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CONE BEAM CT REPORT

CASE -----

Case Information

Referring Doctor:	-	Patient Name:	-
Scan Date:	December 1, 2015	Patient DOB:	-
Reason for Exam:	Cystic lesion notes near teeth #18/19		
Study Details:	Planmeca ProMax 80 X 80 X 80 mm, .20 mm voxel size		

Area of Interest

There is a round, well-defined, mixed density lesion at the apex of tooth #19 measuring roughly 12 mm superoinferiorly and mesiodistally and 10 mm buccolingually. The internal structure has a mixed, amorphous appearance, consistent with a fibro-osseous lesion. There appears to be no effect on the roots of tooth #19. There may be slight thinning of the buccal and lingual cortices of bone. The lesion appears to surround the inferior alveolar canal, causing a hyperdense outline of bone around the canal. There does not appear to be any thinning of the canal or resorption of its cortex.

There is also a smaller round corticated mixed density lesion at apex of tooth #20, similar to the lesion at apex of tooth #19.

A mixed density but largely radiopaque lesion is noted near the apex of the mesiobuccally root of tooth #2. This is also consistent with a fibro-osseous lesion.

Well-defined, small hypodensities in bone are noted at the apices of teeth #30 and 31. In isolation these do not appear a significant but may represent additional sites of early fibro osseous lesions.

There is a hyperdense region of bone distal to the palatal root of tooth #15. This could be an additional fibro osseous lesion or simply a dense bone island.

Dentition and Paradental Bone

Hyperdensity extending from the apex of tooth #13, consistent with extrusion of root canal material. There is an unfilled palatal canal in that tooth, the coronal portion of the canal may be calcified. No bony reaction is noted.

Nasal Cavity, Paranasal Sinuses

Only the inferior portion of the nasal cavity and maxillary sinuses are contained in the field of view. Slight mucosal swelling of the floor of the right maxillary sinus is noted

Impressions and Recommendations

1. The multiple lesions noted are consistent with florid cemento-osseous dysplasia. Interestingly, the lesions do not appear in the mandibular anterior. Treatment is not recommended. If the patient begins to notice any symptoms in the region in the future, including pain, paresthesia, or swelling, this should be reinvestigated.

The entire volume was investigated and there are no further findings or recommendations. I welcome any comments or questions. Thank you for the opportunity to serve you and your patients.

Sincerely,



Anthony Mecham, DMD

Oral and Maxillofacial Radiologist

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Images

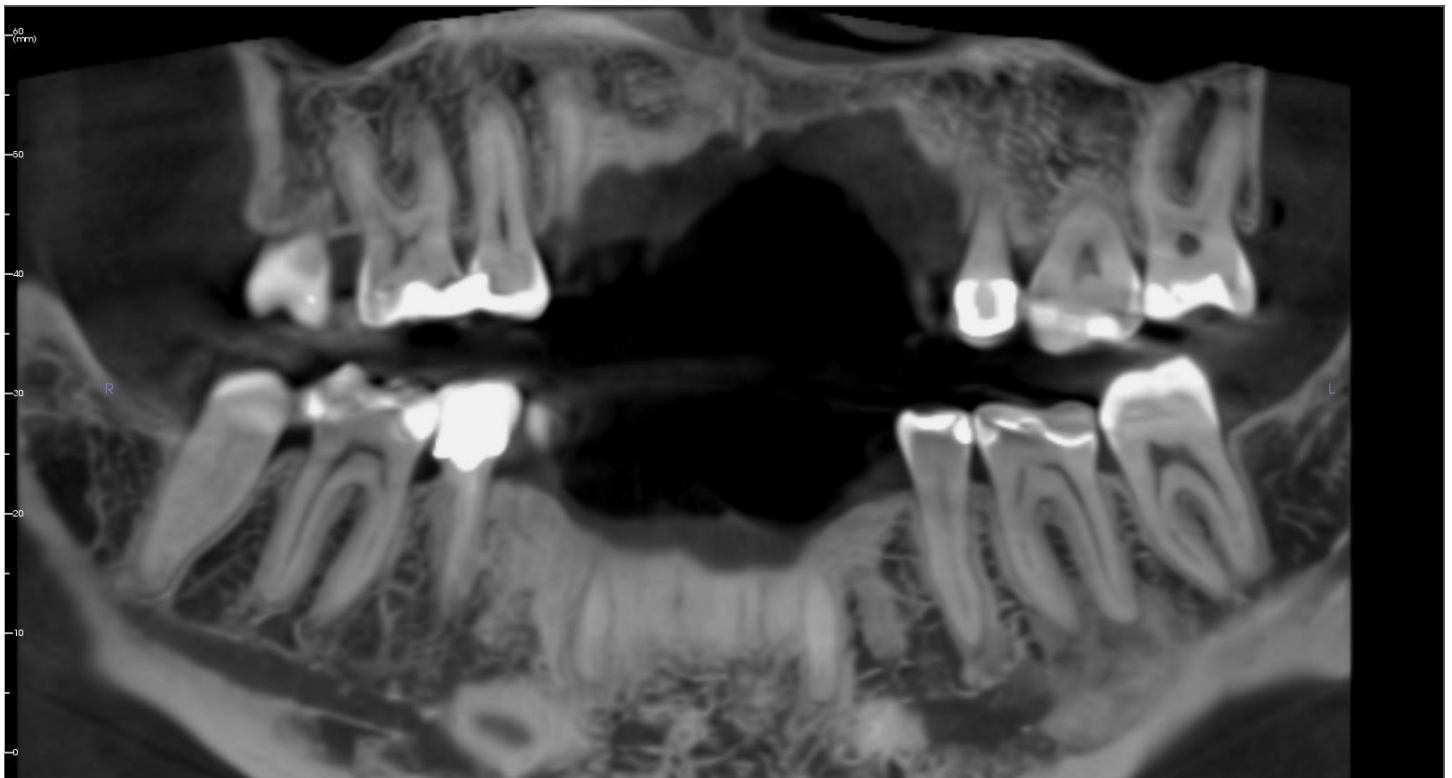


Figure 1 – Arch Section showing lesions at apices of teeth #19, 20, possible lesions #30 and 31.

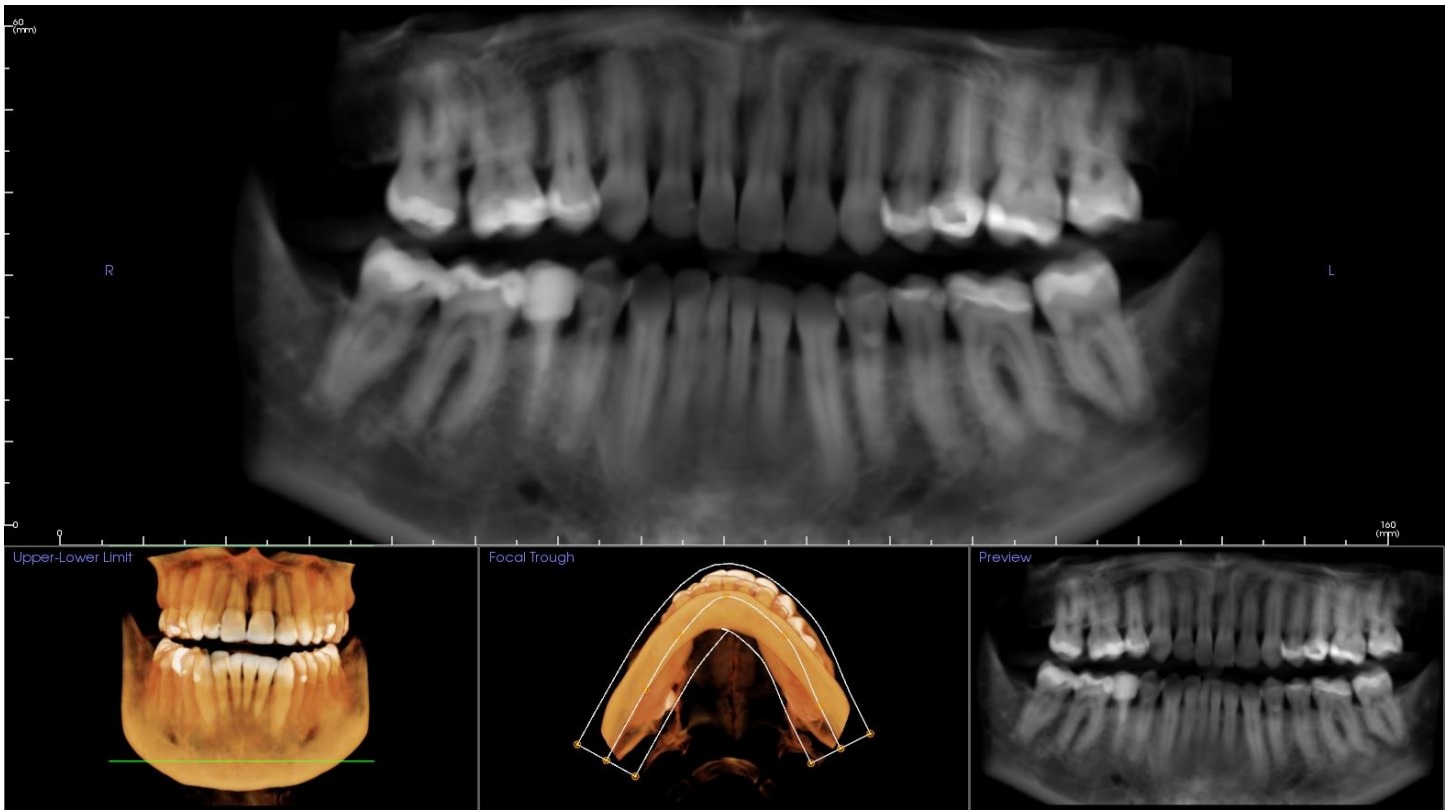


Figure 2 – Panoramic Reconstruction showing lesions at apices of teeth #2, 19, 20, 31



Figure 3 – Sagittal – lesions of apices of teeth #19 and 20

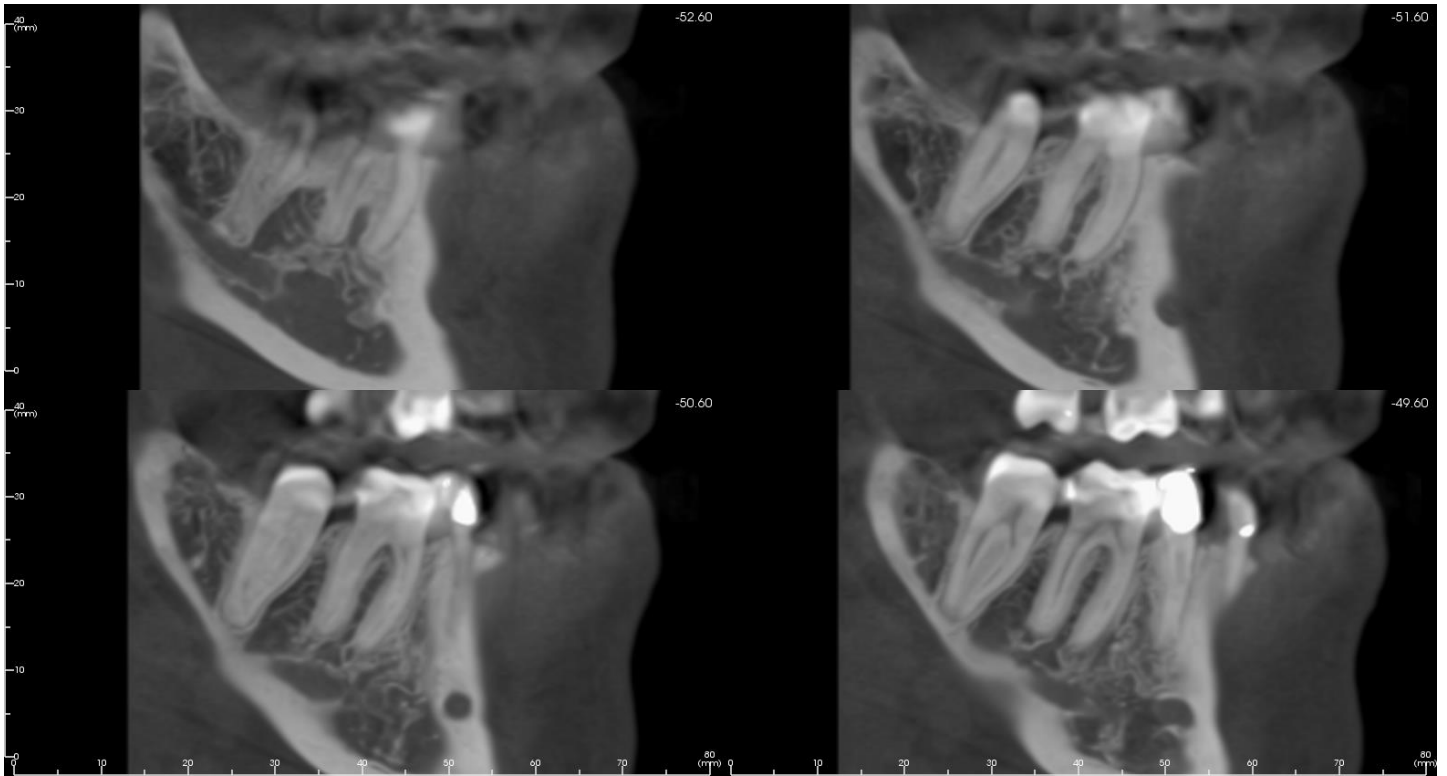


Figure 4 - Sagittal - Teeth #30 and 31

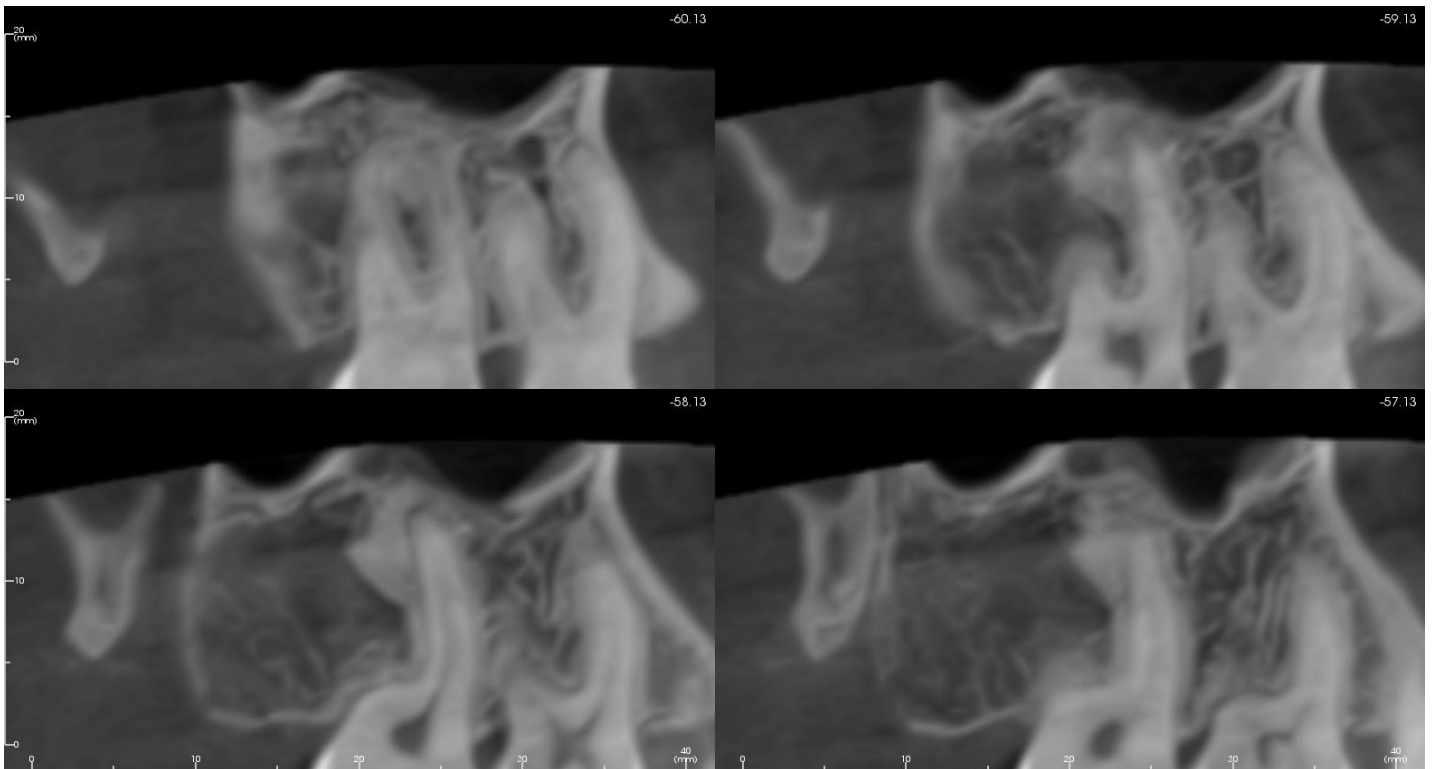


Figure 5 - Sagittal - lesion near mesiobuccal root of tooth #2

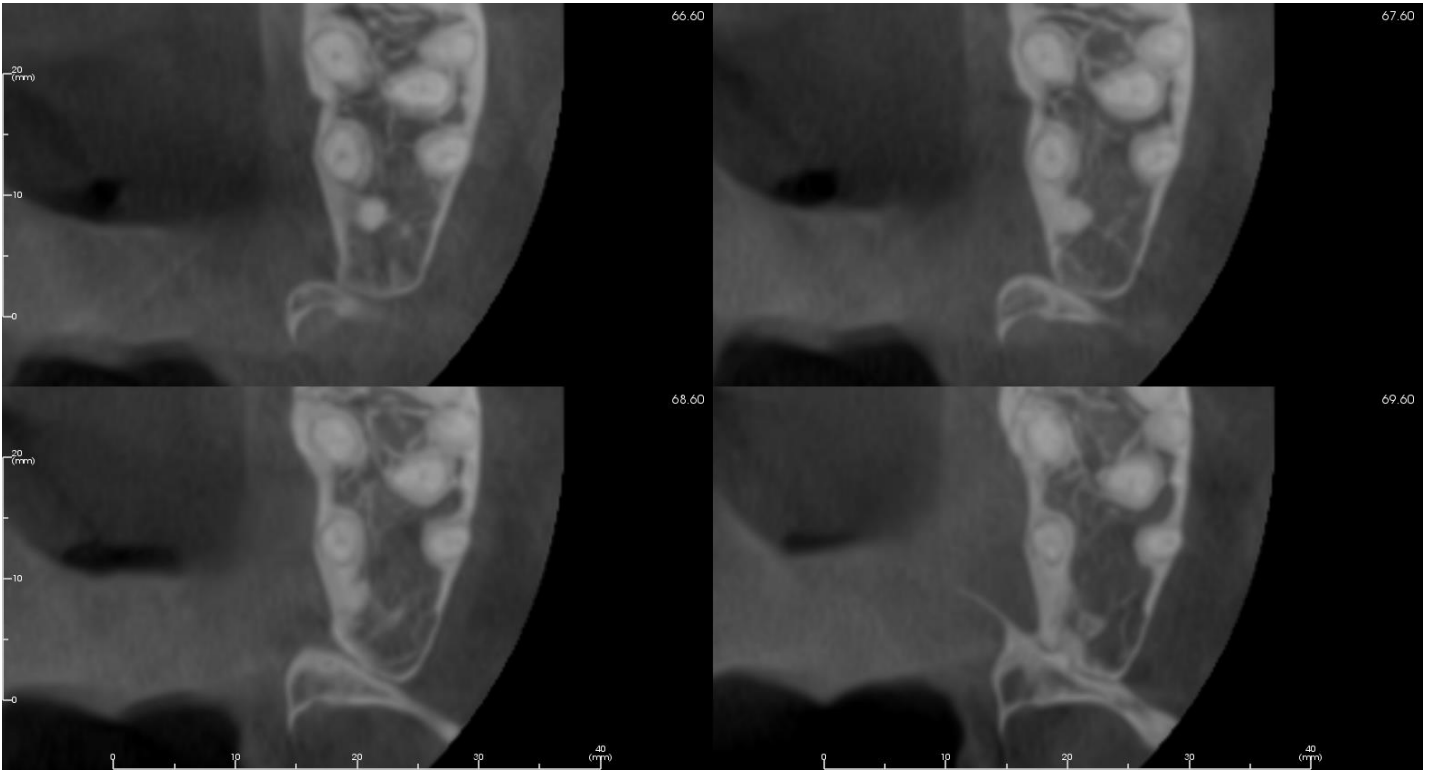


Figure 6 - Axial – hyperdense region of bone distal to palatal root of tooth #15

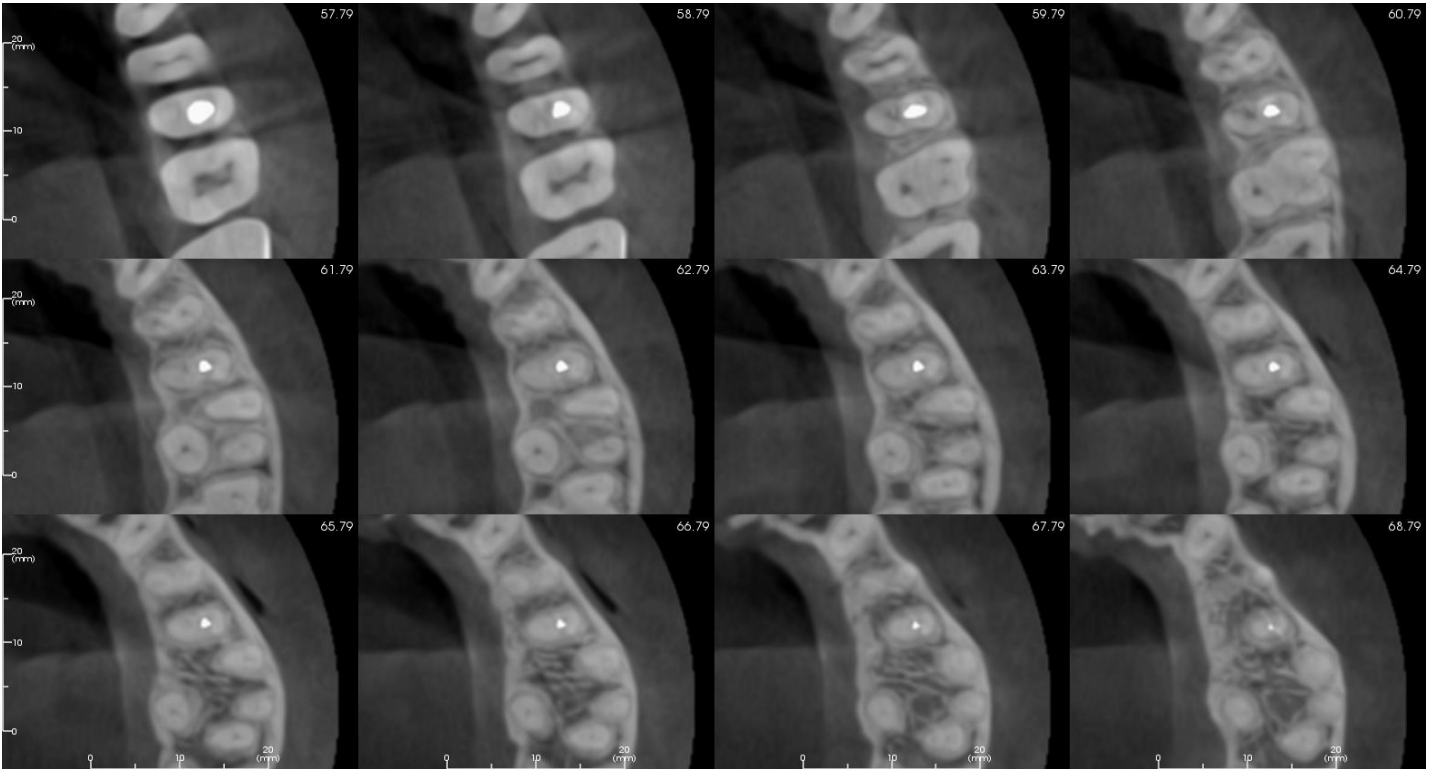


Figure 7 - Axial – unfilled palatal canal tooth #13