

# Stafne's Bone Cavity: A Note on Classification

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Dear Editor,

It is indeed interesting to read the article "Stafne's Bone Cavity: A Diagnostic Challenge" published in Journal of Clinical and Diagnostic Research in 2015 [1]. The authors have extensively covered the pathology and have added five new cases to the literature all showing different extensions but all composed of adipose tissue. I want to bring to the knowledge of the authors as well as the readers that a classification of Stafne's Bone Cavity (SBC) according to the outline and composition has been proposed by Arijji et al., [2]. They have classified SBC according to the depth as:

- (i) **Type I:** Cavity depth is limited to the medullary portion of the mandible.
- (ii) **Type II:** Cavity depth reaches the buccal cortex of the mandible but does not cause its expansion.
- (iii) **Type III:** Cavity depth reaches the buccal cortex of the mandible and causes its expansion.

According to content, they are classified as:

- (i) **Type F:** Cavity is filled with fat.

- (ii) **Type S:** Cavity is filled with soft tissue (lymphnode, vessel, conjunctive tissue, etc.).

- (iii) **Type G:** Cavity is filled with part of the submandibular gland.

The five cases reported by the authors can thus be classified accordingly as:

Case 1	Type III, Type F
Case 2	Depth cannot be ascertained as no image of axial or coronal section is provided where its relationship with buccal cortex can be examined. Type F
Case 3	Type I, Type F
Case 4	Type II, Type F
Case 5	Type I, Type F

Classifying cases will aid in better characterization of the pathology as well as will assist in monitoring the follow-up of these lesions.

## REFERENCES

- [1] More CB, Das S, Gupta S, Patel P, Saha N. Stafne's bone cavity: A diagnostic challenge. *J Clin Diag Res.* 2015;9(11):16-19.
- [2] Arijji E, Fujiwara N, Tabata O, Nakayama E, Kanda S, Shiratsuchi Y, Oka M. Stafne's bone cavity: Classification based on outline and content determined by computed tomography. *Oral Surg Oral Med Oral Pathol.* 1993;76(3):375-80.

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FINANCIAL OR OTHER COMPETING INTERESTS: None.

Date of Submission: **Aug 05, 2016**

Date of Peer Review: **Aug 20, 2016**

Date of Acceptance: **Sep 08, 2016**

Date of Publishing: **Nov 01, 2016**