A swollen face in a girl on haemodialysis

Sir,
I read with interest the clinical quiz of Fisher et al. in the July 1999 issue of the journal [1]. The authors diagnosed a brown tumour secondary to hyperparathyroidism in children with end-stage renal insufficiency (ESRI). Brown tumour, fibrous dysplasia, giant cell tumour, aneurysmal bone cyst and ossifying or non-ossifying fibromas have been considered in differential diagnosis. I think that cherubism should be remembered as another entity in differential diagnosis in this patient.

Cherubism is a rare, benign fibro-osseous disease of the jaws. The disease is usually inherited as an autosomal dominant trait with variable expression and penetrance, but a small number of cases without apparent familial involvement have been reported [2–6]. Bilateral expansion of the jaws is an important finding of disease but some patients with unilateral involvement have been reported. Multinucleated giant cells and vascular spaces within a fibrous connective tissue are seen histologically. The stroma is moderately collagenous and contains focal deposits of haemosiderin pigment [3,4,6]. Parental consanguinity, affected parents or siblings, and a high incidence of bilateral submandibular lymphadenopathy are seen generally. Lesions resolve after puberty [3–6]. Although hyperparathyroidism secondary to ESRI has been detected in this patient, cherubism should be considered in differential diagnosis and a possible family history should be investigated in this patient.

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