PROSTHODONTIC REHABILITATION OF A MIDDLE-AGED PATIENT WITH FLORID CEMENTO-OSSEOUS DYSPLASIA: A COMPREHENSIVE APPROACH TO FULL-MOUTH EXTRACTIONS AND IMPLANT THERAPY

Prosthodontics Department, Louisiana State University School of Dentistry, New Orleans, LA
Alexia A. Cholakis, DDS , Faye Mascarenhas, BDS, MS

INTRODUCTION

Florid cemento-osseous dysplasia (FCOD) is a benign, fibro-osseous lesion of the jaws characterized by replacement of normal bone with fibrous tissue and cementum-like calcifications. It most commonly affects middle-aged women and appears bilaterally or in multiple quadrants on radiographs. Although usually asymptomatic, FCOD poses significant challenges for dental surgery. The sclerotic, avascular nature of the affected bone predisposes patients to delayed healing, secondary infection, and osteomyelitis after invasive procedures. Because elective surgical procedures are relatively contraindicated in FCOD, extractions must be approached cautiously. Atraumatic techniques, limited flap reflection, and infection-prevention measures are critical to reduce postoperative complications.

METHODOLOGY

Clinical examination revealed a terminal dentition. Panoramic radiographs and CBCT imaging identified bilateral, symmetrical radiopaque lesions in the posterior mandible and maxilla, consistent with (FCOD). Referral to the oral pathology department was made, and the diagnosis was confirmed via biopsy. CBCT imaging also revealed sclerotic, poorly vascularized areas, raising concerns about implant osseointegration and an increased risk of osteomyelitis. In collaboration with the oral surgery team, a staged implant placement protocol was selected to minimize surgical trauma and allow for assessment of healing in regions with altered bone metabolism. An interim prosthesis was planned to restore function and esthetics during the healing phase.

PRE-OPERATIVE

Amoxicillin/clavulanic acid 500 mg/125 mg

Chlorohexidine rinse

PERI-OPERATIVE

Sterile environment

Minimizing periosteal reflection

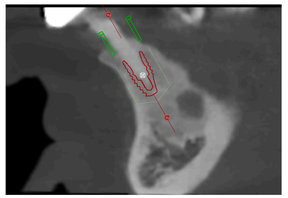
POST-OPERATIVE

Amoxicillin/clavulanic acid 500 mg/125 mg (TID)

PRE-OPERATIVE PHOTOGRAPHS

PREOPERATIVE RADIOGRAPHS

CONE BEAM CT AND IMPLANT PLANNING



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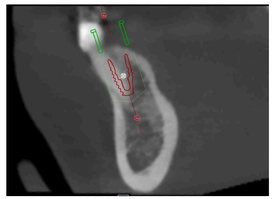

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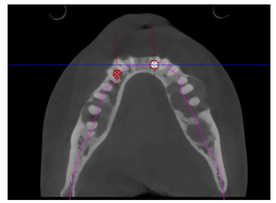

RESULTS

A staged approach involving serial extractions, bone grafting, and delayed implant placement allowed for successful rehabilitation of a patient with FCOD. Strategic implant planning avoided dysplastic lesions and minimized surgical complications, resulting in predictable osseointegration and restoration of function and esthetics.

CONCLUSIONS

1. Meticulous pre-and post-operative antibiotic and pain management, along with a sterile surgical environment, were crucial to reducing the risk of infection and ensuring optimal healing in this case of FCOD
2. The use of appropriate antibiotics before and after surgery helped minimize the potential for complications such as osteomyelitis.
3. Multiple follow-up appointments were essential to closely monitor healing.