

Year of case publication	Number of cases	Author	Report	Treatment strategy	Considerations
2015	1	Kadlub et al.	The calcineurin inhibitor tacrolimus as a new therapy in severe cherubism.	Authors used Tacrolimus for treating a 4 years old boy affected by aggressive Cherubism.	Accordingly with authors this represent the first case of effective medical therapy in cherubism.
2013	1	Fernandes Gomes et al.	Clinical and surgical management of an aggressive cherubism treated with autogenous bone graft and calcitonin.	The patient (18 years old, female) was treated with partial curettage of the lesion. Furthermore, the cavity was filled with autogenous cancellous bone and bone marrow grafts. In addition, a support treatment with salmon calcitonin (nasal spray) was used during the first year after the preconized procedure.	Author evidenced a great improvement in terms of aesthetics and functionality.
2013	1	Ducours et al.	Cherubism: a case followed for 18 years.	Surgical curettage of symptomatic lesions.	Authors recommend to use a conservative approach.
2013	2	Hero et al.	Anti-tumor necrosis factor treatment in cherubism--clinical, radiological and histological findings in two children.	Patients were treated with adalimumab for approximately 2.5 years.	TNF- α antagonist does not result in lesion regression or prevent lesion expansion in active cherubism. TNF- α modulator

					treatment thus does not appear to provide sufficient amelioration for patients suffering from cherubism.
2012	1	Kau et al.	The surgical and orthodontic management of cherubism in a growing child.	Patient (15 years old female) was treated with Surgical removal of all impacted third molars and orthodontic treatment.	
2011	1	Etoz et al.	Treatment of cherubism with salmon calcitonin: a case report.	Patient (14 years old boy) was treated with an administration of 200 IU systemic calcitonin via his nasal passage for more than 2 years.	Calcitonin might be considered as an effective treatment for mild cherubic lesions
2007	1	Lange et al.	Treated with calcitonin.	With calcitonin.	Further research needed as a randomized controlled trial.
2006	2	Silva et al.	Long term follow up of two Patients.	None.	Regressed without treatment
2005	1	Lange et al.	Description of clinical and radiological features of central giant cell lesions of the jaws	None.	In patients with aggressive signs & symptoms surgical curettage is not an effect therapy.

2005	1	Hyckel et al.	A new hypothesis on pathogenesis and therapeutic consequences	None.	Because of the genetic determination surgical removal should be restricted to specific indications – deterioration of visual activity. An attitude of wait & see should be preferred. A remodeling osteotomy as in the case of fibrous dysplasia is not indicated.
2005	24	Meng et al.	Clinico-pathologic study of 24 cases of cherubism.	None.	Medical therapy in the form of calcitonin is theoretically appropriate.
2004	1	Shah et al.	Malignant mesenchymal tumour arising from cherubism: a case report	Surgical curettage and re-contouring	Surgical curettage and recontouring during rapid growth period offers favourable immediate results and arrests its active growth and stimulates bone regeneration Cherubism with extensive bilateral orbital involvement occurring in a 27 year old woman who

					had diagnosis established at the age of 4 year.
2003	1	Font et al.	Giant cell reparative granuloma of the orbit associated with cherubism.	Multiple surgical excisions using a bicoronal & a trans orbital approach.	An 8 year old boy with a locally aggression lesion, severe facial swelling which progressed rapidly.
2002	1	Silva et al.	An extreme case of cherubism.	None.	Orbital involvement in cherubism may develop beyond puberty after stabilization or regression of the lesion in the jaws.
2001	1	Colombo et al.	Orbital involvement in Cherubism.		Remission of bony lesion without surgical Intervention.
2000	18	Wowern et al.	36 year follow up of 2 generation in different families.	None.	Reported an osteosarcoma in the Cherubism affected irradiated area.
1999		Mangion et al.	The gene for cherubism maps to chromosome 4p16.3	Radiotherapy of the cherubism affected lesion.	Regression of the lesion without treatment.
1979	20	Peters et al.	A study of 20 cases from the Family.	None.	Curettage in early childhood shows tendency to relapse as high growth potential and incomplete removal.

1965	1	Jones et al.	A sketch of its diagnosis and conservative treatment.		Attempts to control this disease with radiotherapy have to be rejected completely.
1959	20	Thompson et al.		None.	
1957		Volker et al.			Curettage in the beginning of the resorptive phase was successful.
1933		Jones	Familiar multilocular cystic disease of the jaw.	Surgical curettage.	

Table 1: Updating of Mehrotra table about the various treatment modalities for managing cherubism.