LETTER TO THE EDITOR

Letter to the editor concerning Stavropoulos F, Katz J. Central giant cell granulomas: a systematic review of the radiographic characteristics with addition of 20 new cases published in *Dentomaxillofacial Radiology* 2002; 31: 213–217—author response

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We would like to express our deep appreciation to Dr Katkar for the thorough and meticulous analysis of this study.

After revisiting the citations involved, we concur with Dr Katkar regarding the numbers of central giant cell granuloma lesions characterized by a well defined border.

1. Horner¹ made a distinction between lesions with well-defined margins that lacked cortical bone and lesions that were well defined with cortical bone (69% and 8%, respectively).
2. Kaffe et al² had classified the borders into three categories: well defined, diffused and poorly defined (39%, 22% and 39%, respectively).
3. Whitaker and Waldron³ reported that most cases of this lesion had well-defined borders but only 19% had well-corticated borders.

The majority of the cases reported in the literature therefore had well-defined borders consistent with our reported cases (65%).

It should be emphasized, however, that additional factors such as root resorption, bone expansion multi-locular appearance and displaced anatomic structures may affect the benign or aggressive nature of this condition.

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References

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2. Kaffe I, Ardekian L, Taicher S, Litner MM, Buchner A. Radiologic features of central giant cell granuloma of the jaws. *Oral Surg Oral Med Oral Path* 1996; **81**: 720–726.
3. Whitaker SB, Waldron CA. Central giant cell lesions of the jaws. *Oral Surg Oral Med Oral Path* 1993; **75**: 199–208.