Ainshams Dental Journal
Volume I, No. 1
March 1998

Facial Asymmetry Associated With Vascular Anomaly - Report of A Case

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Arteriovenous malformation of the mandible and maxilla represent a serious problem to the patient as well as the oral surgeon this is because of the life theratining bleeding that may encountered from such lesions. Pertinent diagnosis and recognetion of such lesions is very crucial. Here we introduce a case of mandibular arteeriovenous malformation which did not demonestrate significant clinical or radiographic claws.

For The first time in may life I have been terrified in the operating room" this comment, stated by Weisberger during his managment of mandibular arteriovenous malformation (AVMs), reflects the fear that may face the clinician inadvertently confronted with the massive bleeding from such lesions[1]. Fatal outcomes of such lesions as a result of exsanguination were reported following tooth extraction or biopsy of AVMs[2]. AVMs consists of pathologically malformed blood vessels[3]. In contrast to hemangioma AVMs do not have the tendency to involute and on the cellular level are characterised by normal endothelia cycle and normal numbers of mast cells throughout their natural history[4]. AVMs of the mandible are more frequent than that of the maxilla and occur in females more than males. Usually AVMs are manifested as an intraosseous lesions[5].

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Case Report

A 25 years old female was referred to one of the authers for managing her esthetic problem. (Fig. 1) The cheif complaint of the patient was of cosmotic nature in the form of facial asymmetery. Physical examination revealed a healthy looking middle age female with prominent chin and enlarged right side of her face. The right mandibular alveolar process was enlarged in comparison to the left side. The occlusal plane cants toward the left side. Tongue papillae of the right side were hypertrophied. The rest of physical examination was unremarkable. Plain radiographs were remarkable for enlarged hemimandible and excessive chin.

The decision was taken to perform asymmetric reduction genioplasty and right inferior body ostectomy with nerve lifting. Intraoperatively, during making