# CHORIOSTORNA OCCURRING ON THE BUCCAL MUCOSA - A CASE REPORT

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**The intra oral osseous choristoma is un-common lesion. The term choristoma applies to a cohesive tumor like mass consisting of normal cells in an abnormal location. Oral choristoma is rare lesion, only a few studies have been reported on choristoma of oral region. Localization in buccal mucosa is even rarer these lesions once removed reportedly don't recur.**

We report a case of an osseous choristoma of buccal soft tissue.

## INTRODUCTION

Osseous choristoma is a term introduced by Krol's et al. in 1971 to describe a tumor like mass of normal bone in an abnormal position [3]. Females are more affected than males with age ranging from 8 to 73 years. Choristoma of post to sulcus terminals was reported by Monserrat as early as 1913[5]. Oral choristoma is rare lesion, and buccal mucosa is even rarer only 7 cases of buccal mucosal involved

## CASE REPORT

A 20 year old male patient reported with an asymptomatic swelling on the left buccal mucosa which has gradually increased in size. No history of trauma was elicited the patient was otherwise healthy and without any significant past medical history. The patient had a moderately good physique and was well nourished the examination of head and neck showed no abnormalities. Routine clinical and laboratory data and chest radiographs were within normal limits.

A well pedunculated swelling about 2X2 cm in diameter was noted in 36 molar regions. (Fig no.1)

The overlying skin was smoother then the adjacent area, the lesion was firm to palpation and its borders appeared well-defined. Patient gave the history of biting the lesion frequently. No history of



bleeding or associated pain was noted. Occlusal radiographs revealed radiopaque mass. (Fig no.2)

Under regional anesthesia resection of the mass was performed. The resected mass was 2.5 X 1.5 cm and lobulated whitish firm mass.

H/F: - Histopathological examination in Haematoxylin and eosin stained section revealed osseous choristomas revealed hyaline cartilage surrounded by dense connective tissue the cartilage is more mature in center than periphery.

## DISCUSSION

The term osseous choristoma is more appropriate in describing these lesions because this refers to histologically normal tissue found in an abnormal site. The possible etiologies of osseous choristoma. [7]

1. Ossification of branchial arch remnants.
2. Epignathus.
3. Congenital abnormalities or developmental malformations.
4. Ossified lymphatic tissue.

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5. Degenerating fibroma undergoing ossification.
6. Post traumatic mesenchymal metaplasia.

Extra skeletal bone - forming tumor are rare, they have been described in forearm, retroperitoneum, and thigh, first case was reported in 1913. More cases were reported on tongue. The osteoma is a benign neoplasm of bone the intraoral soft tissue osteoma or osseous choristoma is relatively rare entity, Only 72 cases having been reported in the literature[4]. Localization in buccal mucosa is even rarer only 7 cases of buccal mucosal involved [2]

Although osseous choristoma are generally treated as a single entity regardless of location. It is generally believed that such lesions of buccal mucosa and anterior aspect of tongue are post- traumatic centers of ossification whereas those of the posterior tongue are developmental abnormalitie[4,5]. Clinically the osseous choristoma is described as either a pedunculated or a sessile mass, and therefore this lesion should be included in the deferential diagnosis of any pedunculated lesion.

These lesions are asymptomatic, but occasionally caused difficulty in eating, speaking and feel of foreign body material in the oral cavity. An important consideration in the diagnosis of a soft tissue osteoma is the presence or absence of an associated or primary pathogenic condition but soft tissue calcification and bone formation may occur in much pathologic conditions e.g.: hyperparathyroidism, skin inflammation, tumors of salivary glands. It is therefore necessary to rule out other primary condition before diagnosis of a true soft tissue choristoma is made. After removal recurrence is rare, but two case of recurrence of buccal mucosa was reported in by Long D. in 1991[2] Dalkiz in 2001[7].

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