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A CASE OF RECURRENT CENTRAL GIANT CELL GRANULOMA IN RELATION TO THE MAXILLA

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Central giant cell granuloma (CGCG) of the jaws is an uncommon lesion which accounts for less than 7 percent of all benign lesions of the jaws. The CGCG is defined by the WHO as `an intra osseous lesion consisting of a more or less cellular fibrous tissue containing multiple foci of haemorrhage, focal aggregations of multinuclear giant cells, and sometimes trabeculae of woven bone formation within the septa of more mature fibrous tissue that may traverse the lesion. The aetiology of the CGCG is unknown and its biological behaviour is poorly understood. In 1953, Jaffe identified these lesions as "giant cell reparative granulomas" to distinguish them from the giant cell tumours that are usually found in the epiphysial regions of the long bones.There are reports in the literature of CGCG behaving as slow growing neoplasms. The features of such lesions are gross bone destruction, displacement of teeth, enveloping and often erosion of roots, perforation of the cortex and also pathological fractures.

A case of central giant cell granuloma of a 26-year-old Sinhalese woman is presented. The lesion was in relation to the left maxilla, involving the hard palate and extending from $\frac{2\text{-}7}{}$ crossing the midline. The occipitomental radiograph showed a mixed radiolucent lesion involving the left maxilla with ill-defined margins. The CT scan revealed a lobulated expanded lesion arising from the left maxilla which extends in to L nasal cavity, L maxillary and ethmoidal sinuses, L nasopharynx and infero medial aspect of L orbit. The management of this lesion and the difficulty of differentiating it from central giant cell tumour of bone are discussed. The comparisons of the CGCG and the Central Giant Cell tumour of Bone are given below.

Clinical features	Central giant Cell Granuloma	Central Giant Cell Tumour
Age	Children and young adults	Commonly 20 – 40 yrs
Sex	Females more common	Females
Location	Anterior mandible, crossing the mid line	Common in long bone
Aetiology	Hormonal? Reactive	Neoplastic
Rate of growth	Slow growing (More aggressive behaviour in some lesions)	Aggressive behaviour
Metastasis	No metastasis	Metastasis 15 –30 %
Recurrence	Rare after curettage	50 % recurrence with curettage