Gardner Syndrome

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History
Young adult with previous colectomy.

Diagnosis
Gardner Syndrome

Discussion
Gardner syndrome is characterized by familial polyposis, osteomas of the long and flat bones and a variety of cutaneous and subcutaneous lesions (epidermoid cysts, fibromas and desmoid tumors). Gardner syndrome is genetically linked to band 5q21, the adenomatous polyposis coli locus, and is transmitted dominantly. FAP and Gardner syndrome are believed to be variants of the same condition. The wider spectrum of abnormalities found in Gardner syndrome may represent variable penetrance of a common genetic mutation.
Although colonic polyps begin to form in puberty, the average age at Gardner syndrome diagnosis is 22 years. Osteoma formation precedes polyposis and consequently is key to the diagnosis. Progression of polyps to malignancy 100% and occurs by 30-50 years of age. About half of patients with Gardner syndrome have osteomas; about half of the osteomas occur in the sinuses and skull. More than half the patients with Gardner syndrome have dental anomalies. Previously undiagnosed Gardner syndrome may be detected when the patient is evaluated for multiple impacted and unerupted teeth, supranumerary teeth, odontomas, or dentigerous cysts.

Findings
CT-Numerous endophytic and exophytic sclerotic lesions of the mandible, maxilla and paranasal sinuses.

Reference
Dolan KD, Seibert J, Seibert RW. Gardner's syndrome: a model for correlative radiology. AJR 1973; 119(2):359-364.

Contributor
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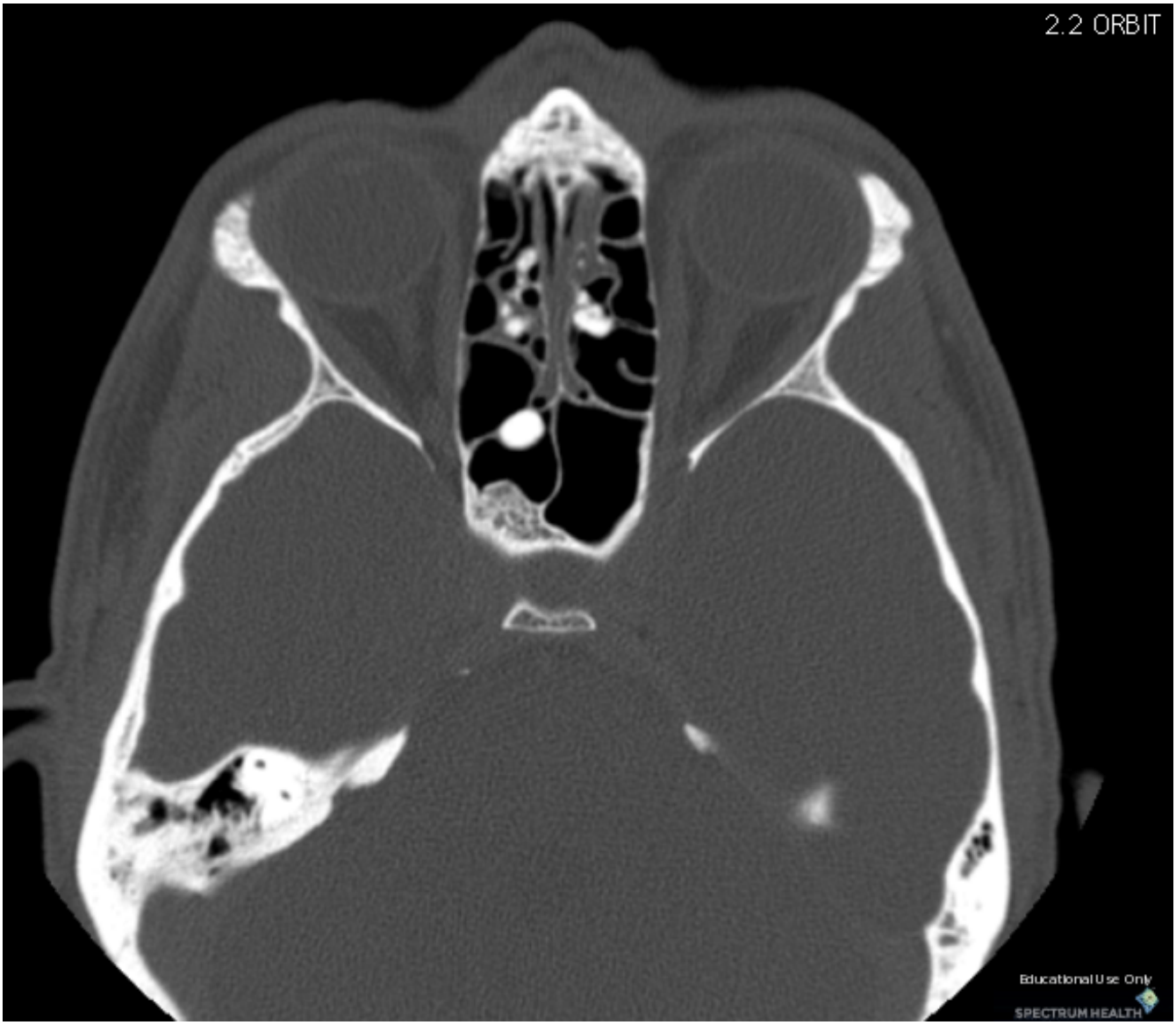
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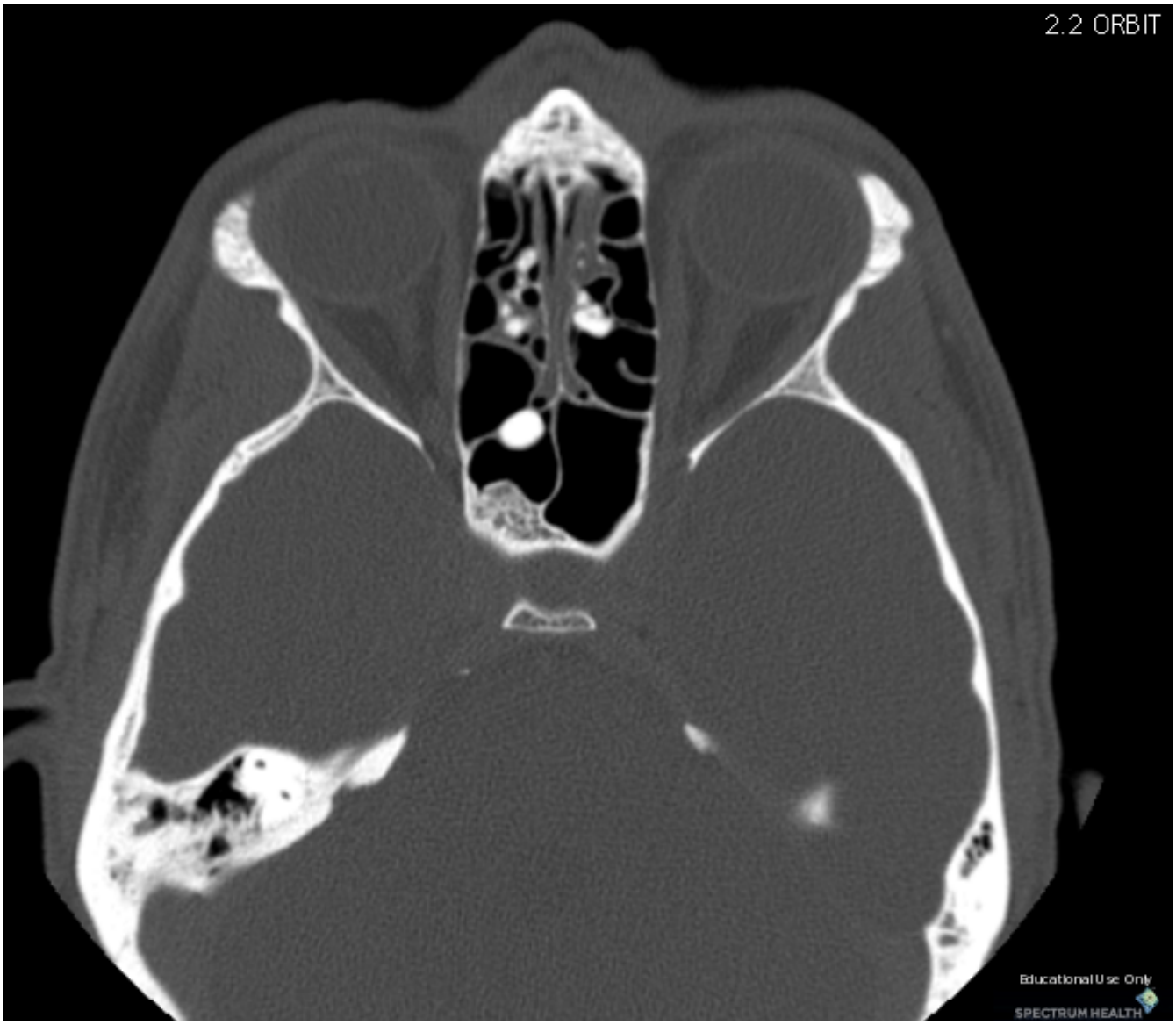
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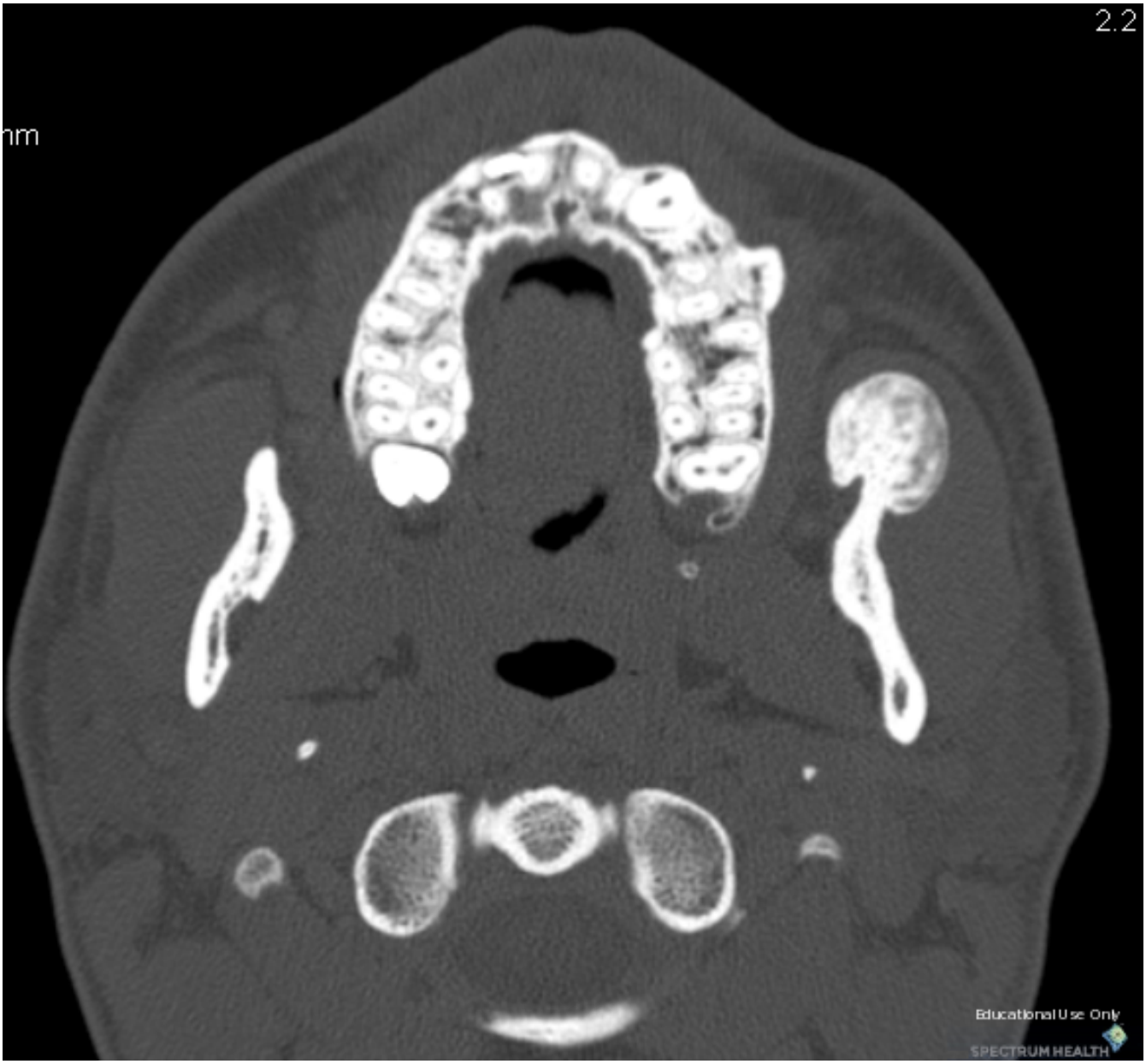
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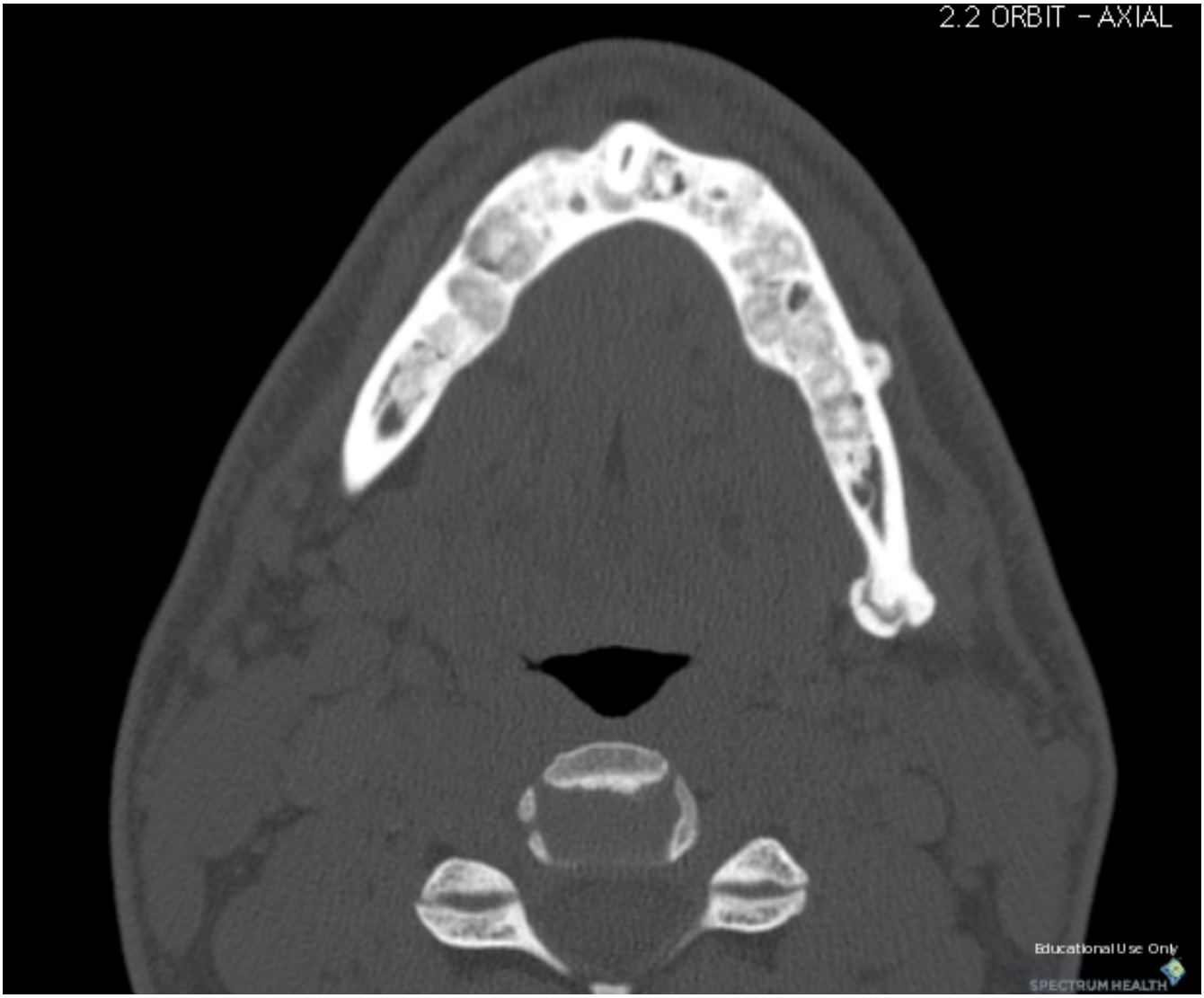
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