



## A CASE REPORT OF OSTEOMA

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### ABSTRACT:

*Osteoma is a benign osteogenic lesion of lamellar bone and usually arising from flat bones of skull and facial bones. It may protrude in to the paranasal sinuses and cause obstruction. A twenty year male came with complains of childhood deformity of forehead. A detailed investigation done and diagnosed as osteoma and excised. Given the complexity and rarity of this case, considered for this case report.*

### KEYWORDS:

*OSTEOMA, Gardner Syndrome*

### INTRODUCTION

Osteoma are slow growing tumours of skull and facial bones. Clinically they can cause obstruction of a sinus cavity, impinge on the brain or eye, interfere with function of the oral cavity, and even can produce cosmetic problems. Osteoma is single in case of non-syndromic and multiple in case of syndromic. Multiple osteomas are frequently seen with gardner syndrome.

### CLINICAL HISTORY

A twenty year male came with complaints of deformity of forehead since childhood. On examination boney defomity of skull involving frontal bone (**Fig 1 & 2**) upto coronal suture involving supra orbital ridge. CT diagnosed with large osteoma extended from front to nasal sutures to midpoint of saggital suture. Then excision of tumor performed.

### GROSSING

Received frontal bone measured 11 x 8 x 2 cm with a bosselated appearance; the thickest part measured approx. 3 cm. (**Fig 3 & 4**)

### MICROSCOPY

Section showed broad spicules of lamellar bone enclosing fatty marrow. (**Fig 6, 7, 8 & 9**) Impression: Osteoma

### DISCUSSION

Dr. Reed stated that the fibro-osseous lesions of cranial bone should be categorised based on histopathological picture<sup>(1&2)</sup>. Reed also said that in the cranial bones, ossifying fibroma could differentiate into more matures osteomas<sup>(1&2)</sup>. The ivory osteoma composed of dense, mature bone, contains only a small amount of fibrous tissue. The mature osteoma has mature cancellous bone without the dense ivory bone. Peripheral osteoma of the mandible is the reactive response to trauma and muscle traction play a major role in triggering the reaction<sup>(3)</sup>. "Parosteal osseous hyperplasia" the term will be more appropriate for peripheral osteoma with previous history of trauma. osteoma of the external canal are peduculated bone lesion arising along the typanosquamous suture<sup>(4)</sup>. Both clinical and histopathologic evidence is sufficient to diagnose and treat<sup>(5&6)</sup>. Osteoma of the cranial surface may simulate a hyperostosis produced by a meningeal fibroblastoma<sup>(6&7)</sup>



Fig 1 & 2: Defomity of Skull involving Frontal Bone

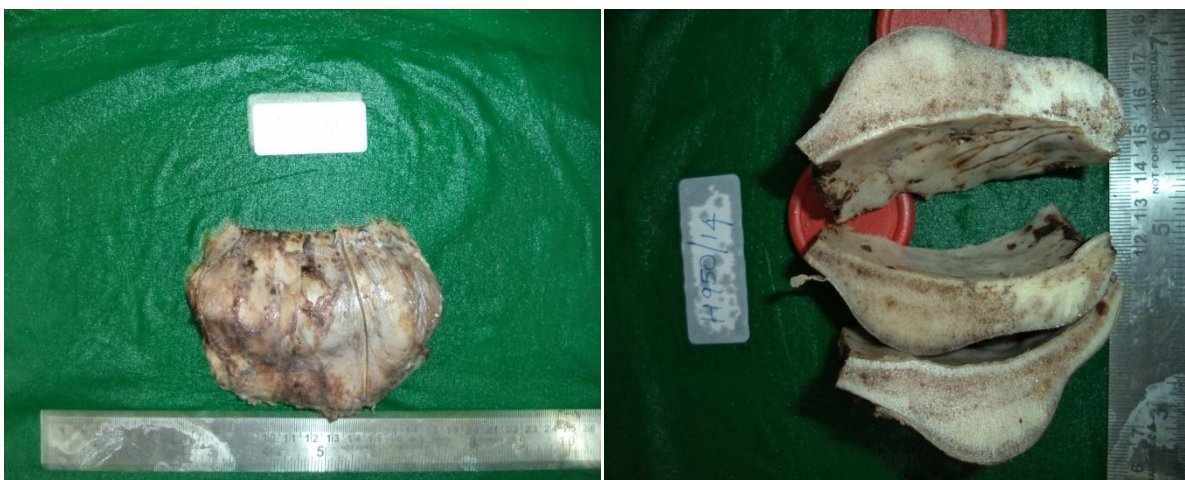


Fig 3 & 4 : Grossing -Frontal Bone and cut section

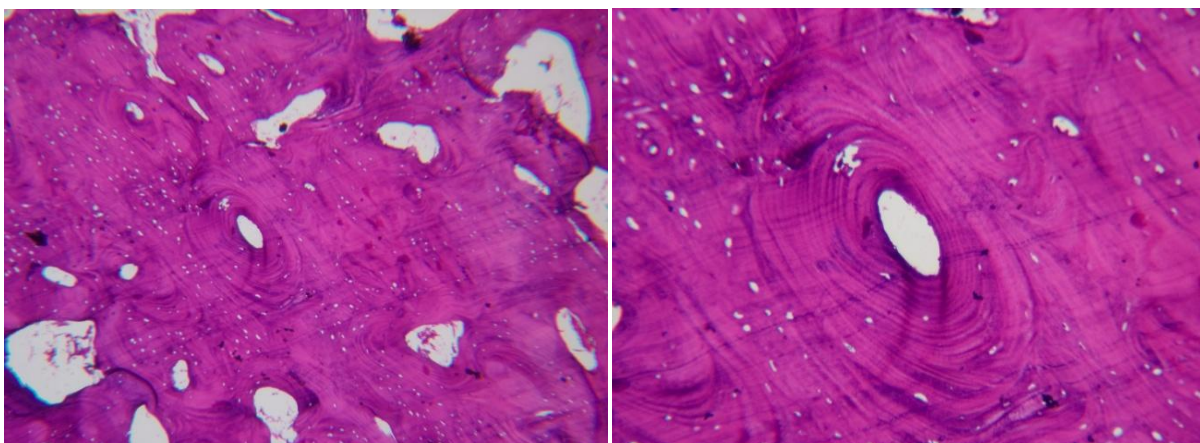


Fig 5 & 6: 20x and 40 xs, H&E stain shows lamellar bone

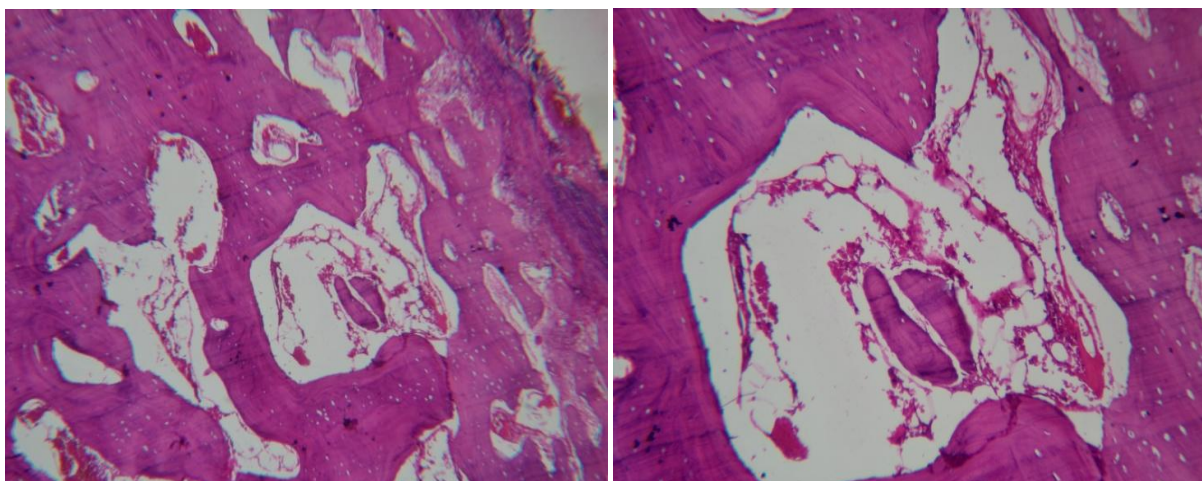


Fig 7 & 8: 20x and 40 x, H&E stain shows erythropoietic bone marrow

### CONCLUSION

Osteomas are bosselated round-to-oval sessile tumors that project from the subperiosteal surface of the skull and facial bones. It may be the reactive response to trauma or developmental anomaly from childhood. It should be histologically differentiated from meningeal fibroblastoma.

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