

Clinical Image

Recurrent Ameloblastoma of Mandible Treated with Iliac Bone Graft: A Case Report

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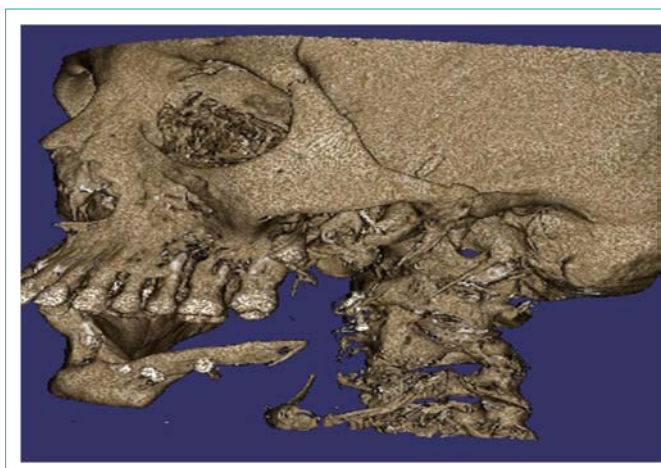
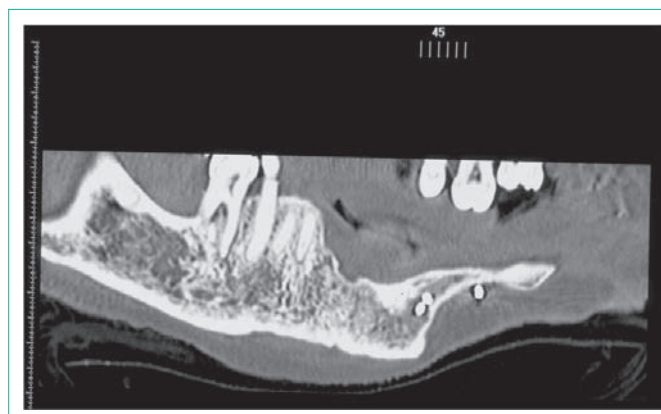
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A 54-year-old female reported to the department for denture restoration. The patient medical history revealed a surgical resection of the left mandibular and reconstruction with iliac bone graft, following a recurrent ameloblastoma 10 years ago. However, an infection in a part of graft in the mandibular angle area was occurred 6 months after an initial surgery. A second surgery were planned to resect the site of infection in this region. The practitioner opted for reconstruction with free fibula flap, but the patient refused another surgery. So, the residual graft was left and partial removable prosthesis was placed to restore functions and aesthetic. The patient is under follow-up every year without any signs of relapse in the affected area. Eight years after, a dentascan and 3D computed tomography was performed and showed an intact residual bone graft on the left mandibular body (thickness= 4.46mm) without any signs of infection (Figure1 and Figure 2).

The radical approach with bone resection is necessary to treat recurrent ameloblastoma [1]. The reconstruction can be made with free fibula flap, iliac graft and rib graft [2]. The site of graft must be regularly examined to detect any eventual infection in the graft or relapse of ameloblastoma.

References

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