LETTER TO THE EDITOR

Spontaneous regression of large mandibular lesions: consider Langerhans cell histiocytosis

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Dutra and associates¹ reported an unusual case of a self-healing large mandibular lesion occurring in a 30-year-old woman. Radiographically this lesion demonstrated a superiorly displaced horizontally orientated left mandibular first molar “floating in space”, a circumscribed “scooped-out” radiolucent lesion of the superior aspect of the left mandibular body and a similar “scooped-out” radiolucency of the anterior aspect of the left mandibular ramus.¹ The undermined bone defects appeared as though they had been created with an ice cream scoop. These radiographic findings evoke consideration of Langerhans cell histiocytosis (LCH), and the case reported by dos Anjos Pontual et al² exhibited similar radiographic features. LCH has a recognized tendency to spontaneously resolve.^{3–5} Indeed, conservative non-surgical therapy such as a single intralesional injection of steroids^{6–9} or non-steroidal anti-inflammatory drugs (oral indomethacin)¹⁰ can result in regression of LCH lesions.

In short, Dutra et al¹ provided a valuable review of mandibular lesions that can spontaneously resolve, including the inflammatory paradental cyst.¹¹ Dutra et al's¹ case was never biopsied, so a definitive diagnosis remains elusive, but LCH should probably be included in the radiographic differential diagnosis of a self-healing “scooped-out” mandibular lesion.

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