Odontogenic myxoma
Report of a clinical case and review of the literature.

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1 Introduction

The myxoma is a benign odontogenic neoplasm characterized by scattered stellate and spindle cells in an abundant myxoid extracellular matrix. It is the third most frequent odontogenic tumor after odontoma and ameloblastoma (2-5%). It occurs more in women than in men (2: 1), mostly between the 2nd and 4th decade of life; It is more commonly located in the jaw, produces rhizolysis and is characterized by being expansive. We want to emphasize which treatment options conclude in less recurrence.

2 Clinical case report

Gender: female Age: 39 Yo	Consultation reason: *"I´m here for my swollen mouth"*

3 differential diagnosis

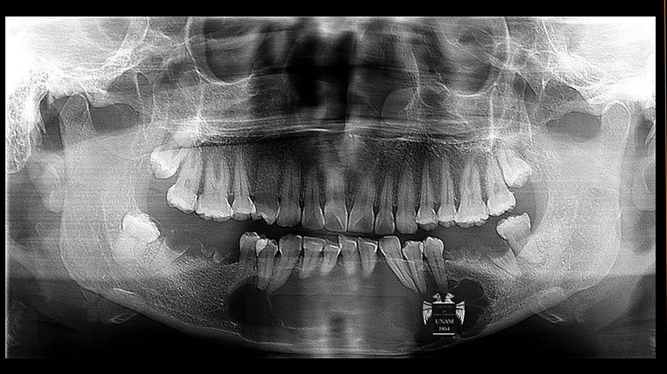
- Odontogenic myxoma
- Ameloblastoma

4 Treatment plan

exploratory puncture → Incisional biopsy

Imaging studies

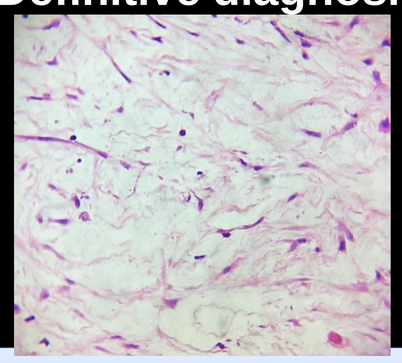
orthopantomography



Tomography

5 Exploratory puncture

6 Definitive diagnosis



Definitive diagnosis: Odontogenic myxoma

7 Treatment

8 Follow up

Orthopantomography

9 Literary review

OM is an uncommon or infrequent lesion according to what has been reported in the literature. It presents as a tumor derived from elements of the embryonic mesenchymal tissue of a developing tooth, including the dental follicle, dental papilla, or periodontal ligament. There are two general types of treatments for OM, a conservative one (curettage, enucleation with curettage, excisional curettage, and excision) and also a non-conservative form, resection. The latter is the one that reports the least recurrence, but presents the highest morbidity, among them we have curettage (31.3%), enucleation (13.1%), enucleation in conjunction with curettage (12.7%), enucleation and peripheral osteotomy (6.7%), en bloc resection (3.1%) and marginal resection (1.3%), the latter three being the treatments with the lowest degree of recurrence.

10 Conclusion

It is important to know the radiographic characteristics of the lesions and to carry out an adequate protocol to reach the appropriate diagnosis and treatment, reducing the possibility of recurrence as much as possible.

11 Conflict of interest

The authors declare that there are no conflicts of interest regarding this presentation.

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