

**Fibro osseous Lesions
of the jaws**

I. Periodontal membrane origin

A. Ossifying Fibroma

B. Cementifying Fibroma

C. Cemento ossifying Fibroma

D. Periapical Cemental Dysplasia

II. Medullary Bone origin

A. Ossifying Fibroma

B. Cherubism

C. Paget's disease of bone

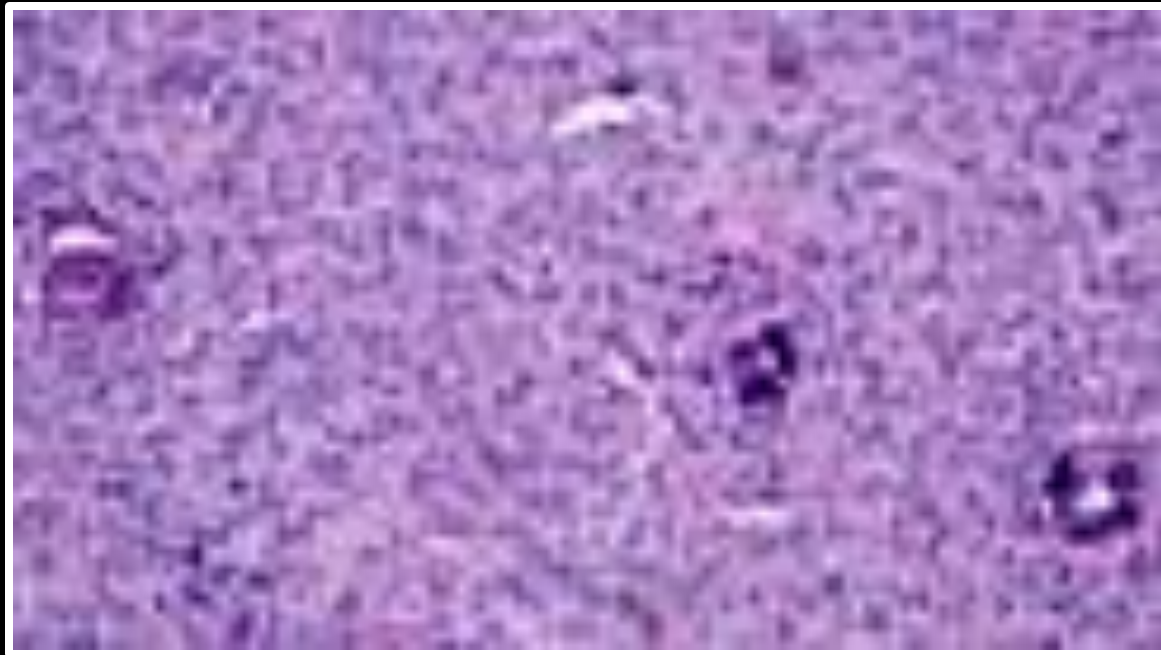
D. Fibrous Dysplasia of bone

E. Fibro- osteoma

F. Jaw lesion of hyperparathyroidism

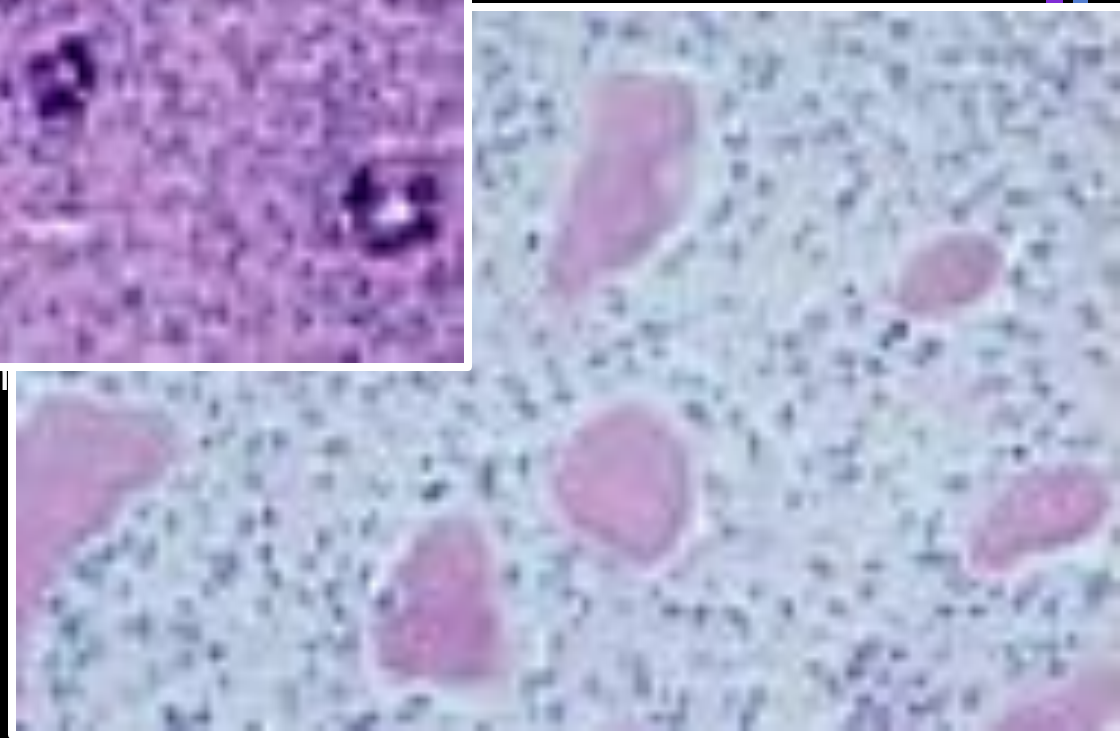
G. Giant cell tumor of bone

Ossifying fibroma, Cementifying fibroma



fibrous connective &

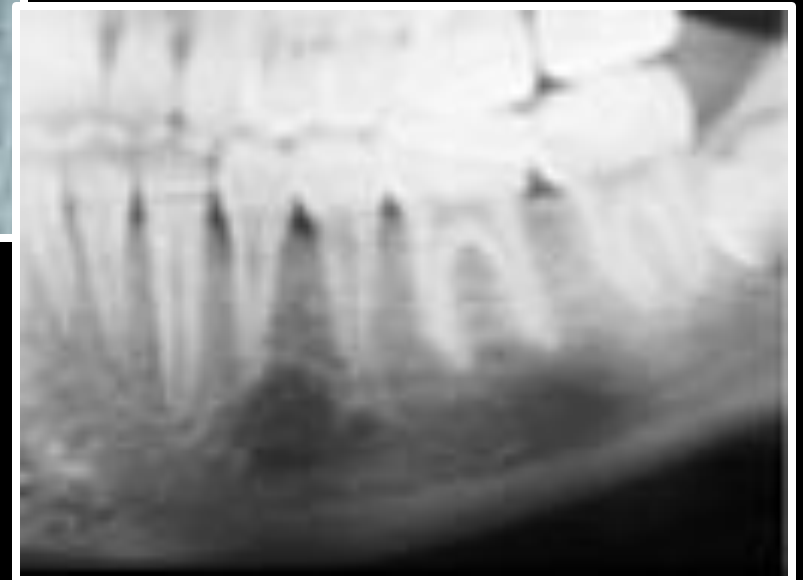
of a cemento ossifying fibroma



Ossifying fibroma, Cementifying fibroma

Clinical features

- Occurs in adults, 3rd to 4th decade of life



Ossifying fibroma, Cementifying fibroma

Clinical features

- Occurs in adults, 3rd to 4th decade of life



Ossifying fibroma, Cementifying fibroma

Clinical features

- Occurs in adults, 3rd to 4th decade of life
- most common mandible
- inferior to pm and molars
- well-defined R.L line separating from bone
- Interior- R.L, mixed, amorphous R.O
- Expansion of outer cortex, downward bowing
- displacement of teeth, occasionally resorbed



Ossifying fibroma, Cementifying fibroma

Clinical features

- Occurs in adults, 3rd to 4th decade of life

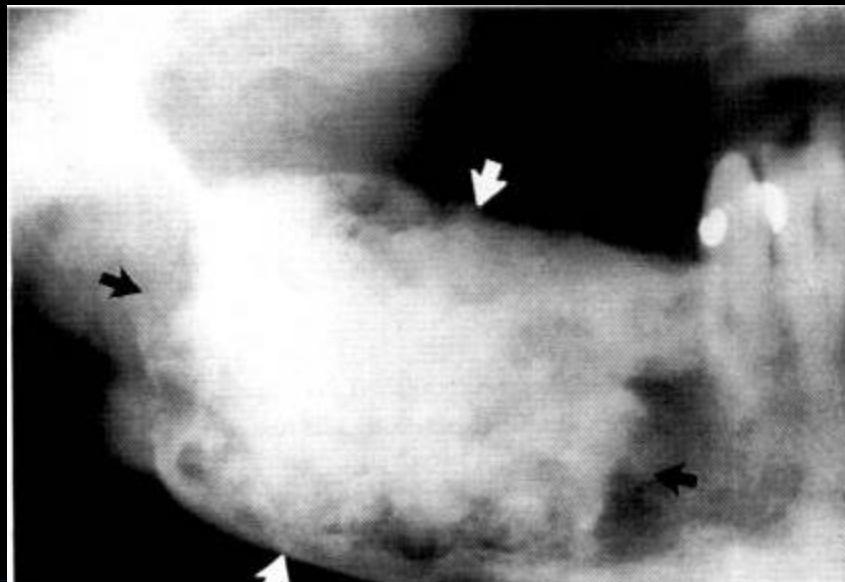
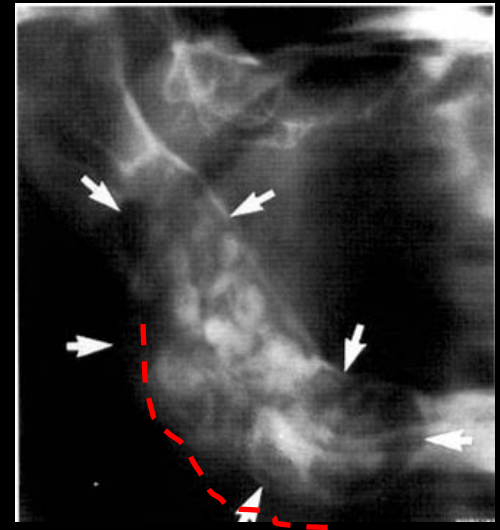
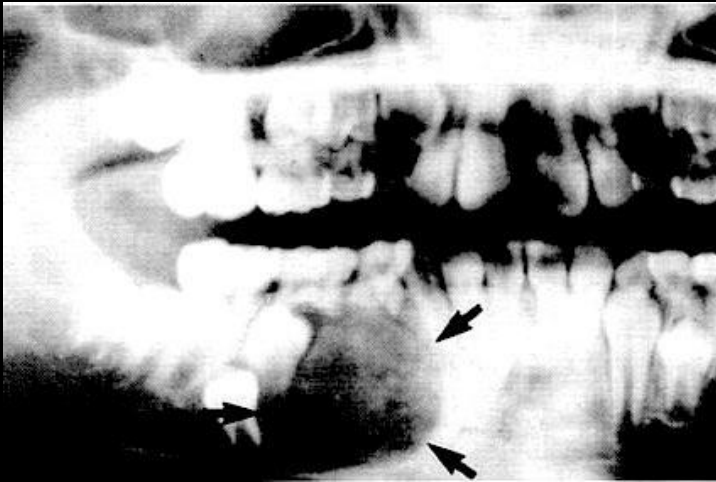


Three stages

- Early stage- radiolucent
- Intermediate stage- radiolucent with gradually increasing internal radiopaque calcified patches
- Late stage
radiopaque zones coalesce to form a densely radiopaque mass with or without a radiolucent periphery



Ossifying fibroma, Cementifying fibroma



Periapical Cemental Dysplasia,

*Periapical cemento - osseous dysplasia

- Relatively common condition of unknown cause
- Affects periapical bone
- Not a neoplasm, should be differentiated from benign cementoblastoma
- Dysplasia refers to disordered production of cementum & bone
- Unlike epithelial dysplasia not a premalignant lesion

Periapical Cemental Dysplasia,

*Periapical cemento - osseous dysplasia

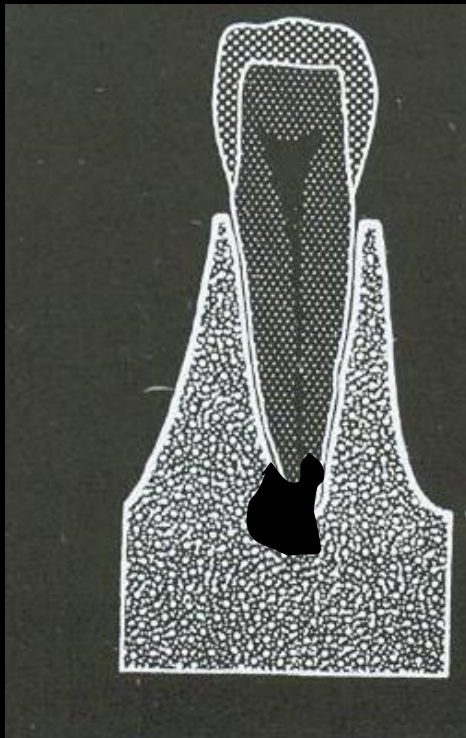
Clinical features

- Asymptomatic lesion
- Usually discovered on routine Rg examⁿ
- Most common in lower anterior region, at apices of lower anterior teeth
- More common in women, blacks
- Teeth involved vital, unless coincidentally caries or trauma

Periapical Cemental Dysplasia,

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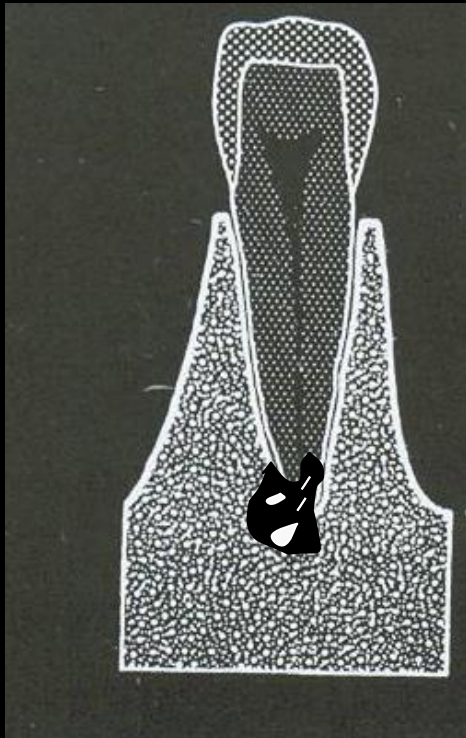
Radiographic features



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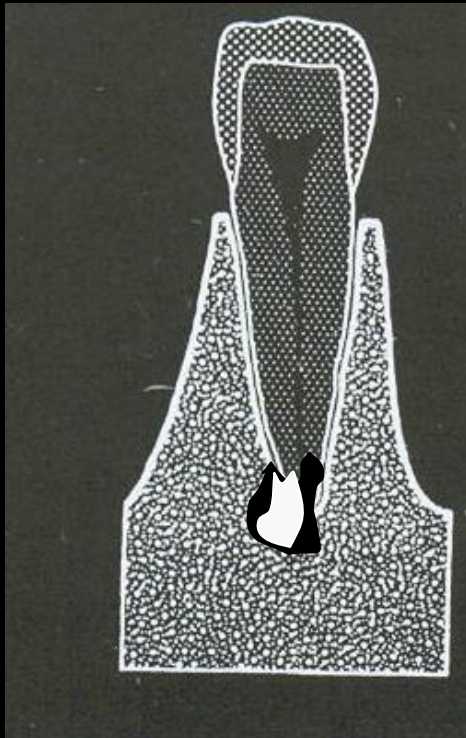
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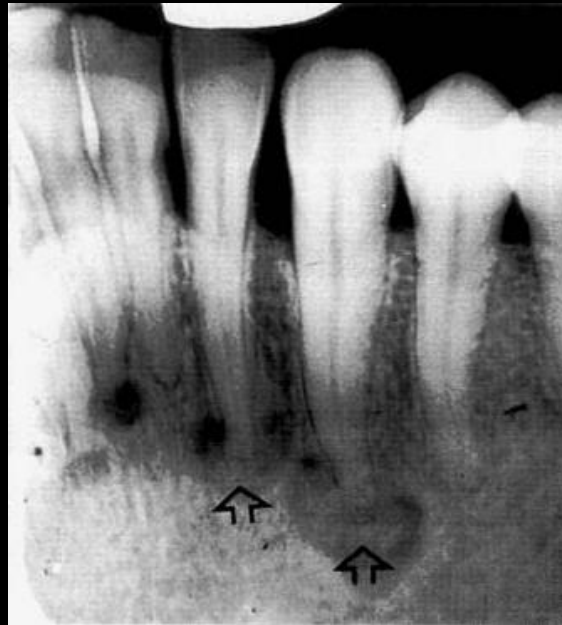
Radiographic features

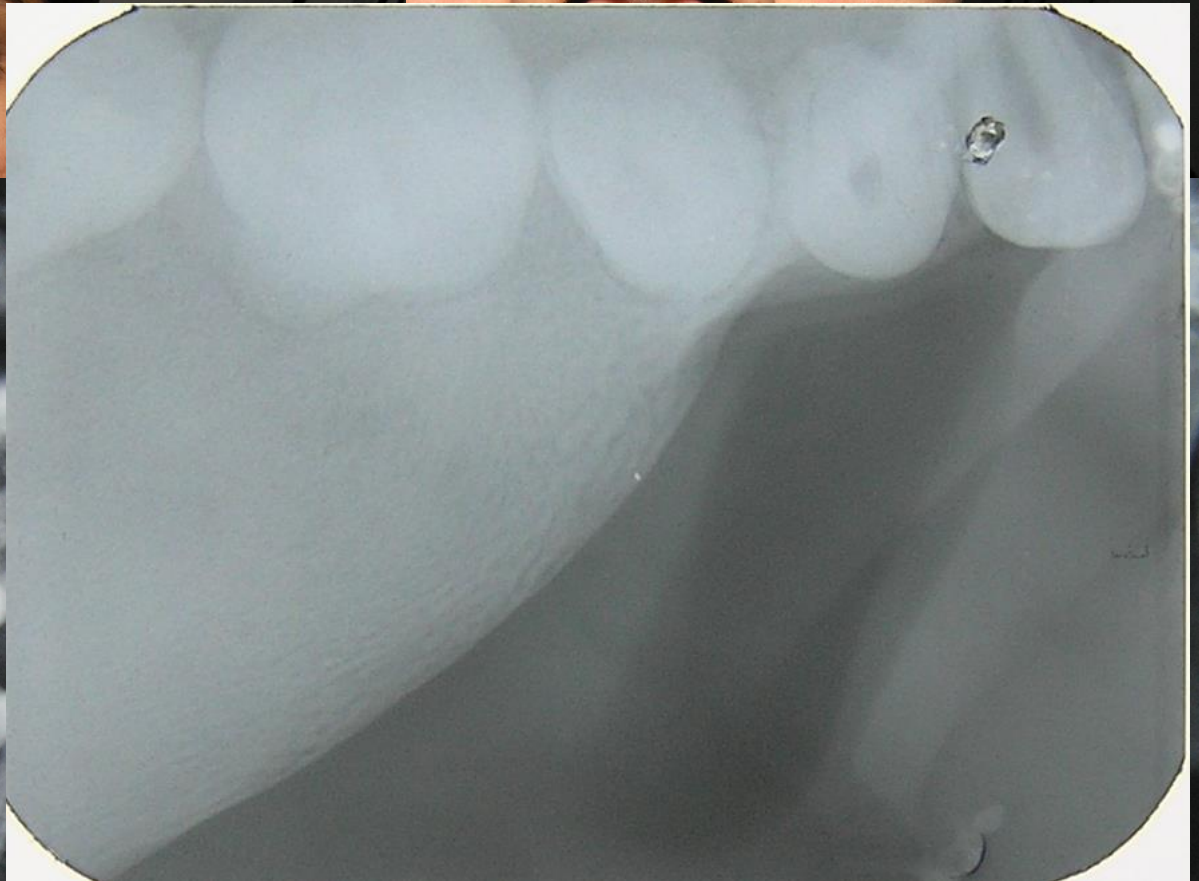


Periapical Cemental Dysplasia,

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Radiographic features





Case du jour

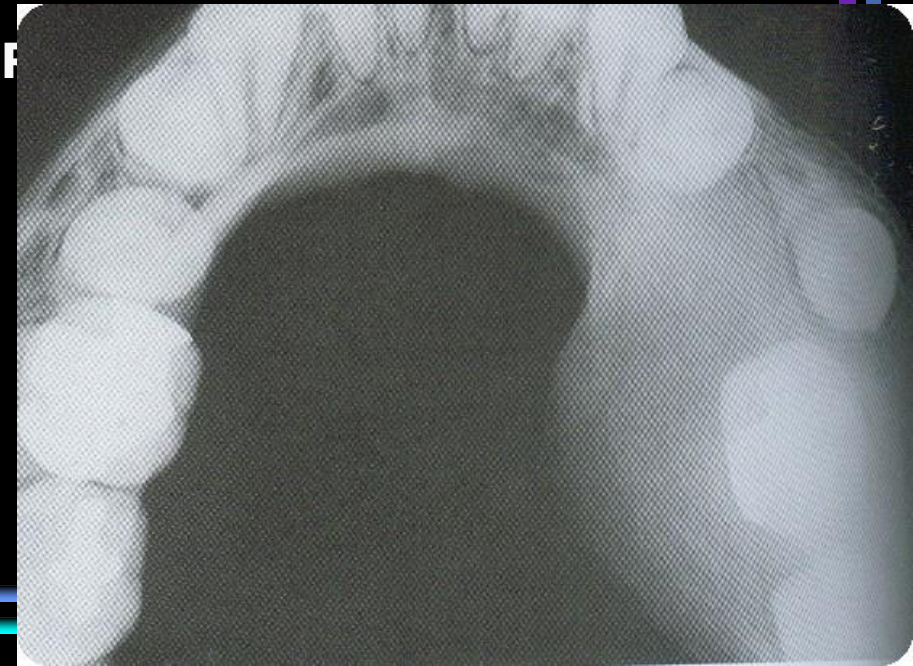
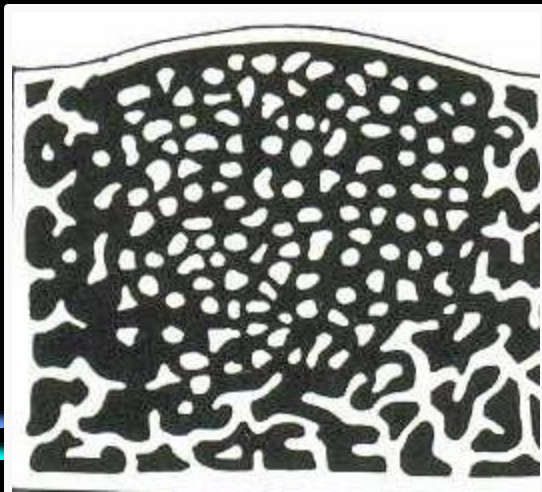
•Albright's syndrome



replacement of bone with abnormal
connective tissue containing
small amounts of calcification

/s

- Rg- diffuse radiopacity (ground glass) blending into adjacent bone
- Unilocular, M.L rad.L, patchy R.L and F and dense R.O

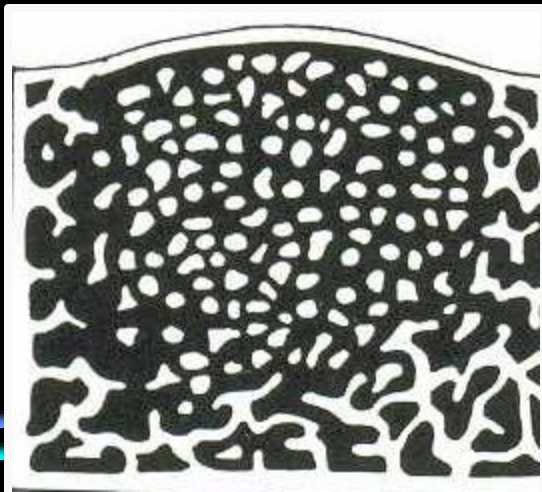


Fibrous Dysplasia

Replacement of bone with abnormal fibrous connective tissue containing various amounts of calcification

Radiodensity: — Initially radiolucent (but rarely seen clinically at this stage)

- Gradually becomes opaqueto produce the typical ground glass, orange peel and finger print appearances resulting fromsuperimposition of many fine, poorly-calcified bone trabeculae arranged in a disorganized fashion.
- Continuing to become more opaque with age.



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larges

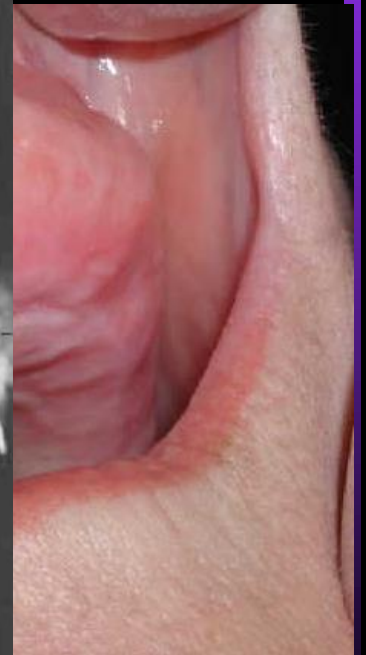
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Paget's disease of



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Hyperparathyroidism

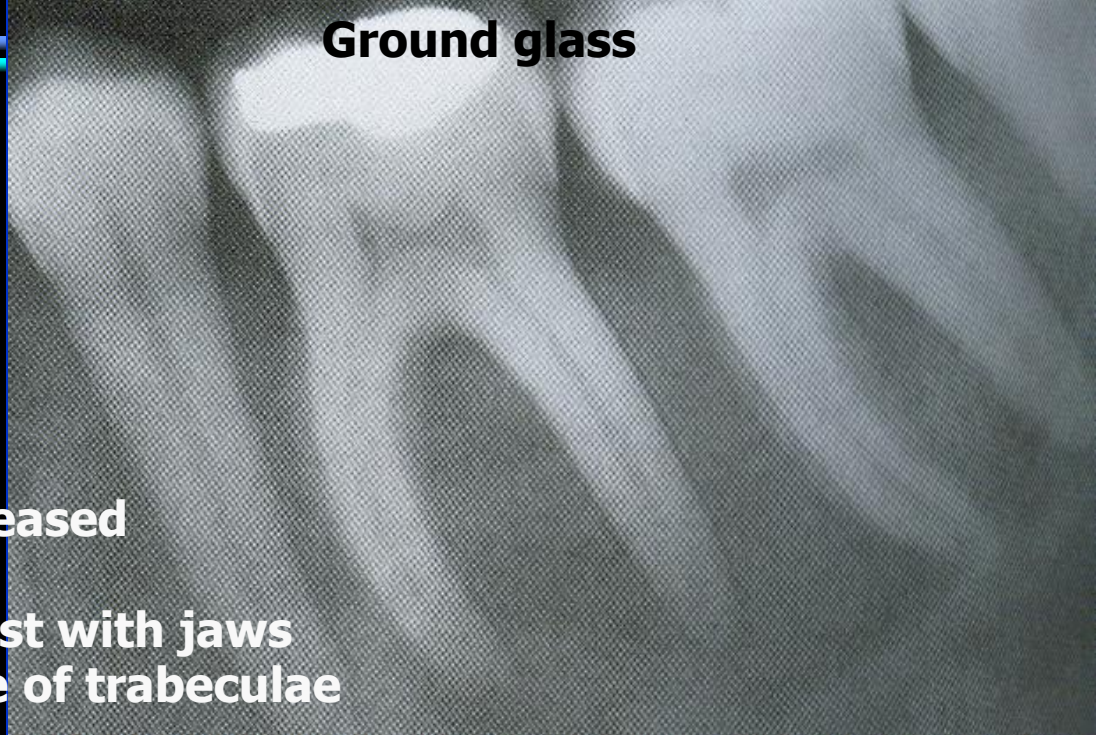
Primary

Secondary

- **Skull- loss of central (diploe) trabeculae**
- **Thinning of cortical plates, sinus outline thinned**
- **Mandible – demineralization of inf. border, canal**

Hyperparathyroidism

- loss of lamina dura
- radiograph density decreased
- Bone granular texture
- to contrast with jaws
- Ground glass appearance of trabeculae
- Bone



Ground glass



Loss of L.D



Loss of L.D
Granular appearing bone

Hyperparathyroidism

I O P A:

- loss of lamina dura
- radiograph density decrease
- teeth stand out in contrast
- Gro



Hyperparathyroidism

Laboratory Diagnosis:

- **Inc. Serum Calcium**
- **decreased serum alkaline phosphatase**
- **inc serum Phosphorus**