

- Szarek D, Marycz M, Laska J, et al. Assessment of in vivo behavior of polymer tube nerve grafts simultaneously with the peripheral nerve regeneration process using scanning electron microscopy technique. *Scanning*. 2013;35:232-245.

**IMAGING APPEARANCES OF FACIAL COSMETIC AUGMENTATIONS AND POTENTIAL COMPLICATIONS**

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**Background:** Cosmetic augmentation procedures are used for facial rejuvenation procedures. One category of materials used for augmentation is prefabricated silastic implants. Injectable materials used for augmentation include calcium hydroxyapatite microspheres, which stimulate dermal fibroblast proliferation. In general, these cosmetic procedures are safe, and the rate of complications is low. With increasing use of computed tomography (CT) for a variety of dental applications, the oral and maxillofacial radiologist is likely to encounter patients who have had prior cosmetic augmentations. The radiologist should be familiar with the radiographic appearances and locations of commonly used facial cosmetic augmentation materials, and differentiate these from pathologic entities.

**Discussion:** We present representative cases to demonstrate the radiographic appearances of facial cosmetic enhancements. These include dermal fillers and silastic implants. The presented cases also illustrate potential complications of these augmentations and their importance to diagnosis of problems in the oral and maxillofacial region. Complications include infection and movement or dislodgement of these grafts. The radiologist should be familiar with the principles of the surgical techniques so that deviations from the natural history of the graft can be promptly recognized and managed as necessary. Depending on severity, surgical intervention may be needed to prevent augmentation instability. Therefore, referral to a physician is necessary for complete evaluation and appropriate treatment. Nevertheless, the purposive contributions of the oral and maxillofacial radiologist provide key insight and support to health care providers in evaluating interval cosmetic augmentation stability.

**References**

- Mundada P, Kohler R, Boudabbous S, Toutous Trellu L, Platon A, Becker M. Injectable facial fillers: imaging features, complications, and diagnostic pitfalls at MRI and PET CT. *Insights Imaging*. 2017;8:557-572.
- King M, Bassett S, Davies E, King S. Management of delayed onset nodules. *J Clin Aesthetic Dermatol*. 2016;9:E1-E5.
- Kwon YE, An CH, Choi KS, Lee DH, An SY. Radiographic study of dermal fillers in the facial area: a series of 3 cases. *Imaging Sci Dent*. 2018;48:227-231.

**ATYPICAL SPINDLE CELL NEOPLASM OF THE JAW MIMICKING A BENIGN LESION—**

**A RARE CASE REPORT** *N.P. SELVAM, M. HANSEN, and D. KASHTWARI, UNIVERSITY OF FLORIDA COLLEGE OF DENTISTRY, GAINESVILLE, FL*

**Clinical Presentation:** Atypical spindle cell neoplasms are extremely rare lesions, especially in the jaws, and are well known for their aggressive behavior.<sup>1</sup> We present the case of a 58-year-old male in whom this tumor was incidentally noted on routine dental examination. The tumor resembled a benign odontogenic lesion on computed tomography (CT) and magnetic resonance imaging (MRI). Because of its propensity for metastasis, positron emission tomography (PET)/CT was performed to rule out distant metastasis.

**Differential Diagnosis:** Correlating the innocuous clinical presentation with the radiographic appearance of well-defined nature of the lesion and its paracoronal position with respect to an impacted tooth, the differential diagnosis included dentigerous cyst, other odontogenic cyst, cystic ameloblastoma, and other benign odontogenic tumor. Because of the irregular margins, we assumed the lesion could have been secondarily infected.

**Diagnosis and Management:** Histopathologic examination revealed an atypical pleomorphic spindle cell neoplasm of indeterminate origin. The patient underwent segmental mandibulectomy with radical neck dissection. Follow-up PET/CT revealed mild fluoro-2-deoxy-D-glucose (FDG) avidity in the left intraparotid lymph nodes. This could be a reactive process or recurrent/second primary tumor. A close follow-up after 3 months was recommended.

**Discussion:** Undifferentiated spindle cell sarcomas are high-grade, aggressive soft tissue sarcomas with no specific line of differentiation. To our knowledge, fewer than 30 cases have been reported. This case would be of specific interest to oral and maxillofacial radiologists because of its resemblance to a benign odontogenic lesion on CT and MRI. In conclusion, this malignancy can mimic benign lesions, and this may have significant influence on formulating the treatment plan, favoring a more conservative approach.

**References**

- Varadarajan V, Collins W, Sawhney R. Atypical spindle cell neoplasm of the nasal sidewall. *Otolaryngol Case Rep*. 2017;3:18-20.
- Senel FC, Bektas D, Caylan R, Onder E, Gunhan O. Malignant fibrous histiocytoma of the mandible. *Dentomaxillofac Radiol*. 2006;35:125-128.

**RARE PRESENTATION OF RADICULAR CYST WITH REVIEW OF THE LITERATURE**

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**Clinical Presentation:** A 61-year-old male with a non-contributory medical history and a facial swelling of 1 week's duration reported to his local emergency room. The physician prescribed penicillin and made a dental referral. The dentist obtained a pantomograph and, upon visualization of the lesions, referred the patient to the University of Florida Emergency Department, where cone beam computed tomography (CBCT) was performed. The pantomograph illustrated 2 well-localized, partially corticated, radiolucent entities, which appeared hydraulic in nature, in the maxilla and a well-defined, corticated, mixed-density entity, which appeared hydraulic in nature, in the right parasymphyseal region of the mandible. Evaluation of the CBCT scan affirmed the maxillary lesions to be consistent with radicular cysts. The mandibular lesion was well defined, expansile, corticated, and unilocular