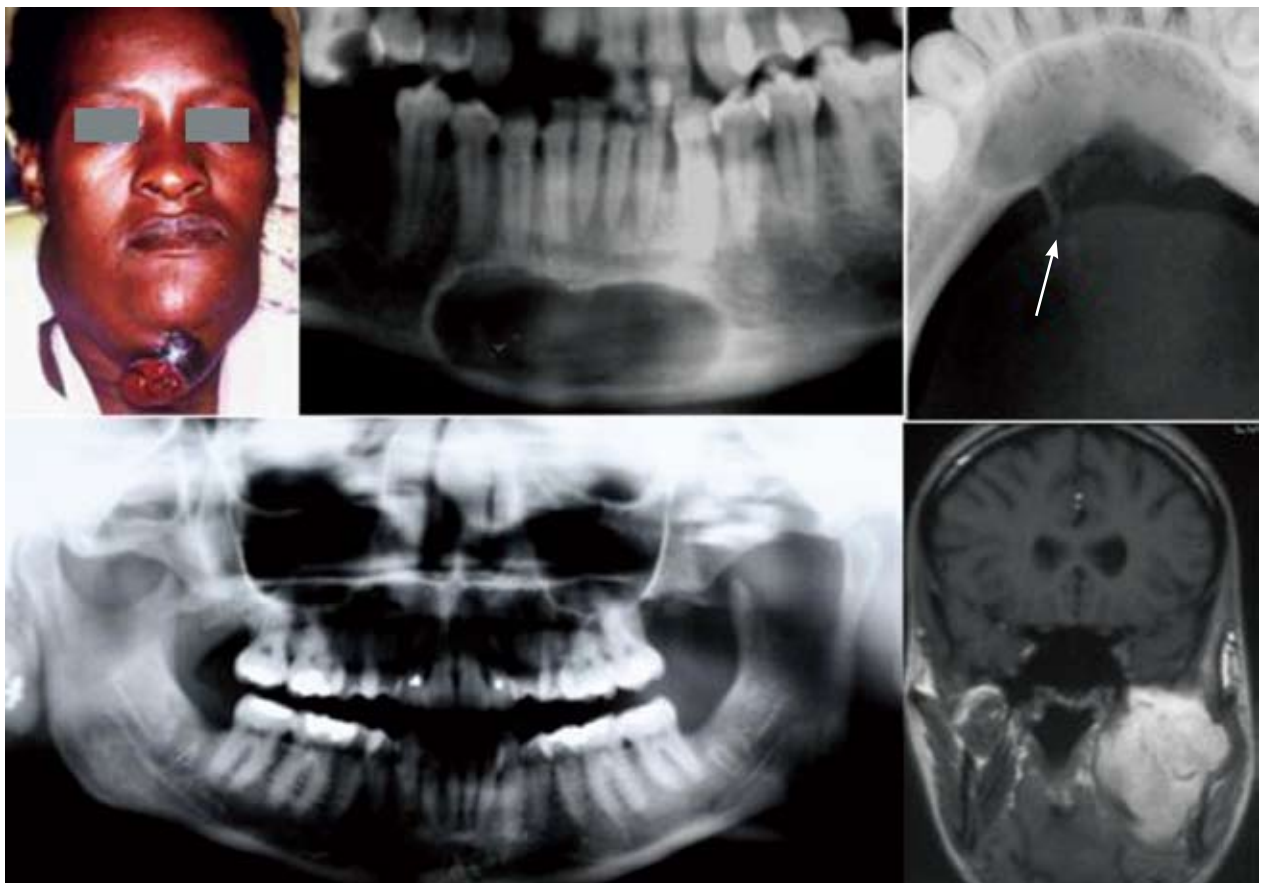


# Maxillo-facial radiology case 116

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The clinical picture and radiographs below are of two different patients with the same lesion. The upper pictures are of a 30-year old female who presented with a three year history of swelling in the anterior mandible. She was in good health at the time of presentation and her prior medical history was non-contributory. Oral examination revealed a neglected dentition with multiple caries lesions. Immediately lingual to the mandibular incisors there was a firm, fixed swelling with ulceration of the oral mucosa. The lower radiographs are those of a 20-year old female patient who has experienced parasthesia of the lower left jaw for many months.



## INTERPRETATION

The importance of the upper pictures is the presence of an ulcerative lesion and although the cropped pantomograph shows a well demarcated lesion, the occlusal radiograph shows destruction of the cortex on the lingual side (arrow), which is a sign of a malignancy. The lower pantomograph shows erosion of the condyle on the left side whilst the contrast MRI displays a large, lobulated circumscribed mass centered on the masticator space. The lesion, which is T1 iso-/T2 hyper-intense and diffusely enhancing, presses laterally around the mandibular condyle, with displacement of the deep part of the parotid gland, the tmj and posterior wall of the maxilla. The radiological features in both cases are highly suggestive of an aggressive malignant lesion. A histological diagnosis of a hemangiopericytoma was made. Angiosarcomas comprise less than 1% of malignant tumour. The term really refers to hemangioperi-

cytomas and hemangiopericytoma. Hemangiopericytomas are rare tumour whose cell of origin is the pericytes. They may arise wherever capillaries are found. This tumour rarely involves the jaws, although several cases have been reported. In the mouth they frequently affect the anterior tongue, floor and buccal mucosa. The few patients in whom clinical signs and symptoms have been reported had firm, fixed nonpulsatile swellings. Swelling of long duration and absence of pain are characteristic of these tumors. There are no reliable histologic means of differentiating benign from malignant lesions. Hemangiopericytomas may metastasize to bone but are very rarely primary in bone. Finally these cases, the upper with an ulcerative lesion plus an underlying bone lesion, lower case presenting with parasthesia, illustrate two very important features of the presence of a malignancy. The clinician must never rely on one or two images before making a diagnosis. A well-known expression in radiology is "One view is no view".

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## Reference

1. Farman AG, Nortje CJ & Wood RE: Oral and Maxillofacial Imaging 1st Ed. Mosby, St. Louis. Missouri 1993 p 305