

[DOI]10.12016/j.issn.2096-1456.2018.07.011

· 防治实践 ·

Stafne 骨腔临床分析

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【摘要】 目的 探讨 Stafne 骨腔的临床表现与生物学特性, 减少误诊及过度治疗。**方法** 对 4 例典型 Stafne 骨腔进行随访及临床回顾性分析, 结合文献报道, 分析 Stafne 骨腔的病因、临床表现、诊断标准和治疗方法。**结果** Stafne 骨腔, 又被称为: 静止性骨腔、特发性骨腔、潜在性骨腔、涎腺迷走性缺损、下颌骨异位涎腺、下颌骨舌侧骨腔、下颌骨舌侧骨皮质缺损等, 临床发病率约 0.5%。在临床上极易被误诊为颌骨囊肿或颌骨肿瘤而进行不必要的治疗。关于 Stafne 骨腔病因, 学者倾向于发育性和腺源性两种学说, 临床多无症状, 偶尔有疼痛, 好发于男性, 好发年龄为 40~60 岁, Stafne 骨腔影像学诊断标准为: ①下颌骨圆形或卵圆形透射影, 密度均匀明显的骨皮质白线; ②能明确与邻近的结构如牙齿区别开来; ③位于典型位置: 在下颌角及磨牙区, 位于下颌神经管下方。大多数 Stafne 骨腔无进展性骨质破坏, 不需要处理; 个别可能逐渐发展。**结论** Stafne 骨腔临床多无症状, CBCT 可明确诊断, 不需手术治疗, 可随诊观察。

【关键词】 Stafne 骨腔; 下颌骨舌侧骨腔; 发育性; 腺源性

【中图分类号】 R782 **【文献标志码】** A **【文章编号】** 2096-1456(2018)07-0464-04

【引用著录格式】 陈芬, 陈林林. Stafne 骨腔临床分析[J]. 口腔疾病防治, 2018, 26(7): 464-467.

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【Abstract】 Objective To study the clinical manifestations and biological characteristics of Stafne bone cavity and to reduce misdiagnosis and excessive treatment. **Methods** Four cases of typical Stafne bone cavity, including clinical features and follow-up data, were retrospectively analyzed, and the results, combined with a review of the literature, were analyzed in terms of the etiology, clinical manifestations, diagnostic criteria and treatment of Stafne bone cavity.

Results Stafne bone cavity is also known as static bone cavity, idiopathic bone cavity, latent bone cavity defects, aberrant salivary glands, heterotopic mandibular salivary glands, mandibular lingual bone cavity, mandibular lingual cortical bone defect, etc. The incidence of Stafne bone cavity is approximately 0.5%. This condition is easily misdiagnosed as a jaw or jaw cyst tumor and treated unnecessarily. Most scholars believe that the causes of Stafne bone cavity can be divided into two types: developmental and glandular. Stafne bone cavity is characterized by either no symptoms or occasional pain. This condition is observed mostly in 40-60-year-old male patients. The imaging diagnostic criteria for Stafne bone cavity are as follows: ① projecting round or ovoid mandible and uniform density with a distinct bone-cortical white line; ② clearly distinguishable from adjacent structures, such as teeth; ③ typical location in the mandibular angle and molar area, below the mandibular neural tube. Most Stafne bone cavities without advanced bone destruction do not require treatment, although individual cases may gradually progress. **Conclusion** Stafne bone cavity presents no symptoms or causes occasional pain and can be clearly diagnosed with CBCT. This condition does not require surgical treatment and should be followed up with observation.

【Key words】 Stafne bone cavity; Mandibular lingual bone cavity; Developmental; Glandular

【收稿日期】 2017-11-24; **【修回日期】** 2018-01-04

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1942年, Stafne 首次报告了35例无症状、单侧下颌骨透射影、下颌骨舌侧骨皮质内陷的病例, 并将其命名为“下颌角附近的骨腔”^[1], 后来人们将此种病变命名为 Stafne 骨腔 (Stafne bone cavity)。Stafne 骨腔是一种较少见的位于下颌角区的骨质缺损, 在临床上极易被误诊为颌骨囊肿或颌骨肿瘤^[2]而行手术, 给患者造成不必要的手术创伤和术后疤痕、口角歪斜等术后并发症。作者总结4例典型 Stafne 骨腔及文献, 对 Stafne 骨腔的病因、临床表现、影像学特点及处理作一临床分析。

1 材料和方法

1.1 病例资料

查阅南昌大学附属口腔医院2016年6月—2017年12月近千张全景片。发现4例典型 Stafne 骨腔。

Stafne 骨腔诊断标准^[3]: ①下颌骨圆形或卵圆形透射影, 密度均匀明显的骨皮质白线; ②能明确地与邻近结构如牙齿区别开来; ③位于典型位置: 在下颌角及磨牙区, 位于下颌神经管下方。

本组4例病例, 均为男性, 年龄44~70岁。4例患者 Stafne 骨腔均发生于一侧下颌角, 位于下颌神经管下方, 与牙齿无关。

影像学表现: CBCT均显示一侧下颌骨下缘上方、下颌角区, 下颌神经管之下有一圆形或卵圆形透射影, 该透射影与牙齿无关, 透射影周围有密度均匀明显的骨皮质白线, 显示下颌骨舌侧骨板缺损(图1)。

1.2 治疗方法

4例 Stafne 骨腔, 均未行手术治疗, 予以观察随访。

2 结果

4例 Stafne 骨腔病例随访期内均无明显变化及症状。

3 讨论

3.1 病因及发病率

Stafne 骨腔的病因至今还不是很清楚。主要有五种学说, 先天性、创伤性、血管性、发育性、腺源性。大多数学者倾向于发育性和腺源性学说^[4]。发育性学说主要倾向于3种观点: ①唾液腺发育时, 部分腺叶迷入下颌骨^[5]; ②唾液腺异位造成下颌缺损^[6-7]; ③唾液腺过度增生的压力造成下

颌骨舌侧骨质缺损^[8]。

Ariji 等^[8]将 Stafne 骨腔与下颌骨颊侧骨皮质的关系分为3类: ①下颌骨舌侧骨腔未到达颊侧骨皮质; ②到达颊侧骨皮质但未突破骨皮质; ③骨腔造成颊侧骨皮质膨隆。认为这三种分类与颌下腺的压力有关系, 压力越大的, 越可能造成第三种情况。压力真正来源尚不清楚。Shimizu 等^[9]则在他的研究中发现, stafne 骨腔的患侧较对侧下颌舌骨肌更向前, 翼内肌更大, 可能是推挤颌下腺向前的原因, 颌下腺向前并与下颌骨内侧推挤接触, 则骨腔更典型, 形态更大; 而颌下腺位置只是向前, 不与下颌骨相接触, 骨腔则不典型, 形态较小, 例如没有骨皮质白线。其影像学发生率约为0.5%, 而尸检发生率达6.6%^[10]。Schneider 等^[3]报道 Stafne 骨腔发生率0.7%。

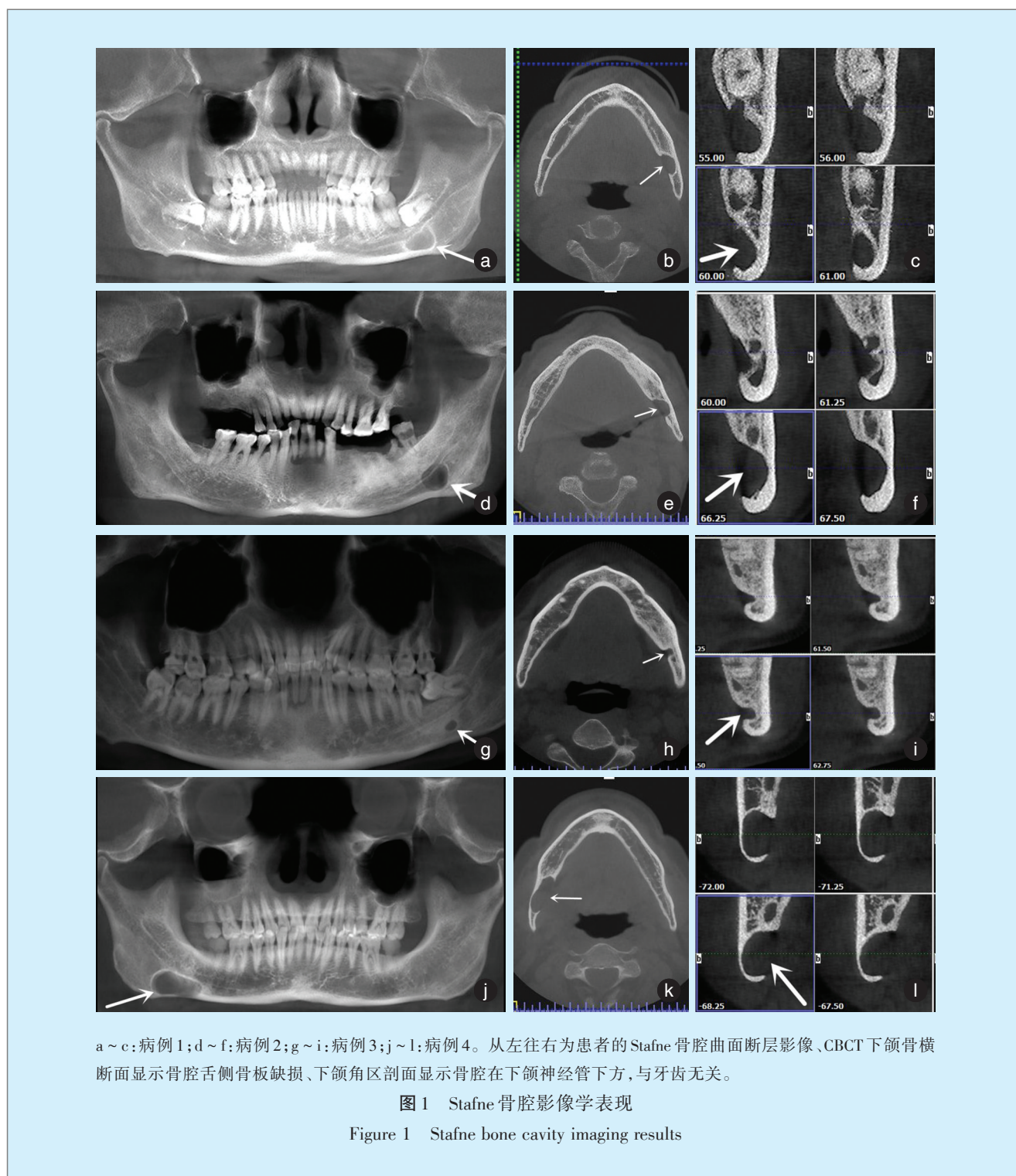
3.2 临床表现

根据其临床表现, Stafne 骨腔还被称为: 静止性骨腔、特发性骨腔、潜在性骨腔、涎腺迷走性缺损、下颌骨异位涎腺、下颌骨舌侧骨腔、下颌骨舌侧骨皮质缺损等^[11]。临床多无症状, 偶尔有疼痛^[4, 12], 好发于男性, 好发年龄为40~60岁, 20岁以下的青年人罕见报道, 主要通过影像学发现, 临床多会将其诊断为颌骨囊肿^[2]。本组4例病例, 均为男性, 年龄在44~70岁之间, 无临床症状, 均由口腔其他疾病或体检行影像学检查无意中发现。其影像学典型表现为位于下颌骨下缘上方、下颌神经管之下、第三磨牙下方与牙齿无关的卵圆形透射影。非典型表现可位于下颌骨前部^[13-14]、下颌神经管上方^[15-16]、双侧下颌骨同发^[17-18]、下颌骨升支^[19]。Philipsen 等^[12]将下颌骨发育性缺损分为4型: ①舌侧前部型: 从切牙区至前磨牙区; ②舌侧后部型: 下颌第一磨牙至下颌角; ③下颌升支舌侧型: 升支至髁突下的舌侧缺损; ④下颌升支颊侧型。

骨腔内容物主要有3种情况^[4, 20]: ①唾液腺; ②结缔组织、淋巴、脂肪、神经、血管; ③骨空腔。涎腺造影是确诊骨腔内容物为涎腺组织的一种有效检查方法, 但并非所有 Stafne 骨腔内均含有唾液腺, 而且还存在少数患者对造影剂过敏的风险, 也有学者认为即使骨腔内含有唾液腺也不一定能全部充盈显影^[21]。

3.3 诊断及鉴别诊断

Stafne 骨腔的诊断标准(全景片)^[3]: ①下颌骨圆形或卵圆形透射影, 密度均匀明显的骨皮质白



线;②能明确地与邻近结构如牙齿区别开来;③位于典型位置:在下颌角及磨牙区,位于下颌神经管下方。

本组4例病例的影像学表现与上述诊断标准相符。所有影像学诊断均应在详细病史、专科检查的基础上进行,并与颌骨囊肿、牙源性角化囊肿、成釉细胞瘤、骨转移性癌等相鉴别。

3.4 治疗及预后

对Stafne骨腔的正确治疗必需做出正确的诊断。大多数学者认为Stafne骨腔不需要处理。Quesada-Gómez等^[10]回顾了11个Stafne骨腔均无进展性改变,但是Precht等^[16]提出:Stafne骨腔有独特的动力学机制,理论上会表现活跃并逐渐发展,并建议:每年影像检查1次,根据骨缺损大小及

发展情况决定是否手术。Neto等^[19]认为影像检查在stafne骨腔的诊断中起决定性作用,可以避免不必要的手术。

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(编辑 张琳, 曾曙光)