Introduction

Chondroma is a benign tumor composed of mature hyaline cartilage which can involve almost any bone of the body. Depending on its location, it can be classified as enchondroma or central chondroma, for the one located in the medullary cavity of the bone; periosteal or juxtacortical chondromas that originate adjacent to the periosteum below the cortical surface; and extraskeletal or soft tissue chondromas. It is an extremely rare entity in the craniofacial region accounting for only 0.32% where mandibular condyle and coronoid process are predominantly involved due to their cartilaginous nature. We report a case of an enchondroma in the body of mandible which is an occult entity in the literature to date.

Case Report

A 32-year-old female patient reported with a painless swelling in her lower left back teeth region for the past 5–6 months which was increasing gradually in size. Clinical examination revealed a well-defined, firm, and nontender swelling toward the buccal cortical plate measuring approximately 3 cm × 2 cm, extending from 34 to 36 region anteroposteriorly. There were no signs of discharge, and aspiration was found negative. Orthopantomogram revealed a well-defined radiolucency involving distal surface of 34 to distal surface of 36 [Figure 1]. Differentially, the lesion was diagnosed as giant cell granuloma or myxoma or ameloblastoma. Based on the clinical and radiological findings, we arrived at a provisional diagnosis of a benign odontogenic tumor.

Considering the small size of lesion, it was elected to perform excision intraorally under local anesthesia. Dissection was done with utmost care to preserve the inferior alveolar neurovascular bundle which was closely associated to the lesion and the mass was excised in toto [Figure 2]. Histopathological analysis of the specimen revealed sheets of cartilage separated by fibrovascular tissue with a few tiny spicules of normal bone. Chondrocytes were seen within the lacunar spaces having small round nuclei with condensed chromatin, and eosinophilic cytoplasm which was suggestive of chondroma [Figure 3]. Nothing remarkable was noticed during the periodic follow-up clinically or radiographically [Figure 4].

After correlating the clinical, radiological and histopathological findings, we came to a conclusion that this was a case of...
Enchondroma of mandibular body which is not yet reported in the literature.

**DISCUSSION**

Enchondromas are slow-growing, benign, cartilaginous tumors located in the medullary cavity of the bone and clinically asymptomatic. Commonly seen in the third or fourth decades of life with equal sex predilection, and most commonly involving short tubular bones of hand and long bones. Although rarely found in the jaw bones, condylar, and coronoid processes of the mandible are predominantly involved. In the present case, the patient presented with a gradually growing asymptomatic swelling in the mandibular left body which clinically appeared more to be a benign odontogenic tumor rather than anything else and was taken up for the management accordingly. It was only after the histopathological review that the chondromatous nature of the lesion was realized, leading it to be named as a chondroma. All this had driven the attention of authors’ to review the literature on cartilaginous tumors of the jaw and establish a definitive diagnosis.

Occurrence of these tumors in noncartilaginous sites of the jaws had tempted some authors to refer them as hamartomatous growth. However, some workers have proven that in such cases, aberrant embryonic cell rests and multidirectional differentiation of mesenchymal cells are implicated in the origin of these tumors. Radiographically, these tumors demonstrate as a small radiolucent lesion without cortical involvement or soft-tissue extension. While histopathologically, they reveal discrete islands of hyaline cartilage surrounded by lamellar bone which was in conjunction to the present case.
As per the little literature available, it is recommended that such lesions do not require any surgical intervention rather than observation. Occasionally, they have been found to be symptomatic and are treated by excision in toto. However, in the present case, the patient had reported with swelling of the body of mandible which was increasing in size gradually and was excised under the impression of benign odontogenic tumor. The reported incidence of recurrence for enchondromas is extremely low,[8] and the same was found in the present case after a follow-up of more than a year.

**Conclusion**

Although literature is extremely sparse in such cases, and no concrete protocol is framed for their management, extreme caution should be taken, as an enchondroma could be the initial manifestation of osteosarcoma or chondrosarcoma; hence, long-term periodic follow-up must be considered mandatory. It is very much required that any modifications in the line of treatment of such rare cases that can be worked upon and implemented for future prospective.

**Declaration of patient consent**

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

**Financial support and sponsorship**

Nil.

**Conflicts of interest**

There are no conflicts of interest.

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