

**CASE REPORT****ODONTOME PRESENTING AS FIBROTIC MASS IN THE UPPER LIP:  
A RARE CASE REPORT****B Shrestha<sup>1\*</sup>, KJ Cho<sup>2</sup>, JH Lee<sup>2</sup>, S Subedi<sup>1</sup>**<sup>1</sup> College of Dental Sciences, Chitwan Medical College, Bharatpur, Chitwan, Nepal,<sup>2</sup> Asan Medical Center, Songpa-Gu, Seoul, South Korea.

\*Correspondence to: Dr. Bijayata Shrestha, Department of Oral Pathology, College of Dental Sciences, Chitwan Medical College, Bharatpur, Chitwan, Nepal.  
Email: [bijayata\\_shr@yahoo.com](mailto:bijayata_shr@yahoo.com)

**ABSTRACT**

The extraosseous occurrence of Odontome is rare. Trauma to the tooth bud during its early developmental stages has been proposed as a possible predisposing factor for the origin of odontome. In many cases etiology cannot be identified. Here we report an unusual and rare case of odontome presenting as a fibrotic mass on the upper lip in 32 years old female patient. The authors believe this is the rare documented case of odontome occurring within the soft tissue of upper lip.

**Key words:** *Developmental, Extraosseous, Odontome*

**DOI:** <http://dx.doi.org/10.3126/jcmc.v5i1.12573>

**INTRODUCTION**

Odontomas are benign odontogenic hard tissue tumors, which are hamartomatous aberrant tooth formation. Odontomas usually occur due to budding of extra-odontogenic epithelial cells or detachment of odontogenic cells from dental lamina<sup>1</sup>. Peripheral odontogenic tumors are rarely observed. However, it is widely accepted that the remnants of odontogenic epithelium entrapped in the oral soft tissues may be a possible source for peripheral odontogenic tumors differentiation<sup>2</sup>. The purpose of this article is to report a very unusual and rare case of nodular development of dental tissue in the lip of 32 years old female patient. The authors believe this case to be one of the rare documented cases of odontome occurring within the soft tissue of upper lip.

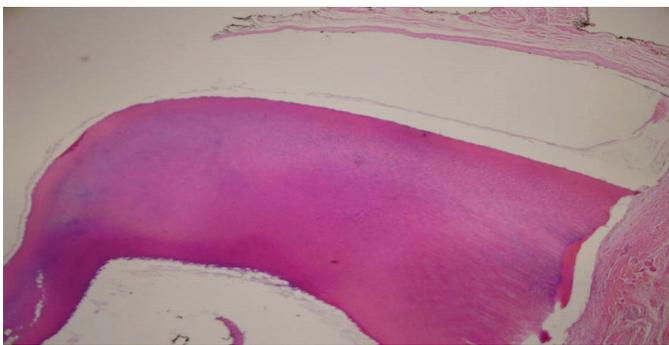
**Case Report:**

A 32 years old female patient reported in the outpatient

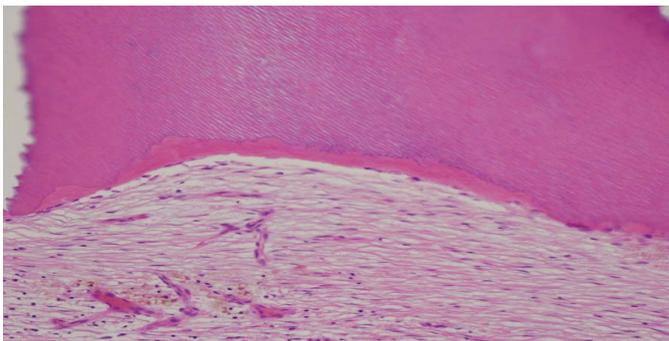
dental department, with the chief complaint of swelling of upper lip. The patient noticed the swelling 2 months back and the swelling was not associated with any other symptoms. On examination, firm submucosal swelling was present on the upper lip (Figure 1). The overlying mucosa appeared normal. On intraoral examination, the entire oral mucosa and all set of teeth were within the normal limits. The provisional diagnosis of fibroma was made. The upper lip fibrotic mass was removed under local anaesthesia and was sent for histopathological evaluation. Histopathology of the soft tissue section showed delicate cellular fibrous connective tissue. The decalcified mass of hard tissue was confirmed to be a compound odontome showing dentinal tubules and pulp space as seen in the case of a normal tooth (Figure 2 and 3).



**Figure 1: sub mucosal swelling of upper lip**



**Figure 2: Photomicrograph showing tooth like structure surrounded by delicate connective tissue (4X)**



**Figure 3: Photomicrograph showing dental tubules along with pulpal space (20x).**

## DISCUSSION

Odontome is an odontogenic lesion that are mostly unrecognized until the occurrence of clinical symptoms such as delayed eruption, or is incidentally detected on routine X-ray examination<sup>3</sup>. Odontogenic lesions can affect the jaws as intra-osseous (central)

or extra-osseous (peripheral) entities and are derived from epithelial and ecto- mesenchymal elements of the tooth-forming apparatus<sup>2</sup>. The tooth development results from the complex multistep interaction between oral epithelium and underlying ectomesenchyme. Abnormal interaction during development may result in ectopic tooth<sup>4</sup>. Extra osseous odontogenic tumors are rarely observed and it is well accepted that some epithelial peripheral odontogenic tumors can arise from the soft-tissue remnants of dental lamina<sup>2</sup>. The exact cause is not known, however, previous dental trauma and infection have been postulated as the potential factors in the development of odontogenic tumor<sup>1,3</sup>.

The histopathology of this case presenting as fibrotic mass in upper lip, revealed a compound odontome and the surrounding mass of delicate tissue is possibly the connective tissue surrounding the odontome and trauma during the developmental period could possibly be associated with this case. Ectopic teeth occurring in other head and neck region apart from oral cavity is rarely reported in various regions such as maxillary sinus<sup>5</sup>, nasal cavity<sup>6</sup> and oropharynx<sup>4</sup>.

Teeth completely located in soft-tissue as seen in our case were also found in palate, eyelid and cheek<sup>2</sup>. The presence of dental tissue outside of the alveolar process may be related to ectopic neural crest cells that would still be able to differentiate into tooth germ<sup>2</sup>. Odontome occurring within the tissue of the lip is rare. Most significantly, it is important to keep in mind its clinical and histological characteristics in order to establish the proper diagnosis.

## REFERENCES

1. Padmanabhan MY, Pandey RK, Aparna R. Erupted composite odontoma associated with malformed teeth - unusual dental aberrations following maxillofacial trauma. Rom J Morphol Embryol 2013;54:1153-6.
2. Siva AR, Carlos Bregni R, Vargas PA, de Almeida OP, Lopes MA. Peripheral developing odontoma in newborn. Report of two cases and literature review. Patol Oral Cir Bucal 2009;14:e612-5.
3. Nammalwar RB, Moses. A rare association of compound odontome with missing lateral incisor. Int J Clin Pediatr Dent 2014;7:50-3.
4. Nagarajappa D, Manjunatha BS. Tooth in oropharynx. Tooth in oropharynx. J Oral Maxillofacial Pathology 2011;5:346-7.
5. Dhafeeri HO, Kavarodi A, Shaikh K, Bukhari, Al Hussain, EI Baramawy. Recurrent epistaxis caused by an intranasal supernumerary tooth in a young adult. Am J Case Rep 2014;15:291-3.
6. Buyukkurt MC, Tozoglu S, Aras MH, Yolcu U. Ectopic eruption of a maxillary third molar tooth in the maxillary sinus: a case report. J Contemp Dent Pract 2005;6:104-10..