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Odontogenic Myxomas

Odontogenic myxomas are benign tumors derived from dental papilla, follicle, or periodontal ligament. The evidence for its odontogenic origin arises from its almost exclusive location in the tooth bearing areas of the jaws, its occasional association with missing or unerupted teeth, and the presence of odontogenic epithelium. **1** Odontogenic myxomas occurs both in bone and soft tissue. It has been reported in various anatomical sites. However, the majority of these tumors occur in the mandible, followed by maxilla. The mandible is involved more frequently than the maxilla. The tumor is slow growing, persistent, locally aggressive, and therefore destructive. It has the potential not only to destroy bone extensively, but also has potential to extend into the surrounding soft tissue structures. Most of odontogenic myxomas reported were young adults affected mostly in their second and fourth decade of life with a peak in the third decade. Most reports show a slight predilection for females.

Clinically, odontogenic myxomas are slow-growing, painless, and site-aggressive tumors. Since pain and hypoesthesia are not common, the lesions may reach a considerable size before patient perceives its existence and seeks related treatment. **2** The mandible is more likely to be affected than the maxilla. The region between molar and premolar is the site of most common occurrence for multilocular lesions. The tumor may become quite large and cause tooth displacement and cortical bone expansion.

Odontogenic myxoma is usually asmptomatic and is found incidentally on radiographs. The appearance may vary from a unilocular radiolucency to a multicystic lesion with well-defined or diffused margins with fine, bony trabeculae within its interior structure, expressing a “honey coumbed,” “soap bubble” or “tennis racket” appearance. **3**

Surgical treatment of odontogenic myxoma varies. The recommended treatment of choice is radical surgery or conservative excision depending on tumor size. Although this type of tumor is benign, it carries a high recurrence rate. Due to poor follow-up and lack of reports, a precise and accurate recurrence rate is still missing. The high recurrence rate of 25% is reported when more conservative treatments are used. **4**  Most recurrence take place within two years of treatment.

As a dental hygienist, it is very important to detect oral pathology during dental appointments. As a frontline, a dental hygienist has the responsibility to help find out some serious health issues and refers patients for further examination by medical professionals to avoid progression of the disease and worsening the situation because some oral diseases are asymptomatic and painless, which normally patients ignore and will not arouse their attention.

1. Reddy S.P, Naag A, Kashyap B. Odontogenic myxoma: report of two cases. National Journal of Maxillofacial surgery. 2010:183-186.
2. Manne R.K, Kumar V.S, Sarath, P.H, et al. Odontogenic myxoma of the mandible. Case reports in dentistry. 2012.
3. Singaruju S, Wanjari S.P, Parwani R.N. Odontogenic myxoma of the maxilla: a report of a rare case literature. Journal of oral and maxillofacial pathology. 2010:19-23.
4. Rocha A.C, Gaujac C, Ceccheti M.M, et al. Treatment of recurrent mandibular myxoma by curettage and cryotherapy after thirty years. Clinics. 2009: 149-152.