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## Letter to the Editor

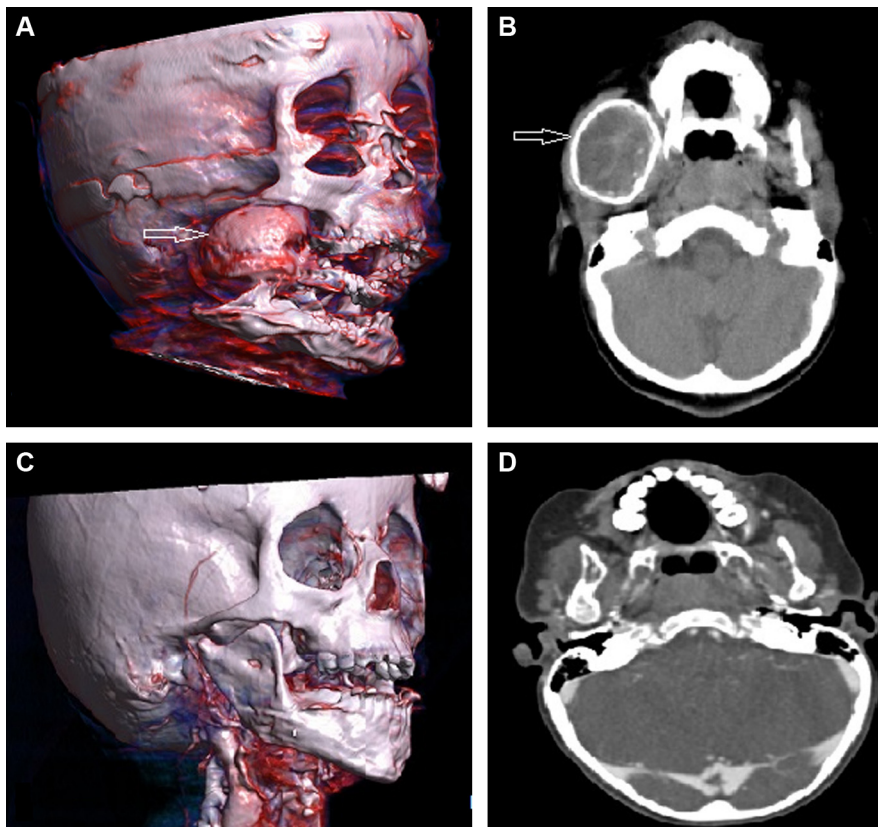
### Aneurysmal bone cyst of ramus mandible in a young patient



To the editor: a 3-year-old male presented with swelling on his right facial region. On physical examination, a solid mass was observed at right angulus mandible. Computerized tomography revealed a lytic, expansile mass at right angulus mandible (Fig. 1A and B). The cystic mass, which destructed the mandible and full of blood was totally excised. All parts of the mandible except the medial cortex were included in the specimen. The defect was reconstructed with iliac bone graft. Computerized tomography results at postoperative 6th month showed excellent contour (Fig. 1C and D). The histopathological examination of the cyst revealed aneurysmal bone cyst (ABC).

Aneurysmal bone cyst is a benign pseudocystic osseous lesion characterized by replacement with fibro-osseous tissue and blood

filled cavernous spaces with no endothelial lining [1]. The term ABC was first used by Jaffe and Lichtenstein in 1942 [2]. It accounts for 1–2% of all primary bone tumors [3]. The major localization of ABC is long bones followed by spine. Only 2% of lesions occur in the craniofacial skeleton. Mandible is the most common localization in craniofacial complex [4]. ABC of the mandible may be asymptomatic at first but due to rapid growing in time, expansion and destruction of surrounding tissues may be observed. It generally presents with swelling and asymmetry in the involved facial region [3]. The plain radiographic evaluations, CT or magnetic resonance imaging are not always specific for ABC [4]. Computerized tomography can show soap bubble or moth-eaten radiolucency with irregular margins [3]. As the clinical features and radiological appearances are very similar to other lesions such as central giant cell granuloma, ameloblastoma, ossifying fibroma, the diagnosis of the disease depends on histopathological examination [1].



**Fig. 1.** A. 3-D computerized tomography (CT) showed the mass at right ramus mandible (arrow: the mass). B. Axial CT image of the cyst (arrow: the mass). C. Postoperative 6th month 3-D CT scan revealed excellent contour. D. Axial CT scan at postoperative 6th month.

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The treatment options vary from observation or simple curettage to complete resection and reconstruction [1]. Recurrence rates are higher in patients treated with simple curettage [4]. Reconstruction of the mandibular ramus to support the bone can be performed by various types of bone grafts or reconstruction plates. Costochondral graft or fibula grafts were used for reconstruction in the literature. In our case, iliac bone graft was used for reconstruction. ABC of the jaws most commonly occurs in adolescents, especially in first two decades. As it generally occurs in adolescents, it must be kept in mind that ABC of the mandible may also be seen in younger patients. In this report, we presented a 3-year-old patient with ABC of mandible, which is excised and reconstructed with iliac bone graft. To our knowledge, this is the youngest patient in the literature.

#### Disclosure of interest

The authors declare that they have no competing interest.

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K. Kilic<sup>a</sup>

M. Sedat Sakat<sup>b</sup>

O. Tan<sup>c</sup>

H. Ucuncu<sup>d,\*</sup>

<sup>a</sup> *Otorhinolaryngology Clinics, Palandoken State Hospital, 25080 Erzurum, Turkey*

<sup>b</sup> *Department of Otorhinolaryngology, Faculty of Medicine, Atatürk University, 25240 Erzurum, Turkey*

<sup>c</sup> *Department of Plastic and Reconstructive Surgery, Faculty of Medicine, Atatürk University, 25240 Erzurum, Turkey*

<sup>d</sup> *Sıtkı Kocman University, Department of Otorhinolaryngology, Muğla, Turkey*

\* Corresponding author. Tel.: +90 442 344 7133;

fax: +90 442 236 1301.

E-mail address: [hucuncu61@gmail.com](mailto:hucuncu61@gmail.com) (H. Ucuncu)