INTRODUCTION

In the World Health Organization’s most recent Classification, cemento-osseous dysplasia (COD) is the most common fibro-osseous lesion of the jaws. It is subdivided into periapical – apical areas of mandibular anterior teeth; focal – associated with a single tooth; and florid – multifocal involvement [1]. It is a reactive and non-neoplastic process, characterized by normal bone replacement by fibrous tissue and metaplastic bone [2]. Therefore, lesions may appear as radiolucent, radiopaque, or mixed [1]. When the lesions are radiopaque and focal, they make differential diagnosis with physiological bone alterations - idiopathic osteosclerosis and condensing osteitis - and pathological changes - osteosarcoma, ossifying and cemento-ossifying fibroma and fibrous dysplasia.

CASE REPORT

WHO?
- Female
- Caucasian
- 40 years-old

WHERE?
- Faculty of Dental Medicine of the University of Porto (FMDUP)

WHAT?
- Chewing discomfort on the tooth area #46, for 3 months

DRUGS
- Escitalopram (antidepressant)
- Esumeprazol (gastric protector)

CLINICAL FINDINGS
- Positive Vertical percussion
- #46 and #47 Vital
- No expansion of the cortical
- No root resorption
- No root displacement

SURGERY

ACCESS
- mental foramen

EXCISION IN 2 PARTS
- piezoelectric osteotomy

LESION
- macroscopic aspect

HISTOLOGY
- Yellow, acellular cementum-like calcifications
- Blue, spicules of woven bone

CONCLUSION

Once a periapical and focal COD diagnosis is established, patients require monitorization [1]. In this case, there was an association of symptoms that led to a surgical intervention, for excision of the lesion. Three-dimensional imagiology, clinical history and histological analysis are essential for a correct diagnosis and treatment.