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ORAL 1

CEMENTOBLASTOMA PRESENTING AS SWELLING ON THE LEFT MAXILLA: A CASE REPORT

Ahmad Badruddin Ghazali

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Introduction: Cementoblastoma is usually diagnosed in the second decade of life, most commonly affecting the first permanent mandibular molar tooth. It is usually diagnosed from the radiographic examination and confirmed by the histopathology examination.

Objective: To report a case of cementoblastoma affecting a teenage girl and presented as swelling on the left side of the maxilla.

Case: A patient complained of a painless, slow-growing mass on her left maxilla for six months. Plain radiographs showed a well-defined radiopaque lesion surrounded by radiolucent rim associated with tooth 26 with homogenous radiopaque internal structure and causing displacement of neighbouring tooth 25. Further radiographic examination with cone-beam computed tomography (CBCT) revealed greater detail of the lesion. Surgical treatment was done, and histopathology examination confirmed the diagnosis of cementoblastoma.

Conclusion: Careful radiographic interpretation is essential for diagnosing cementoblastoma, which all clinicians should always be aware.

ORAL 2

OH MY BONE! IT IS OSTEOPETROSIS (The Long and Winding Road of Care)

Eunice Li-Ern Chong¹, Kei Joe Leong¹, Azalina Osman¹

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Introduction: Osteopetrosis also known as marble bone disease, is a rare hereditary bone disorder characterized by the malfunction of osteoclast and impairment of bone resorption resulting in bones hardening and abnormal bone growth. The typical finding on the x-ray is the increased opacity of the bones. Complications such as osteomyelitis are often difficult to treat and can be life-threatening.

Case Report: A 3-year-old boy, born of consanguineous marriage, was referred to the Department of Paediatric Dental Surgery from the Department of Ophthalmology, with concerns about his missing and abnormal-looking tooth. Apart from being diagnosed with learning disability, he was investigated for bilateral eye retinal dystopia. On examination, he presented with hypodontia and multiple grossly carious teeth that required extractions. Total extraction was later performed under general anaesthesia.

Intraoperatively, his teeth were noted to be hypomineralised with abnormal morphology. Postoperative reviews showed poor wound healing of the sockets with exposed alveolar bone on both upper and lower jaws. The child was treated with multiple courses of antibiotics and was referred to the Department of Paediatrics for further investigation. He was later diagnosed with osteopetrosis following an episode of admission due to severe anemia and pneumonia, after a chest x-ray was taken as part of the investigation. His oral condition continued to deteriorate further and required multiple courses of antibiotics and repeated debridement of necrotic bone. Unfortunately, primary closure of the bony defect failed and he is currently on long term follow-up for oral wound care along with long term antibiotic.

Conclusion: This is the first reported case of osteopetrosis in Sabah. Osteopetrosis with chronic suppurative osteomyelitis of the jaw is extremely rare. The clinical findings and course of treatment in this case serve as valuable information to understanding and managing the disease better.