



A Brief Study on Stafne Bone Defect: Causes and Treatment

Julia Wang*

Department of Dentistry, National Taiwan University, Taipei, Taiwan, China

Description

The Stafne defect (also termed Stafne's idiopathic bone cavity, Stafne bone cavity, Stafne bone cyst (misnomer), lingual mandibular exocrine gland depression, lingual mandibular cortical defect, latent bone cyst, or static bone cyst) may be a depression of the mandible, most ordinarily located on the lingual surface (the side nearest the tongue). The Stafne defect is assumed to be a traditional anatomical variant; because the depression is made by ectopic exocrine gland tissue related to the submaxillary gland and doesn't represent a pathologic lesion intrinsically

There are not any symptoms and no signs are often elicited on examination. Medical imaging like traditional radiography or computerized tomography is required to demonstrate the defect. Usually the defect is unilateral but occasionally is often bilateral.

The Stafne defect is assumed to be caused by an ectopic portion of the submandibular exocrine gland which causes the bone of the lingual cortical plate to transform. Rarely, the defect is often completely surrounded by bone, and this has been theorized to be the results of entrapment of embryonic exocrine gland tissue within the bone. Similar, but rarer, defects could also be present within the anterior portion of the lingual surface of the mandible. These aren't termed Stafne defects which specifically refer to the posterior location. The anterior defects could also be related to the sublingual exocrine gland.

Stafne's defect is typically discovered accidentally during routine dental radiography. Radiographically, it's a well-circumscribed, monocular, round, radiolucent defect, 1–3 cm in size, usually between the inferior alveolar nerve (IAN) and therefore the inferior border of the posterior mandible between the molars and the angle of the jaw. It's one among the few radiolucent lesions which will occur below the IAN. The border is well corticated and if any effect on the encompassing structures. Computerized tomography (CT) will show a shallow defect through the medial cortex of the mandible with a corticated rim and no soft tissue abnormalities, with the exception of some of the sub maxillary gland. Neoplasms, like metastatic epithelial cell carcinoma to the submandibular lymph nodes or a exocrine gland tumor, could create an identical appearance but rarely have such well-defined borders and may usually be palpated within the floor of the mouth or submandibular triangle of the neck as a tough mass. CT and clinical exam is usually sufficient to differentiate between this and a Stafne defect.

No treatment is required, but neoplastic processes (metastatic malignancy to the submandibular lymph nodes and/or exocrine gland tumors) should be ruled out. This is often usually through with clinical exam and imaging. Very rarely, since the defect contains exocrine gland tissue, exocrine gland tumors can occur within a longtime defect but there's likely no difference within the risk of neoplasia in exocrine gland tissue at other sites.

*Corresponding author: Julia Wang, Department of Dentistry, National Taiwan University, Taipei, Taiwan, China, E-mail: wangju@ntu.edu.tw

Received: September 02, 2021; Accepted: September 16, 2021; Published: September 23, 2021

Citation: Wang J (2021) A Brief Study on Stafne Bone Defect: Causes and Treatment. J Dent Pathol Med.5.106

Copyright: © 2021 Wang J. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.