

ÖDÜLLÜ VAKA
SUNUMU



ANAMNEZ

Yaş/Cinsiyet: 19/ Kadın

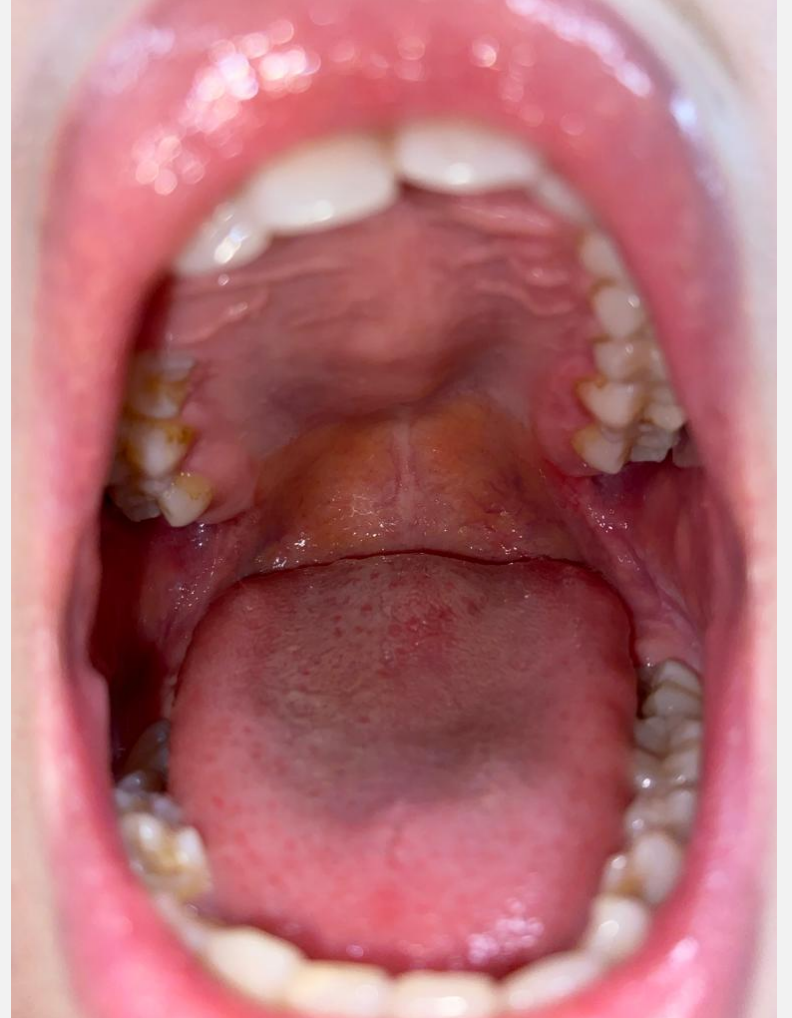
Şikayet: Üst çenede şişlik

Sistemik Anamnez: Sistemik olarak sağlıklı, hasta ilgili bölgeden daha önce opere edilmiş

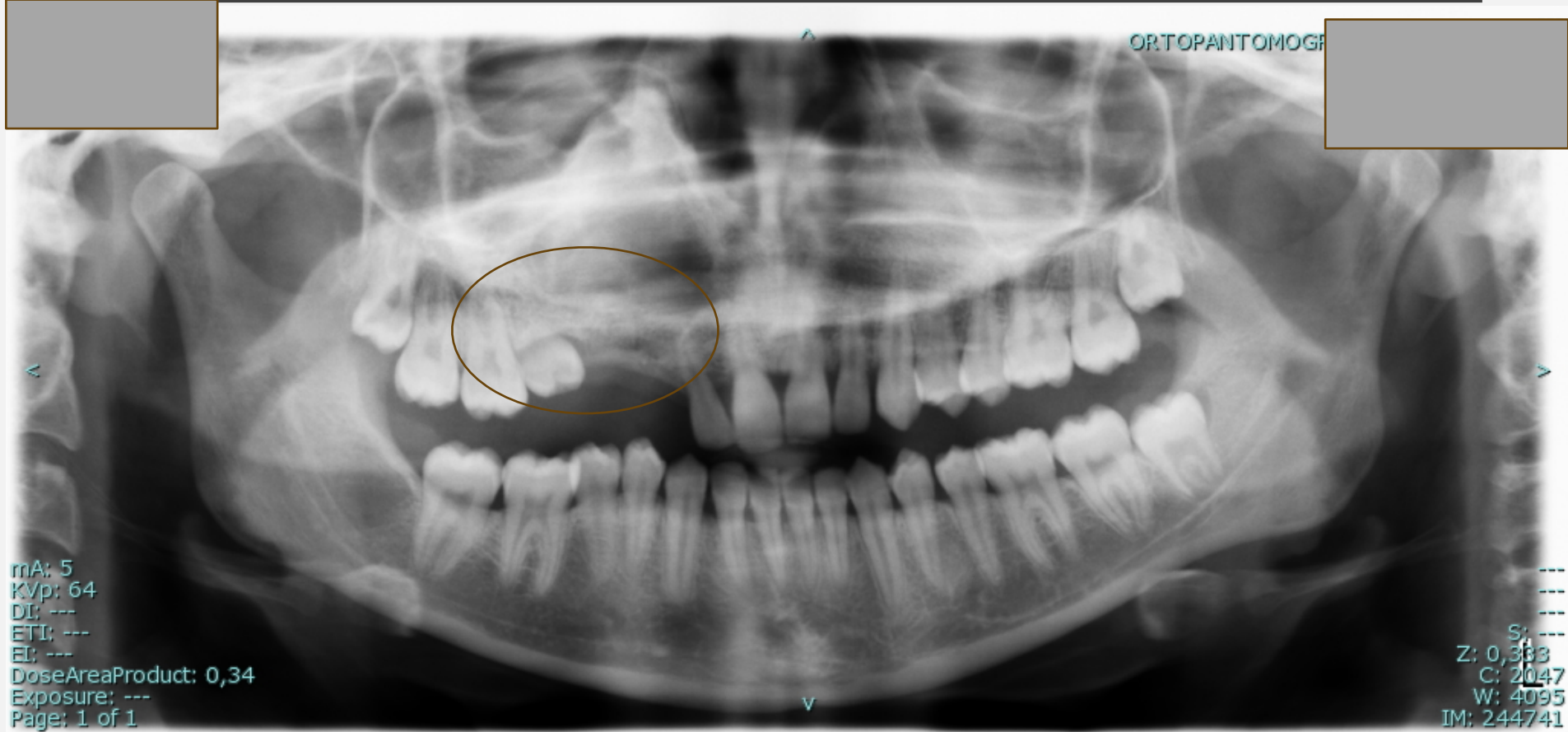
Klinik Bulgular: Sağ maksillada orta hattı geçen şişlik

KLINIK BULGULAR

- Sađ maksilla palatinal kemikte orta hattı geen palpasyonda sert ŐiŐlik



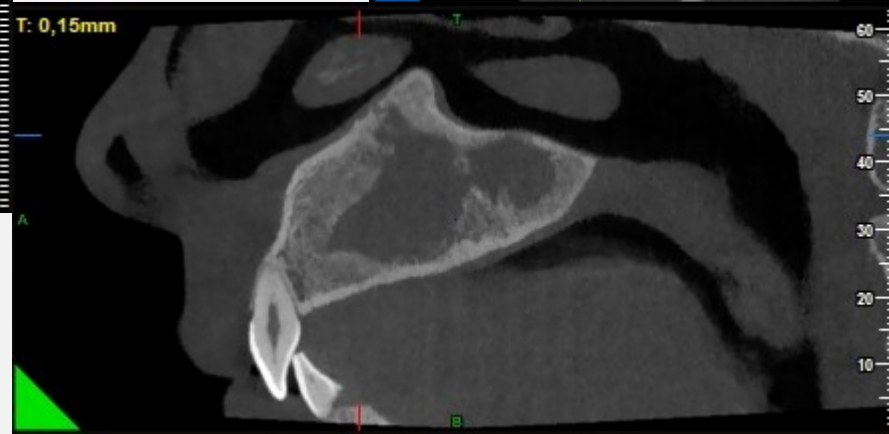
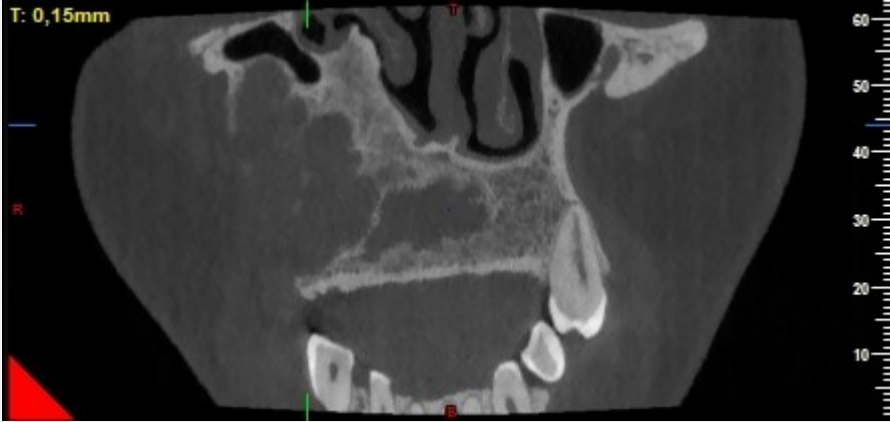
RADYOGRAFİK BULGULAR



- 12-15 no'lu dişler bölgesinde ve palatinalde ekspansif lezyon

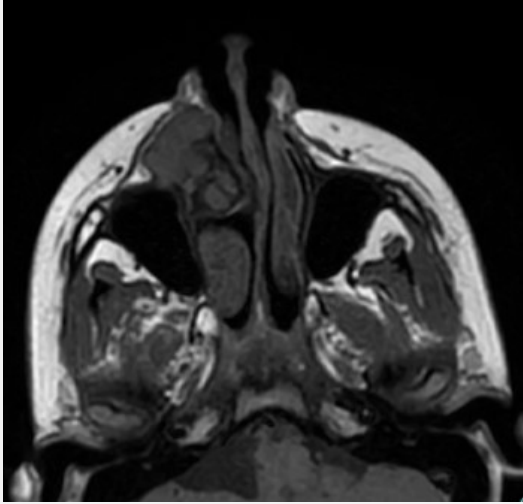
RADYOGRAFİK BULGULAR

- CBCT'de ekspansif karakterde sađ nazal kaviteyi atake eden,multilokuler,septalı, iyi sınırlı lezyon izlenmektedir.

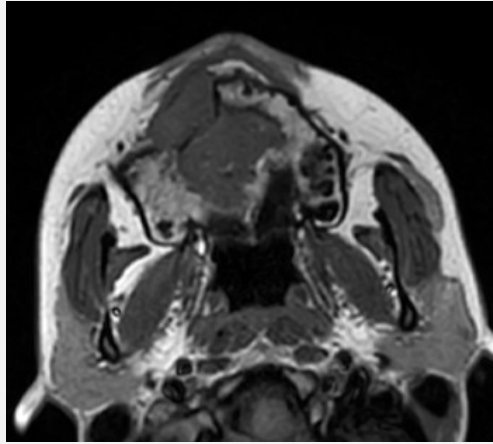


RADYOGRAFİK BULGULAR

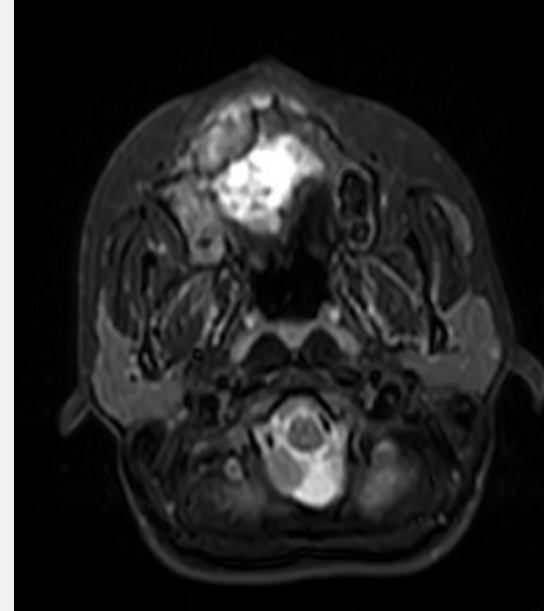
- MRG'de T1 ve T2 aksiyal kesitlerde maksilla alveolar proçeste yerleşim gösteren, orta hattı geçen damak kubbesinde izlenen içeriğinde değişik maturasyonlar ve septa formasyonu bulunan lezyon izlenmektedir.



T1 aksiyal

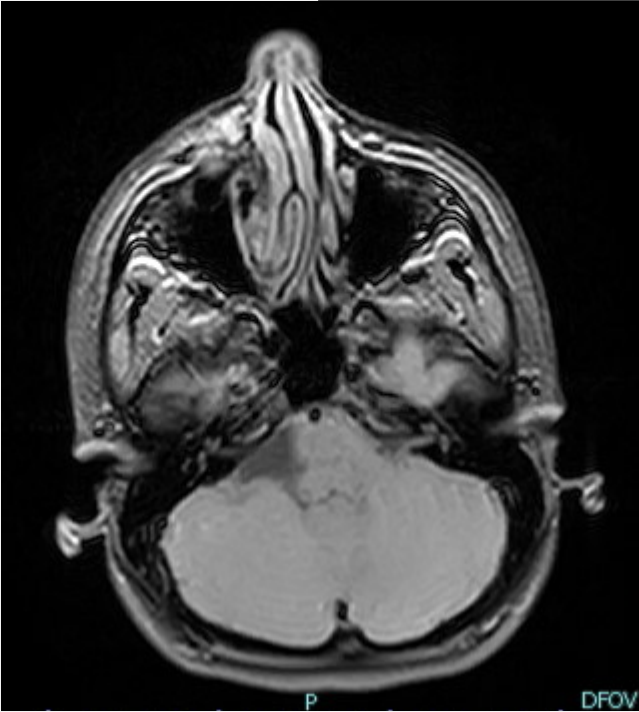


T1 aksiyal

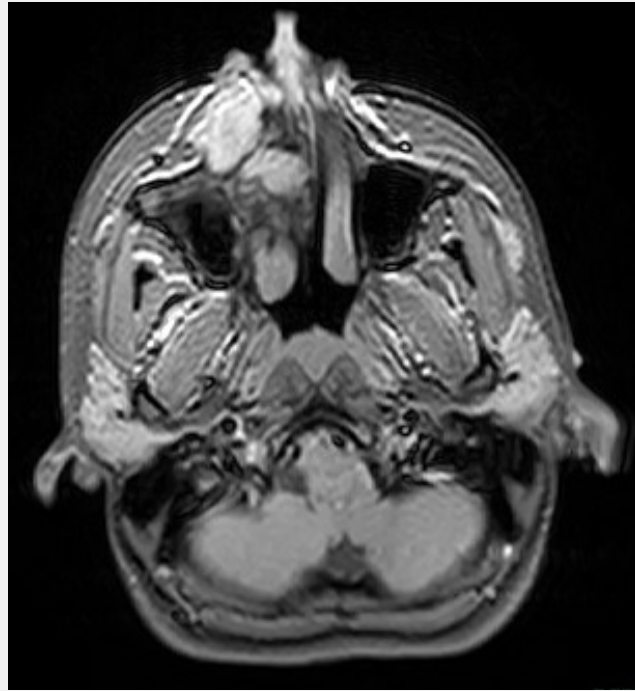


T2 aksiyal fat-sat

RADYOGRAFİK BULGULAR



T1 aksiyal fat-sat

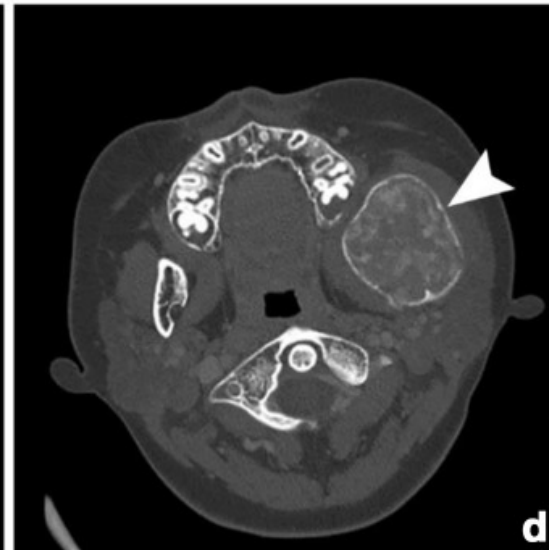
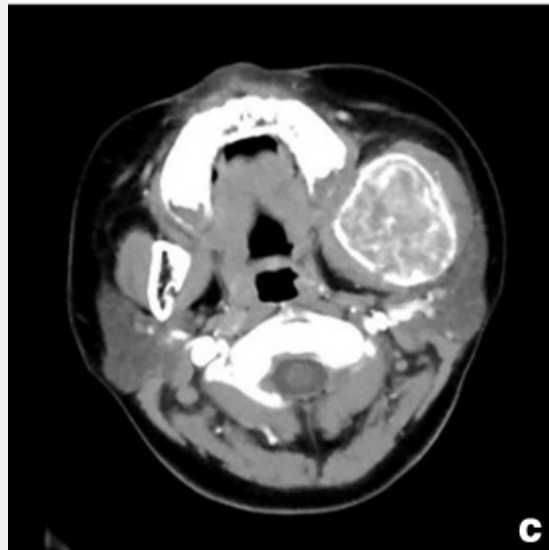
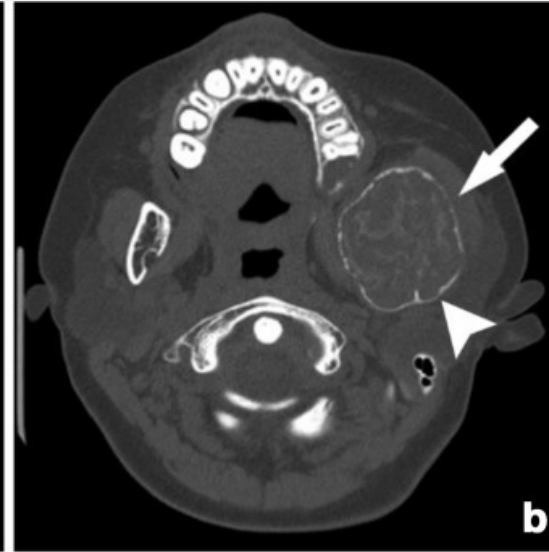
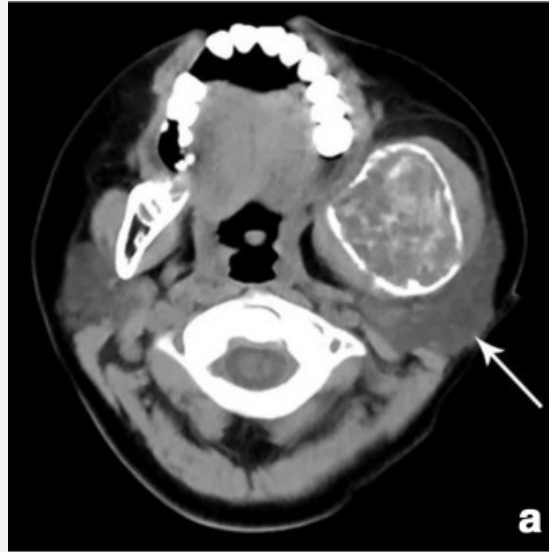


T1 aksiyal fat-sat



T2 aksiyal fat-sat

TARTIŞMA-GIANT CELL GRANULOMA



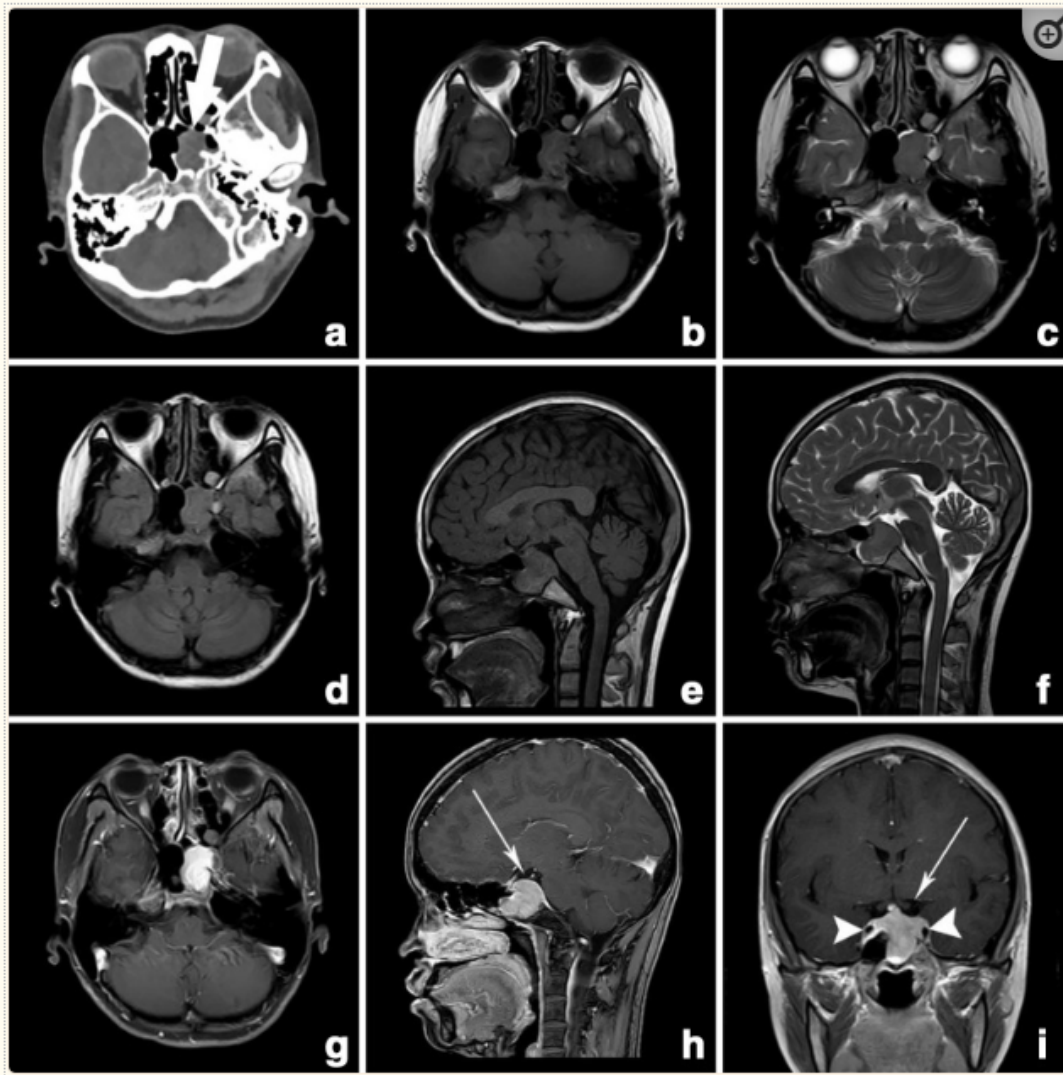


Figure 2.

(a-i) Case 2: axial non-enhanced CT images (a) and MR images; axial T_1 WI (b), axial T_2 WI (c), axial FLAIR (d), sagittal T_1 WI (e), sagittal T_2 WI (f) and contrast enhanced T_1 WI axial (g), sagittal (h) and coronal (i) demonstrating expansile mass in the left sella turcica. The mass had low density with adjacent sphenoid bone destruction and cortical thinning (thick arrow) with displacement of optic chiasma (thin arrow) and bilateral internal carotid arteries (arrow heads). Contrast MR images demonstrated uniform enhancement in the lesion (g-i). FLAIR, fluid attenuated inversion recovery; T_1 WI, T_1 weighted image; T_2 WI, T_2 weighted image.

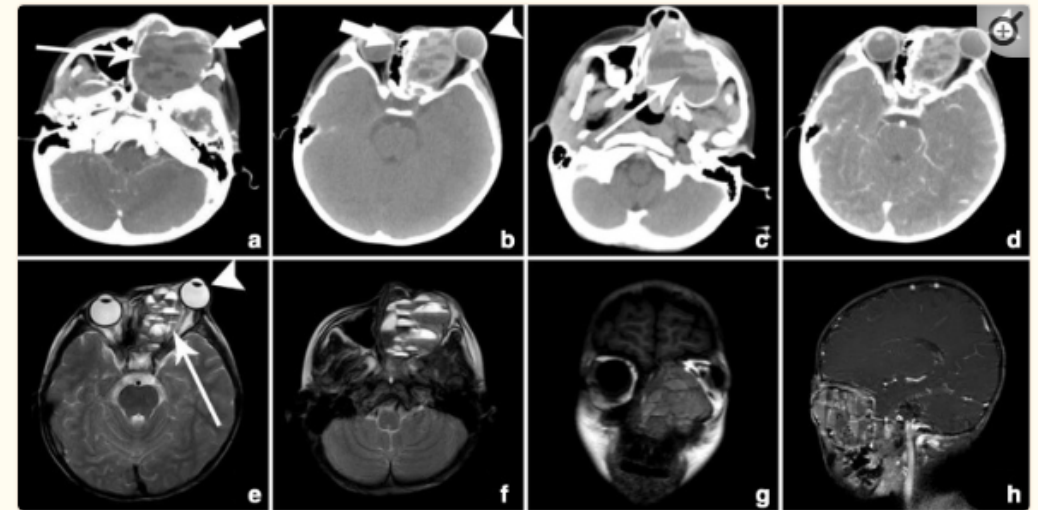
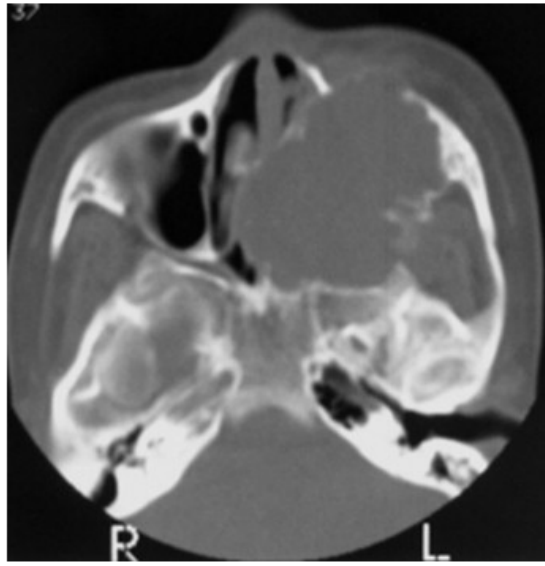
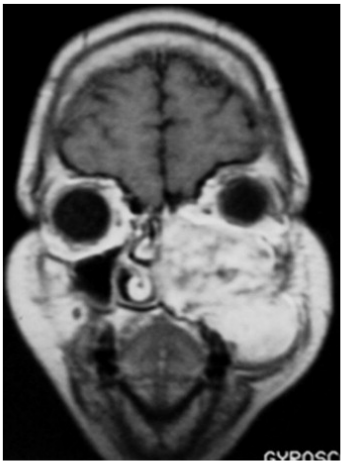


Figure 3.

(a-h) Case 3: axial non-enhanced CT images (a, b) and contrast enhanced CT images (c, d), axial MR T_2 WI (e, f) and coronal MR T_1 WI (g) and contrast enhanced sagittal MR T_1 WI (h) demonstrating uneven density soft tissue mass arising from maxillary bone and expanded into the maxillary sinus, left orbital cavity, paranasal sinuses and within nasal cavity resulting in protrusion of left eyeball (arrow head), destruction of adjacent bony structures (thick arrow), multiple fluid levels (thin arrow) and deviated nasal septum towards the right side. T_1 WI, T_1 weighted image; T_2 WI, T_2 weighted image



No.	Attenuation value	Expansion	Cortication	Locularity and internal structure	Growth pattern	Extension into surrounding tissues
1	Hypodense	Visible margin	Well corticated	Multilocular	Budding	Yes
2	Isodense	Interruption	Moderate corticated	Multilocular	Crevices	Yes
3	Hypodense	None	Uncorticated	Coarse trabeculae	Indistinct	Indistinct
4	Isodense	Visible margin	Well corticated	Uni+FT*	Budding	No
5	Isodense	Interruption	Moderately corticated	Multilocular	Crevices	Yes
6	Isodense	Interruption	Moderately corticated	Multilocular	Lobulation	Yes
7	Hypodense	Interruption	Well corticated	Uni+FT*	Crevices	Yes
8	Hypodense	Interruption	Well corticated	Uni+FT*	Lobulation	Yes



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Fig.4. T1 post-contrast MRI displayed various patterns of contrast uptake/enhancement. Some areas of the tumor enhanced markedly and were assumed to be collagenous, the unenhanced areas being deduced as myxomatous and/or bony septae.



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Fig.5. Axial T2 MRI showing a large mass that extends lingually into the floor of the mouth extending buccally and posteriorly, involving the ramus of the mandible. A small locule of the tumor presented as a hyperintense area in the ramus of the mandible and extends lingually into the pterygoid muscle.

No.	Corticication	Expansion	Locularity	T1	T2	Enhancement	Composition of the tumor	Exter into surro tissu
1	Moderately corticated	Interruption	Multilocular	Mixed	HH	Yes (periphery)	Mixed	Yes (I
2		Interruption	Multilocular	Hypointense	H2	No	Myxomatous	Yes
3		Visible margin	Multilocular	Mixed	HH	Yes (periphery)	Mixed	Yes
4	Moderately corticated	Visible margin	Multilocular	Mixed	HH	Yes (mild)		Yes
5	Well corticated	Interruption	Fine trabeculae	Mixed	HH	Yes (periphery)		Yes (I
6		Visible margin	Multilocular	Mixed	HH	Yes (periphery)		Yes (I
7		Visible margin	Fine trabeculae	Mixed	HH	Yes (mild)		Yes (I
8	Moderately corticated	Interruption	Multilocular	Mixed	HH	Yes (periphery)		Yes (I FOO,
9		Interruption	Fine trabeculae	Mixed	HH	Yes (bottom)		Yes (I Maxi
10		Interruption	Unilocular	Mixed	HH	Yes (bottom)		Yes (I FOO,



GIANT CELL GRANULOMA

- Prof. Dr. Kaan ORHAN
- Arş. Gör. İrem ÖZTÜRK
- Ankara Üniversitesi Diş Hekimliği
Fakültesi
- Ağız Diş ve Çene Radyolojisi A.D.