possible damage to adjacent structures and allowing a surgical treatment with less morbidity.

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Non-vascularized iliac crest bone graft for immediate reconstruction after marginal resection of multicystic ameloblastoma

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Background: Ameloblastoma is a rare benign odontogenic tumor with local aggressive behavior associated with a high recurrence potential when improperly treated. It is classified into three types based on clinical, histological, and radiographic findings - unicystic, multicystic, and peripheral. The most appropriate treatment of ameloblastoma remains controversial, varying from conservative to radical approaches and should be chosen according to macroscopic and histological characteristics of each tumor. To solve esthetic and functional disabilities caused by radical approaches, several techniques for reconstruction of the orofacial region have been proposed, such as free bone grafts, vascularized bone grafts, particulate bone grafts, reconstruction plates, and osteogenic distraction, among others.

Objectives: The aim of this study was to evaluate the effectiveness of a therapy based on marginal resection and immediate reconstruction with iliac crest bone graft to treat a multicystic ameloblastoma.

Methods: This report describes a case of a 31-year-old female diagnosed with multicystic ameloblastoma in the posterior portion of the mandible who underwent a marginal resection and immediate reconstruction with iliac crest bone graft. After surgery, postoperative control with panoramic radiographs and CTs was performed.

Findings: After one year, radiographic control confirmed complete integration of the bone graft. After three years of clinical and radiological follow-up, there was no evidence of recurrence.

Conclusion: The proposed treatment was effective in the management of early diagnosed multicystic ameloblastoma, and a low morbidity surgery could be performed allowing immediate reconstruction and early prosthetic rehabilitation.

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Giant cemento-ossifying fibroma of the mandible – report on a clinical case

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Background: Cemento-ossifying fibroma (COF) is classified as an osteogenic tumor, defined as a well-differentiated tumor, occasionally encapsulated, comprising fibrous tissue containing variable quantities of calcified material resembling bone and/or cement. The pathogenesis remains unknown. It generally occurs between the second and fourth decade, with a 1:5 male:female ratio. The most frequent location is the mandible (75%). It usually presents as a by slow-growing, progressive, painless bone enlargement, with no other symptoms. COF can be present in conditions such as hyperparathyroidism jaw tumour syndrome or be associated with kidney lesions.

Objectives: We report the case of a patient presenting with a giant cemento-ossifying fibroma of the mandible with a five year evolution, in which the differential diagnosis at presentation included ossifying fibroma, osteossarcoma and giant cells lesion.

Methods: We report the case of a melanodermic 37-year-old female, without known previous medical conditions, that presented with a $14 \times 12 \times 11$ cm mandibular tumour, with severe distortion of the oral cavity and facial anatomy, as well as impairment of feeding and speech. Some distorted dental remnants were observed along the mass. PTH, TSH, T3 and T4 were in normal ranges. Ginecological consultation was required as well as a full genetic study.

Findings: CT scan showed a $14 \times 12 \times 11$ cm mass with calcic/osseous components, apparently originating in the mandible with molding of the upper jaw. There were also bony alterations at the skull base radiologically consistent with fibrous dysplasia. Aside from an iron deficiency anemia, laboratory results and full body CT scan were unremarkable. Two incisional biopsies were performed, at zigomatic bone and left pterygoid process, consistent with a cemento-ossifying fibromas. Ginecological consultation was obtained as well as a full genetic study, which excluded the presence of associated syndromes. Surgery was performed, with en bloc removal of the tumor, which required a subtotal mandibulectomy, disarticulation of the left condyle and reconstruction with a titanium plate with condyle.

Conclusion: COF should be considered in the differential diagnosis of lesions that present clinically as a slow-growing jaw tumor, especially in females. Differential diagnosis includes ossifying fibroma, clinically indistinguishable form COF. High recurrence rates demand for an aggressive surgical excision in such cases.

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Rapidly progressive osteonecrosis of the jaw (MRONJ) caused by cladribine – presentation of a new entity

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Background: Deutschland Patients with osteonecrosis of the jaw (ONJ) suffer from large maxillo-mandibular defects and are associated to osseous infections with fetor ex ore, exposed bone, oroantral, orocutaneous or oronasal fistulas, tooth loss, and pain. In ONJ patients, procedures such as surgical debridement of the necrotic areas, partly or complete resections of large areas of the jaw become necessary. These procedures often result into aggravated food intake, difficulties in dental rehabilitation, and major aesthetic deficits to the patients. Relapse and new areas of ONJ are seen very often in such patients if once affected from this disease.

Objectives: ONJ is mostly induced after radiation therapy in the field of maxillo-mandibular structures, or by drugs, such as bisphosphonates, RANK-L inhibitors or angiogenesis inhibitors.

Methods: The patient presented here suffered from hairy cell leukaemia and received the purine nucleoside antimetabolite analogue Cladribine that caused a rapidly progressive medication related osteonecrosis of the jaw (MRONJ).

Findings: In this case we could successfully treat the patient by surgical resection of the affected bone and reconstructive procedures using mucoperiosteal und local gingival flaps. We succeeded in complete mucosal healing and the patient was finally rehabilitated intraorally by a softly underlaid dental prosthesis.