SWELLINGS AT THE ANGLE OF THE MANDIBLE: A DIAGNOSTIC GUIDE

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ABSTRACT
Diagnosis of many clinically similar lesions that are present on a particular site can be challenging. For clinical purpose the swellings occurring in the orofacial region can be developmental, traumatic, inflammatory, neoplastic or miscellaneous. This article lists all the possible causes of swellings at the angle of mandible.

INTRODUCTION
The term swelling is a vague description an enlargement or protuberance in the body [1]. Swellings can be discovered during routine examination or the patient may be aware of it when the swelling is symptomatic. It is of paramount importance that the clinician precisely formulates a brief differential diagnosis when a swelling is detected. For a competent diagnosis the clinician must be aware of the disease incidence, signs and symptoms and the associated etiology [2].

A swelling can be present anywhere on the body, including the intraoral and extraoral sites. These swellings may be classified briefly based upon the etiology and tissue of origin. Since swellings at the angle of mandible may look clinically similar, they can be both benign and malignant. This article lists all the possible causes of swellings at the angle of mandible.

Classification [3-8]
I. Based on the etiology
   Developmental
   • Cherubism

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Traumatic/inflammatory/infectious
• Fracture at the angle of the mandible and symphysis area.
• Periapical / Pericoronitis
• Osteomyelitis
• Cellulitis
• Submasseteric space infection
• Submandibular space infection
• Sialadenitis
• Ludwig’s angina
• Actinomycosis
• Tuberculosis
• Sarcoidosis

Cystic
• Dentigerous cyst
• Buccal bifurcation cyst
• Odontogenic keratocyst
• Simple bone cyst
• Dermoid cyst

Neoplastic Benign
• Ameloblastoma
• Calcifying epithelial odontogenic tumor
Malignant Carcinoma
- Squamous cell carcinoma
- Malignant ameloblastoma and ameloblastic carcinoma
- Central mucoepidermoid carcinoma
- Adenoid cystic carcinoma
- Acinic cell carcinoma
- Carcinoma ex pleomorphic adenoma
- Adenocarcinoma
- Myoepithelial carcinoma

Mixed tumors of odontogenic epithelium and ectomesenchyme
- Ameloblastic fibroma
- Ameloblastic fibrodontoma

Mesenchymal tumors
- Odontogenic myxoma
- Odontogenic fibroma

Non odontogenic Cystic lesions
- Simple bone cyst
- Dermoid cyst

Salivary gland lesions
- Sialadenosis
- Sialadenitis
- Pleomorphic adenoma
- Warthin’s tumor
- Oncocytoma
- Basal cell adenoma
- Myoepitheliomas
- Mucoepidermoid carcinoma
- Adenoid cystic carcinoma
- Acinic cell carcinoma
- Carcinoma ex pleomorphic adenoma
- Adenocarcinoma
- Myoepithelial carcinoma

Tumors of neural origin
1. Neurilemmoma
2. Osteoma
3. Hemangioma
4. Arteriovenous fistula
5. Osteoblastoma
6. Osteoid osteoma
- Desmoplastic fibroma of bone

CONCLUSION
A thorough knowledge of all the etiologies that lead to a swelling in this region is desirable by the clinician. Based upon this, the disease pattern can be expanded thereby supporting the disease validity. Developing of a near acute provisional diagnosis helps to timely identify and treat the disease.

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The authors declare that they have no conflict of interest.
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