EP-106

활발한 골 리모델링을 동반한 재발성 관골 골종의 완전 절제를 위한 수술적 고찰: 증례 보고

(Recurrent Zygomatic Osteoma with Active Osteogenic Remodeling and Considerations for Complete Eradication: A Case Report)

가톨릭대학교
성형외과학교실

심진솔, 김동연★

Purpose: Osteomas are rare, slow-growing benign tumors, but their manifestation within the zygomatic bone represents an even more exceptional clinical entity. Although surgical excision is typically curative with recurrence rates below 5%, we report a rare case of zygomatic osteoma exhibiting a unique "broccoli-like" morphological evolution and discuss the surgical challenges in achieving complete eradication.

Methods: A 48-year-old female presented with a recurring mass on the left zygoma. Her medical history included an initial excision in 2013 and a navigation-assisted intraoral re-excision in 2024. Despite subtle postoperative findings in early 2025, the lesion evolved into a third recurrence by late 2025. A longitudinal analysis using serial CT scans and intraoperative findings was conducted to investigate the regrowth mechanisms and the limitations of restrictive surgical access.

Results: Follow-up CT revealed an 8x4 mm focal bony protrusion with an adjacent 13x7 mm calcified fatty lesion. Intraoperatively, the recurrent tissue was notably brittle and interspersed within the soft tissue. Histopathology confirmed a benign compact osteoma with associated cartilage caps and callus formation, indicating active osteogenic remodeling. The recurrence was attributed to microscopic foci remaining anterior to the zygomaticofacial nerve, which were difficult to eradicate via a purely intraoral approach due to efforts to preserve neural function.

Conclusion: Complete eradication of all osteogenic foci, including brittle and fragmented segments, is paramount to preventing recurrence in zygomatic osteomas. In complex or recurrent cases, a combined approach—incorporating an infraorbital incision—is recommended to ensure direct visualization, nerve preservation, and definitive resection.

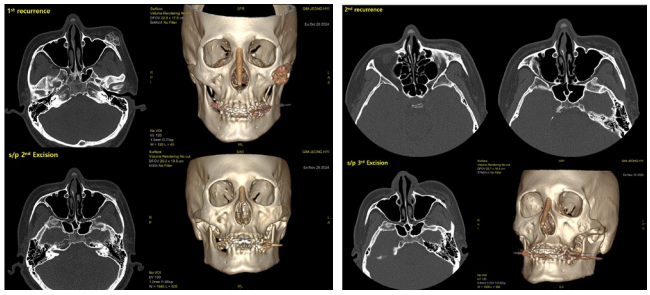

Fig 1. & 2. Serial computed tomography (CT) images illustrating the longitudinal progression of the zygomatic osteoma. Images demonstrate the initial recurrence, postoperative status following the second operation, subsequent second recurrence, and postoperative findings after the third operation, presented in both axial and three-dimensional reconstructions. A progressive, irregular ("broccoli-like") morphological evolution is noted over time.

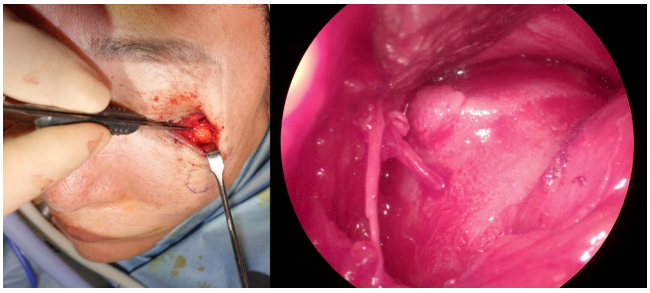

Fig 3. Endoscopic intraoperative view obtained during the third operation, demonstrating the recurrent osteoma at the time of second recurrence. The lesion appears fragmented, brittle, and interspersed within surrounding soft tissue, reflecting active remodeling and incomplete prior eradication.

Fig 4. Gross photograph of the excised osteoma specimen from the third operation, showing irregular, fragmented bony components consistent with the intraoperative findings.