WELL-DIFFERENTIATED FIBROSARCOMA OF THE MAXILLA — A CASE REPORT

G C Foo
Rosnah B Zain

SYNOPSIS

A case of a well-differentiated fibrosarcoma in the maxilla was presented. The clinical appearance and method of treatment were described. The problems in making the most appropriate diagnosis were discussed. Both the histopathology and clinical presentation were definitely required for such diagnosis. A short review of the literature was also included.

INTRODUCTION

Malignant mesenchymal tumors of the oral cavity are rare. In a series of fifty-four cases of fibrosarcoma of the head and neck region, Conley et al (1) found 6 cases in the mandible and maxilla. According to O'Day et al (2), fibrosarcoma comprised 2% of the malignant mesenchymal neoplasm of the oral cavity. MacFarlane (3) reviewed 18 cases of fibrosarcoma that had been reported in the literature: 14 involving the maxilla and 4 in the mandible. Oral fibrosarcoma affected males more often than the females, usually between the third and fifth decades of life.

The origins of these oral lesions are unknown. Bradley et al (4) felt that these lesions arise from the periosteum or from extrasosseous soft tissues. Thoma and Goldman (5) thought that these lesions originate from enclaved embryonic mesenchymal cells of developing teeth or from cells of the connective tissues surrounding nerves and vessels within the jaw. Blankenship et al (6) believed that they arise from alveolar periosteum or from periodontal membrane. Others denied the existence of an endosteal fibrosarcoma and considered these as osteogenic sarcomas.

Clinically, the patients complain of pain and swelling in the jaws affected. The teeth affected may become loose while ulceration and bleeding may occur when traumatised. Facial asymmetry, and in advanced cases, considerable displacement of the eye with a resultant diplopia often occurs. The growth rate varies. Local aggressiveness rather than metastasis is a prominent character of this lesion. However, metastasis to the lungs and bone via the haematogenous route have been reported.

According to Geschichter (7), radiographs are not significant apart from showing the characteristic features of bony destruction. There is no clear line of demarcation from the normal bone. The teeth involved may show root resorption.