

**RADIOLOGIC ASSESSMENT AND HISTOPATHOLOGIC CONFIRMATION OF
OSTEOLYTIC LESIONS OF THE MANDIBLE**

Zeinab, A.S. Abd El-Latif*; Dorria, S. Salem**;

Heba, A.F.*** and Khalid M. El-Ashiry*

Departments of Oral Radiology, Faculty of Oral & Dental medicine*,

Diagnostic Radiology, Faculty of Medicine**, Oral Pathology,

Faculty of Oral & Denta Medicine***, Cairo University

ABSTRACT

This study was performed on 32 of different sex and with an age ranging from 18 - 60 years having an osteolytic lesion in the mandible. They were selected from Oral Surgery Department, Faculty of Oral and Dental medicine, Cairo University, according to the clinical features and panoramic radiographic findings. The lesions varied from ill defined destructive radiolucent area to a well defined multilocular in appearance displaying the roots of the teeth adjacent to the lesion. Computed tomography was done in all cases. This study throw a light on the value of CT in defining the origin, site and extension of the mass and its relation to the normal vital structures and also helps in the surgical approach and follow up of the patients. In addition histopathological confirmation was done to verify the final accurate diagnosis, and to show the efficacy of CT in diagnosing osteolytic lesions of the mandible.

INTRODUCTION

The mandible, like the long bones of the body, is essentially a tubular structure with dense cortical wall fixed with trabecular bone. the basal cortical bone of the body of the mandible is surrounded by the tooth bearing alveolar process. The massive osteolytic lesions in the mandible results from spontaneous resorption and progressive expansion that causes an extensive destruction of bone (Franklin, 1979). Tumours of the mandible are one of two groups according to the cell of origin. Tumours of odontogenic origin and these may be cystic lesions like dentigerous, radicular and primordial. Solid le-

sions like ameloblastoma, odontogenic Tumour, myxofibroma and Tumour of mixed odontogenic origin i.e. arising from both ecto and mesoderm. While tumours of non odontogenic origin are divided into benign and malignant groups (Leider et al., 1985). Benign tumours like giant cell and aneurysmal bone cysts are the most common. While malignant tumours like squamous cell carcinoma, lymphoma, multiple myeloma, eosinophilic granuloma or secondaries are those commonly causing an osteolytic lesion of the mandible (Vicker & Corlin, 1970, and Horner, 1989).

