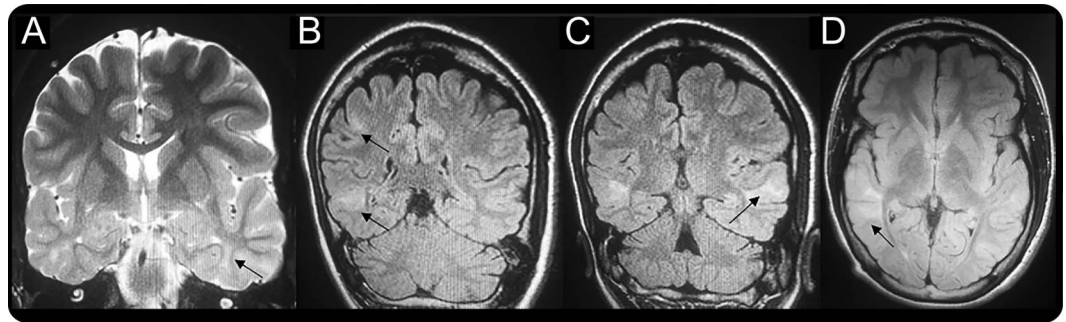


Ossifying fibroma of the maxilla and tuberous sclerosis complex

Figure 1 Multiple cortical tubers



Coronal T2 (A), coronal fluid-attenuated inversion recovery (FLAIR) (B, C), and axial FLAIR (D) weighted brain MRI disclose hyperintense cortical and subcortical areas, compromising temporoparietal regions (black arrow).

A 19-year-old man with refractory generalized epilepsy related to tuberous sclerosis complex (TSC) (figure 1) complained of chronic left facial swelling. Physical examination disclosed typical mucocutaneous findings of TSC (hypomelanotic macules, shagreen patch, unguis fibromas, facial angiofibromas)¹ and a hardened well-limited mass in his left maxilla, evidenced as an odontogenic extensive left maxillary mass (figure 2). Histopathologic study was compatible with an ossifying fibroma. TSC is a major neurocutaneous syndrome frequently associated with gingival hyperplasia or fibromas.¹ Ossifying maxillary fibroma is an extremely rare finding associated with TSC.²

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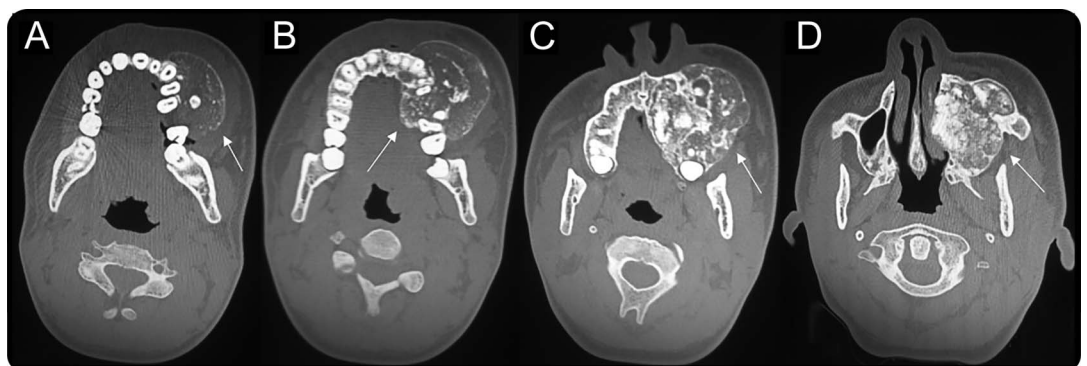
Author contributions: W.B.V.R. Pinto: case report project conception, organization, and execution, writing of the first draft, review and critique. P.V.S. de Souza: case report project conception, organization, and execution, writing of the first draft, review and critique. A.J. dos Santos: case report project organization, review and critique.

Study funding: No targeted funding reported.

Disclosure: The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

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Figure 2 Paranasal sinus CT scan



(A–D) Paranasal sinus CT scan discloses an extensive heterogeneous radiolucent lesion extending from left maxilla to the nasal cavity and left maxillary sinus (white arrow).

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Neurology 2015;84;1611-1612

DOI 10.1212/WNL.0000000000001478

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