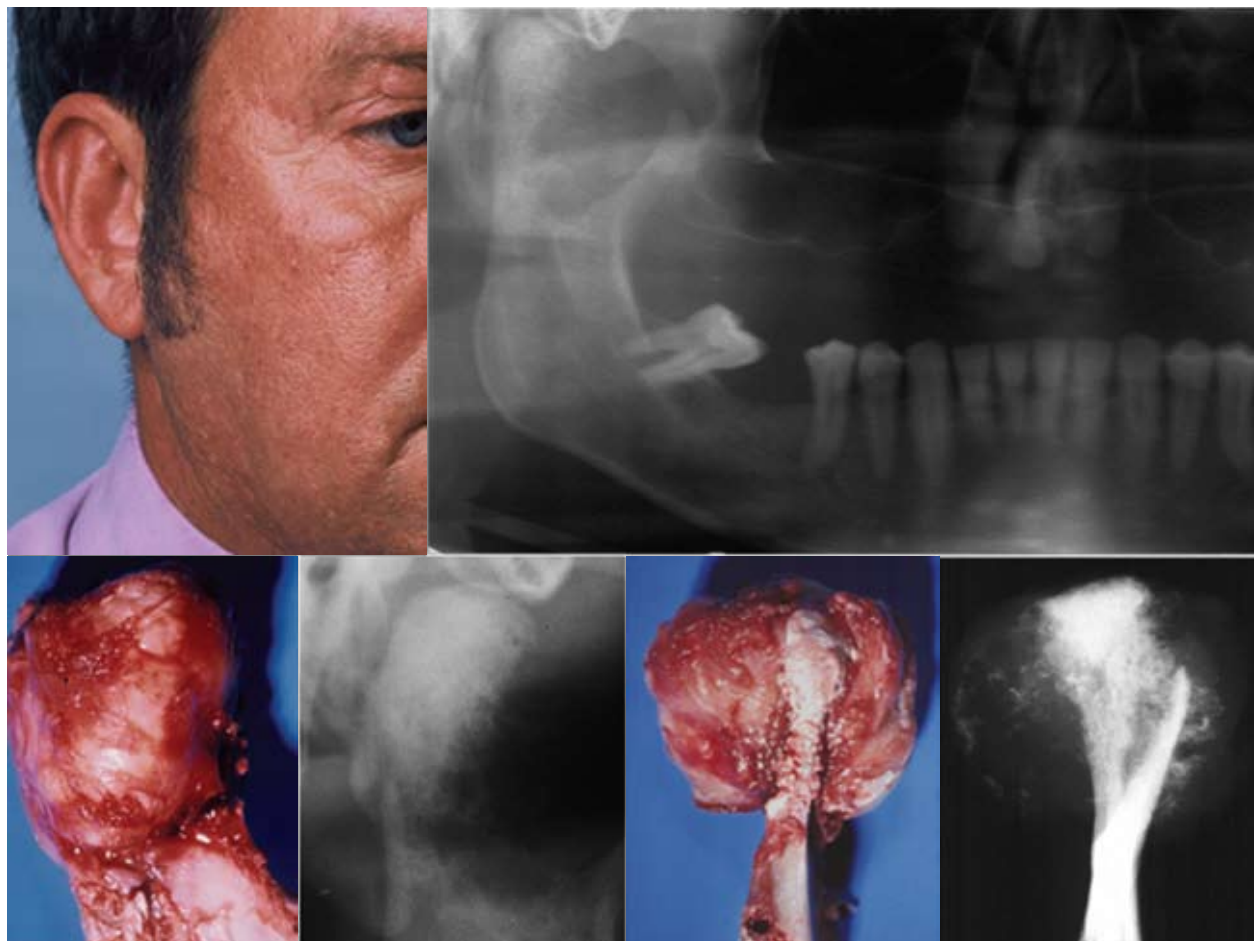


Maxillo-facial radiology case 111

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This 40-year-old Caucasoid male presented at the Faculty with the main complaint of a dull pain in the right temporomandibular joint during function, and a small lump in front of his ear. The discomfort in the joint had been present for about six months but the lump had only recently been brought to his attention by his barber. Extra-oral examination revealed only a slight facial asymmetry, as the swelling was masked by the patient's sideburns. There was no associated lymphadenopathy.



Radiologically the lesion showed many of the features of a malignancy: increased radio-opacity of the right condyle as a result of ossification within the tumour, fine spicules of periosteal new bone perpendicular to the original cortex, so-called sunray type or hair-on-end spicules (upper cropped pantomograph), a pathological fracture of the neck of the condyle (lower left radiograph), radiolucent lesion with rounded, speckled, mottled, or flocculent internal calcifications (lower right radiograph). Histological examination revealed the presence of a chondrosarcoma. This is a malignant tumour characterised by the formation of cartilage by the tumour cells arising de novo in bone or soft tissue or superimposed on a pre-existing benign cartilaginous neoplasm.

Approximately 10% of chondrosarcomas arise in the cranio-facial bones. In the jaws the peak incidence is in the third to fifth decades of life. The incidence of a chondrosarcoma of the condyle has been found to be very low.

The mandible and maxilla are probably affected in similar frequencies with the maxillary lesions predominant in some series and mandibular lesions in others. The present case indicates that tumours of the temporomandibular joint may grow to a considerable size before causing any noticeable swelling. This case demonstrates the importance of taking radiographs of all patients suffering from TMJ dysfunction in order to exclude the possibility, however slight, of neoplasia. The treatment for chondrosarcoma is wide excision with careful attention to avoid the seeding of tumour implants. In my experience over 40 years, I have noticed that the chondrosarcoma originally behaves like a benign tumour; however, I have not seen one patient surviving after chondrosarcoma or osteosarcoma was diagnosed.

Declaration: No conflict of interest declared.

References

1. Farman AG, Nortjé CJ, Wood RE. Oral and Maxillofacial Imaging, 1st Ed, Mosby, St. Louis, Missouri, 1993, pp. 286-7.
2. C.J. Nortjé. A.G. Farman, F.W. Grotepass and J.A. Van Zyl : Chondrosarcoma of the mandibular condyle. Report of a case with special reference to the radiographic features. British Journal of Oral Surgery 1976; 14: 101-11.