [7]-[9]. Surgical trauma would entail:

- The risk of tumor process acceleration [1] [5] [7];
- The risk of secondary infection [1] [2] [7] [9].

The patient was probably removed from the treatment strategy due to the lack of knowledge of this tumor in a male patient and the prevailing work conditions in which attempts at surgical resection are untimely.

4. Conclusions

Cementoblastoma is a possibility to consider for a male patient.

The initial radiolucent bone lesions belong to the spectrum of successive X-ray findings of this tumor progression until radiopaque bone lesions and sequestration.

Abstention is part of a treatment strategy until deformation and/or secondary infection of the isolated sequestrum.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

References

- [1] Alsufyani, N.A. and Lam, E.W. (2011) Osseous (Cemento-Osseous) Dysplasia of the Jaws: Clinical and Radiographic Analysis. *Journal of the Canadian Dental Association*, **77**, b70.
- [2] Niang, P., *et al.* (2013) Aspects épidémiologiques, cliniques, radiographiques et thérapeutiques des cémentomes. Expérience d'un service de chirurgie buccale Rev. Col. Odonto-Stomatol. *Revue de Stomatologie et de Chirurgie Maxillo-Faciale*, **20**, 10-15.
- [3] Baumhoer, D., Haefliger, S., Ameline, B., Hartmann, W., Amary, F., Cleven, A., *et al.* (2021) Ossifying Fibroma of Non-Odontogenic Origin: A Fibro-Osseous Lesion in the Craniofacial Skeleton to Be (Re-) Considered. *Head and Neck Pathology*, **16**, 257-267. <https://doi.org/10.1007/s12105-021-01351-3>
- [4] Benazzou, S., Boulaadas, M., El Ayoubi, A., Nazih, N., Essakalli, L. and Kzadri, M. (2011) Dysplasie cémento-osseuse floride des maxillaires. *Revue de Stomatologie et de Chirurgie Maxillo-Faciale*, **112**, 174-176. <https://doi.org/10.1016/j.stomax.2011.01.004>
- [5] MacDonald-Jankowski, D. (2008) Focal Cemento-Osseous Dysplasia: A Systematic Review. *Dentomaxillofacial Radiology*, **37**, 350-360. <https://doi.org/10.1259/dmfr/31641295>
- [6] Larroque, G., *et al.* (1990) Radiological Aspects of Giant Cementoma of the Jaws (Pindborg). *Actualités Odonto-Stomatologiques*, **44**, 95-101. -
- [7] Noffke, C., Ngwenya, S., Nzima, N., Raubenheimer, E. and Rakgwale, N. (2012) Gigantiform Cementoma in a Child. *Dentomaxillofacial Radiology*, **41**, 264-266.

<https://doi.org/10.1259/dmfr/13435626>

- [8] Salem, Y.M., Osman, Y.I. and Norval, E.J. (2010) Focal Cemento-Osseous Dysplasia: Review and a Case Report. *SADJ*, **65**, 422-423.
- [9] Niang, P., Ba, A., Tamba, B., Kounta, A. and Diatta, M. (2018) Osseous Dysplasia Secondary Infection: A Case Report. *Surgical Science*, **9**, 109-114.
<https://doi.org/10.4236/ss.2018.93011>