AMELOBLASTOMA OF MAXILLARY SINUS
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Introduction:

- Ameloblastoma is a benign, locally invasive, rarely metastasizing odontogenic epithelial tumor, originates from dental epithelium of enamel itself or its epithelial tissues.
- Incidence of ameloblastomas is approximately 0.5 per million populations per year.
- It represents approximately one per cent of oral tumors.
- Most Cases are between 30 & 60 years age group.

Case report:

- Here we present a case of 35 years old male presented with stuffy nose and increased watering of left eye since 1 year with a history of tooth extraction of left upper 1st molar 15 years ago.

CT-PNS:

- Heterogenous enhancing mass in the left maxillary sinus extending into the nasal cavity and anterior ethmoidal air cells causing blocked OMC with bony destruction of all walls of left maxillary sinus and alveolar process of maxilla and extension into extraconal portion of orbit and abutt inferior rectus muscle and intratemporal fossa

Microscopic examination:

- shows multiple fragments of a neoplastic lesion against a fibrous tissue stroma composed of islands of ameloblastic epithelium with peripheral palisading of elongated cells with central stellate reticulum like cells.Occasional glandular structures noted. Intraluminal mucinous material is seen focally. There are focal lobules with squamous metaplasia of the central stellate reticulum areas with focal cystic change.

Discussion:

- Ameloblastomas are benign, locally invasive epithelium-derived odontogenic tumors that typically originated in mandible and less often in the maxilla.
- The presence of ameloblastomas in the sinonasal region is usually secondary to an extension of a tumor of gnathic origin into this area.
- Ameloblastoma having a microscopic appearance indistinguishable from that of its more common counterpart in the jaw can present as a primary tumor in the sinonasal tract.

Conclusion:

- The prognosis of the treatment is basically dependent to the extension of the lesion and adjacent structures involvement rather than origin of lesion.

References:

3) Iordanidis S et al. Ameloblastoma of the maxilla: Case report. Australian Dental Journal 1999; 44:1