

## Garre's Osteomyelitis

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### Abstract

Our case involved an 8 year girl who presented with a painful swelling Right lower jaw, with difficulty in deglutition, there was no fever. Earlier treatment by Dentists & ENT Specialists had provided no relief. Relevant investigations were within normal limits. The OPG was normal. MDCT scan of the face/orbit showed cortical irregularity and erosions in the Right hemi-mandible with a significant periosteal reaction & multiple irregular lytic areas in the marrow along with soft tissue changes suggestive of osteomyelitis. The significant periosteal reaction combined with osteomyelitis was suggestive of Garre's osteomyelitis. No bone biopsies were considered due to the typical clinical & radiological features. With 4 weeks of antibiotic treatment the patient was completely relieved of her symptoms, with a major correction in the facial asymmetry. Regular follow up demonstrated a remodeling of the mandible with normal results on bone scanning.

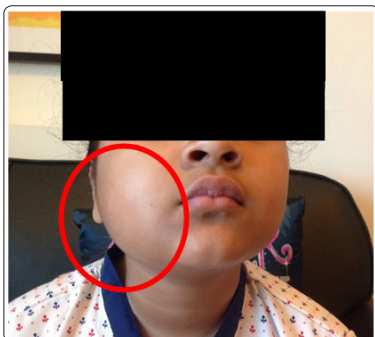
**Keywords:** Periostitis, Osteomyelitis, Odontogenic, Jaw Bone, Remodeling

### Introduction

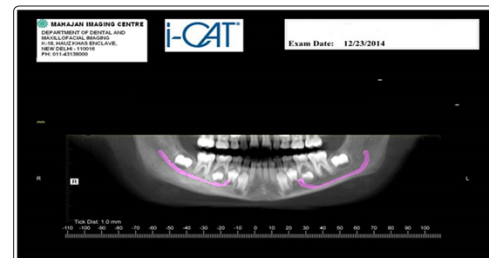
Also called periostitis ossificans, proliferative periostitis and Garre's sclerosing osteomyelitis First described by Carl Garre in 1893 as an irritation induced focal thickening of the periosteum & cortical bone of the tibia The first case of proliferative periostitis affecting the jaw bone was described by Berger in 1948 Garre's osteomyelitis mainly affects children & adolescents.

### Discussion

Most cases of Garre's osteomyelitis have followed an odontogenic infection & dealt with by removal of the offending tooth & treatment of the infection Some cases have responded by opening of the medullary cavity following a bone biopsy & antibiotic treatment More severe cases have been treated by focal or complete resection of the diseased bone In our case there was no such infection confirmed by an pre admission OPG & post discharge CBCT hence the successful response to conservative treatment She in all possibility developed this osteomyelitis secondary to an infection elsewhere in the body, which was controlled by the time she came to us [1-5].



Photograph of patient at the time of hospitalization



Panoramic reformatted mandibular image 2 weeks post treatment

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### References

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