

B-Cell Lymphoma in the Maxilla: A Rare Anatomic Location

Eleni Panagouli¹, Gregory Tsoucalas^{2*} and Thomaidis Vasilios²

¹Anatomy Department, Medical School, National and Kapodistrian University of Athens, Athens, Greece

²Anatomy Department, Medical School, Democritus University of Thrace, Alexandroupolis, Greece

***Corresponding Author:** Gregory Tsoucalas, Anatomy Department, Medical School, Democritus University of Thrace, Alexandroupolis, Greece.

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A 65 year old male patient presented to the outpatient department complaining about a painless swelling on the left mandibular area, gradually increasing in size the past last month. The patient did not mention any other symptoms such as weight loss, night sweats or fever. Clinical examination revealed a nontender solid mass, located at the body of the left inferior maxilla, while intraorally an expansive laceration on the oral mucosa was observed. Further clinical examination was normal, with no swollen lymphatic nodes in any area. An X-ray was performed which showed in the body of the left inferior maxilla a radiolucent lesion of 4x3cm, with irregular margins. A CT scan of the area followed where a wide osteolytic area in the left part of the mandible was exposed. An incisional biopsy was ordered, which indicated a non-Hodgkin's B-cell lymphoma, CD20 positive. The patient was referred to an oncologic center and a surgery excision was scheduled.

Lymphomas are neoplasm of lymphatic origin which are categorized in two large groups, Hodgkin's and non-Hodgkin's lymphoma [1]. Most commonly such tumors affect the lymph nodes while extranodal sites of non-Hodgkin's lymphoma include skin, gastrointestinal tract bones and central nervous system with an incidence of 25% [1-4]. A rather rare location seems to be the oral cavity and maxillofacial region (3% to 5%) and bones in general (less than 5%) [1]. Concerning the oral cavity, the majority of cases are reported in the Waldeyer's ring, and less frequently in the buccal mucosa, tongue, floor of the mouth and retromolar area [5,6]. The most untypical site of development of non-Hodgkin's lymphoma seems to be the maxillary bones which corresponds to less than 1% of the cases [1]. Inferior maxilla (mandible) is affected only in the 0.6 % and most regularly at its body [2,7]. Such tumors might misdiagnosed as dental lesions, delaying final diagnosis and treatment [7]. Accurate diagnosis is important for the best management of lymphomas [1]. Differential diagnoses might include periodontal disease, squamous cell carcinoma, multiple myeloma, Ewing sarcoma, Langerhans cell histiocytosis, leukemia, osteosarcoma and bone metastasis, with the most common being osteomyelitis and odontogenic inflammatory process [1,2], a fact that might mislead diagnosis. Prognosis seems to be poor in cases of maxillary lymphomas [7].

We present a rare case of primary non-Hodgkin's B- cell lymphoma located in the left inferior maxilla. Such cases are uncommon and must be kept in mind for a rapid and accurate diagnosis.



Figure 1: A. X-ray of a radiolucent lesion in the body of the left inferior maxilla. B. CT scan: a wide osteolytic area in the left part of the mandible.

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