CASE REPORT AND LITERATURE REVIEW

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### **INTRODUCTION**

Central giant cell granuloma is a non-odontogenic disease condition that accounts for less than 10% of all benign lesions.

The World Health Organization histologically describes the lesion as an intraosseous lesion consisting of cellular fibrous tissue containing multiple foci of hemorrhage, multinucleated giant cell aggregations.

Severe maxillary defects resulting from surgical resection of oral neoplasms are associated with greater difficulties such as chewing, phonation and facial aesthetics. In such cases, zygomatic implants have been used to improve the stability and retention of the maxillofacial prosthesis.

# **POTOGRAPH**





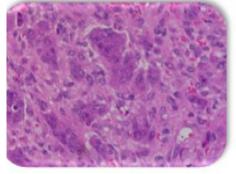


## **CLINICAL CASE**

**EDGE**: 65 **GENDER:** F FIB and PPH: Questioned an dena

#### **CURRENT** SUFERING:

I have feeled some thing growing on mi face in a very little time



H&E: 40 X. CENTRAL LESION OF GIANT **CELLS INCISIONAL BIOPSY** 

## **OBJECTIVE**

The successful management of a lesion is described with a wide resection of the maxilla with conservative approaches and without the use of reconstruction with microvascular grafts.



01

SURGICAL PLANNING MAXILECTOMY AND ORBITAL FLOOR

**SURGICAL** PIECE ANALYSIS

03

CONTROL AFTER MAXILECTOMY AND 3D SCAN

REHABILITATION WITH ZIGOMATIC IMPLANTS.

05

CONTROL WITH DE **USE OF YOUR FINAL PROSTHESIS** 



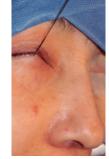




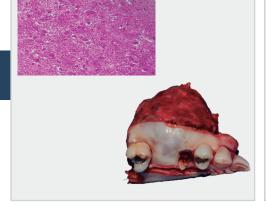








02





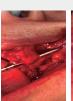


03

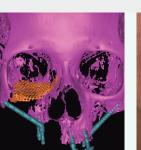














**CONCLUSION** 

## -The surgeon musth work in a multidisciplinary manner in patients facing this type of injury.

- -Minimal invasive approaches in benign pathology reduces its postoperative cormobities.
- -The use of zygomatic implants should be an option for the reconstruction of maxillary resections
- -Such extensive resections, forge lack of psychosocial security. To wich we are obliged to recover your indentity.

## REFERENCES

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THERE ARE NOT CONFLICTS OF INTEREST TO DECLARE