

Primary Chronic Osteomyelitis of the Mandible: A 10 Years Follow Up

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ABSTRACT

Primary chronic osteomyelitis of the jaws (PCO) is a non-suppurative chronic inflammatory disease of the jaw bone that mostly affect the mandible. Its etiology remains unclear. This condition can be isolated or related to other diseases such as autoimmune diseases as well as syndromes such as SAPHO syndrome, Majeed syndrome or cherubism. It is mainly seen in young adults in both males and females' patients. The diagnosis is often challenging, made upon the clinical findings that include; chronic swelling of the jaw, severe pain and severe restriction of the mouth opening with no evidence of local infection, trauma or neoplasia. Panoramic radiograph often reveals osteolytic radiolucent areas, combined with increased thickness of alveolar lamina dura, sclerogenic variation of the bone in the affected area. Computed tomography patterns of osteomyelitis can be, lytic, mixed or sclerotic. Sequestrum are rare. The bacterial contamination of bone tissue is best determined by bone biopsy under radiographic guide. The most frequently associated bacteria are *Staphylococcus aureus*, Gram negatives (*Pseudomonas aeruginosa*), and anaerobe bacteria (*Bacteroides fragilis*). Bone scintigraphy is highly sensitive to bone abnormalities and is a useful method especially in young patients with suspected inflammatory disease or malignant tumors. The Treatment of this condition remains controversial and is often based on anti-inflammatory drug therapy, such as corticosteroids, non-steroidal anti-inflammatory drugs (NSAIDs), long term antibiotics, hyperbaric oxygenation (HBO) and more recently Biphosphonates Therapy. Surgical management is sometimes required and generally consists in decortication, while, in some severe cases, the resection of the unhealthy bone remains the only therapeutic option. Recurrences are common and were reported even many years after the first onset. We report the case of a healthy female patient with a 10 years history of chronic primitive osteomyelitis of the mandible. Clinical and radiological findings are reported as well as the evolution of the disease throughout the years. Treatment modalities are also discussed.

Keywords: Osteomyelitis, Mandible, Decortication, Antibiotics, Biphosphonate

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