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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: -

Study Details: iCat Flex, 160x160x112 mm, 0.25 mm voxel size

### Area of Interest

Scan from 2/4/15: Bone loss around roots of tooth #14 with apparent communication through the floor of the left maxillary sinus.

Scan from 8/19/15: Tooth #14 has been extracted. The bone in the area appears normal with slight trabecular alterations giving a mixed density appearance, consistent with post-surgical healing. The border of the left maxillary sinus floor appears intact, with no communication between the sinus and the oral cavity. (See figure 1)

There is a streak across the floor of the left maxillary sinus creating the appearance of hyperdensity, this appears to be a streaking artifact, as it extends beyond the maxillary sinus and is not uniform in density nor as dense as the pseudocyst seen on the floor of the right maxillary sinus. (See figure 2)

### Dentition and Paradental Bone

Tooth #16 is impacted with roots surrounded by the maxillary sinus.

The teeth and surrounding bone appear normal. There is no radiographic evidence of infection or disease.

### Nasal Cavity, Paranasal Sinuses, and Airway

The ostiomeatal complexes appear clear. Drainage pathways of maxillary, frontal, sphenoidal and ethmoid sinuses are patent. There is slight mucosal thickening on the floor of the maxillary sinuses. There's a dome shaped opacity on the floor of the right maxillary sinus with a mucous retention pseudocyst. The ethmoid air cells and sphenoid sinus appear clear and free of mucosal disease.

The maxillary sinuses appear normal in size and are well-pneumatized. The borders of the maxillary sinuses are thin and uniform. There is no radiologic evidence of chronic or acute sinusitis. The right maxillary sinus extends medially inferior to the nasal cavity, and uncommon but normal anatomic variation.

The airway appears somewhat constricted in the area of the basin tongue/posterior uvula region.

### Skull Base, Orbits and Cervical Spine

All foramina and canals appear normal and patent. The cochlea, semicircular canals, and ossicles show normal anatomy and configuration. The Sella is normal in size with regular contours. The orbits and their contents appear normal.

Calcification of the pineal gland was noted from the 2/4/15 scan, this was outside of the field of view of the 8/19/15 scan.

There is sclerosis, osteophyte formation, and loose bodies in the C2 dens/anterior arch of Atlas joint. (See figure 4)

### TMJs

On the lateral pole of the left condyle is moderate flattening and osteophyte formation. On the lateral/mid sagittal surface of the right condyle there is slight flattening. Both condyles appear to show normal, uniform cortical border with no sign of current erosion or subcortical cysts. Both condyles appear to lie slightly posterior inside the fossa.

## Impressions and Recommendations

1. Normal healing of #14 area and floor of maxillary sinus.
2. Mucous retention pseudocyst the right maxillary sinus.
3. Degenerative joint disease of the temporomandibular joints and cervical spine.

There is no radiographic evidence of a collapsed sinus, or silent sinus syndrome. There is no radiographic evidence of acute or chronic sinusitis. Further evaluation of TMJ symptoms is recommended. If disc derangement or other TMJ soft tissue pathology is suspected, an MRI study of the joints would be helpful in establishing a diagnosis.

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,

A handwritten signature in black ink, appearing to read "Anthony Mecham". The signature is fluid and cursive, with the first name being more prominent.

Anthony Mecham, DMD

Oral and Maxillofacial Radiologist

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Figure 1 – #14 extraction site with maxillary sinus floor intact and healed bone post-surgery



Figure 2 – Coronal view of maxillary sinuses – pseudocyst floor of right sinus, streaking artifact across the floor of left sinus

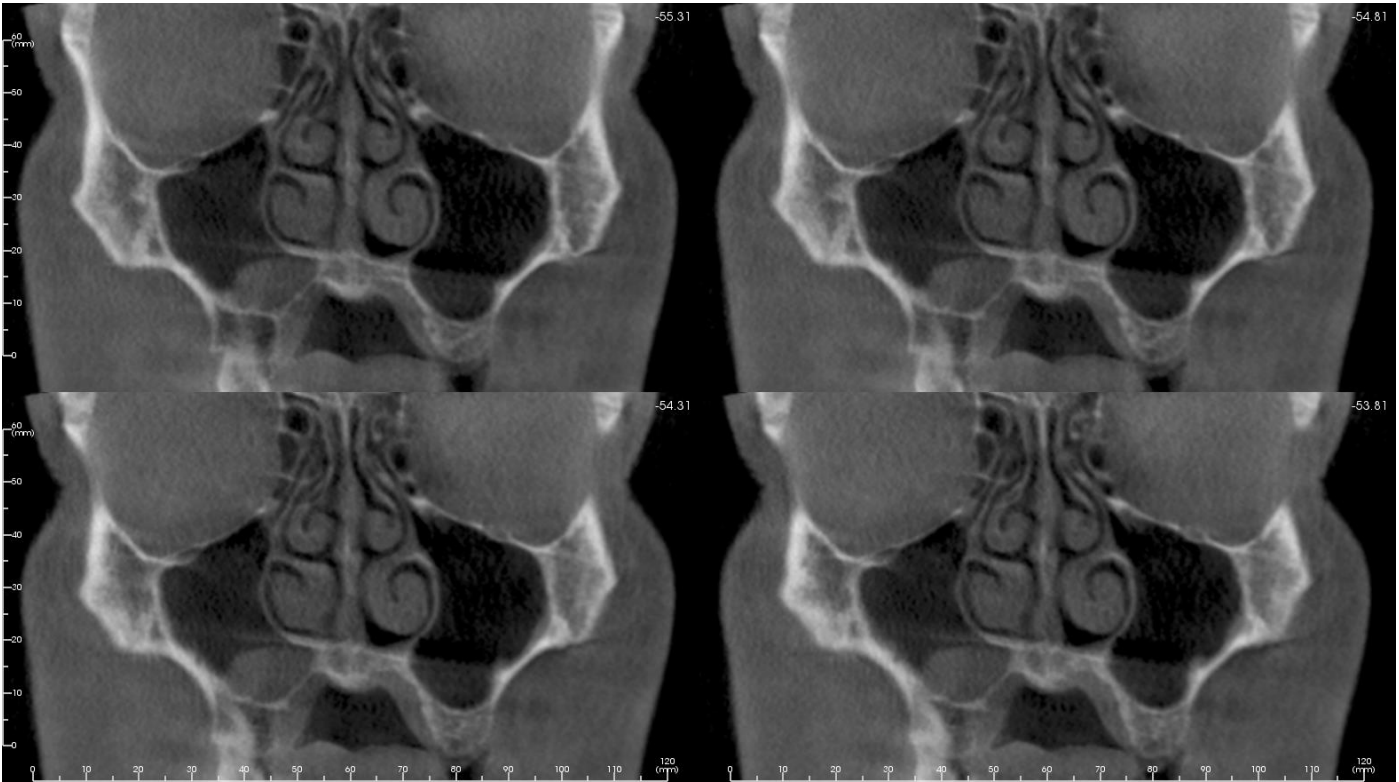


Figure 3 – Ostiomeatal complexes appear patent.



Figure 4 - Cervical spine – degenerative joint disease of C1/ C2.

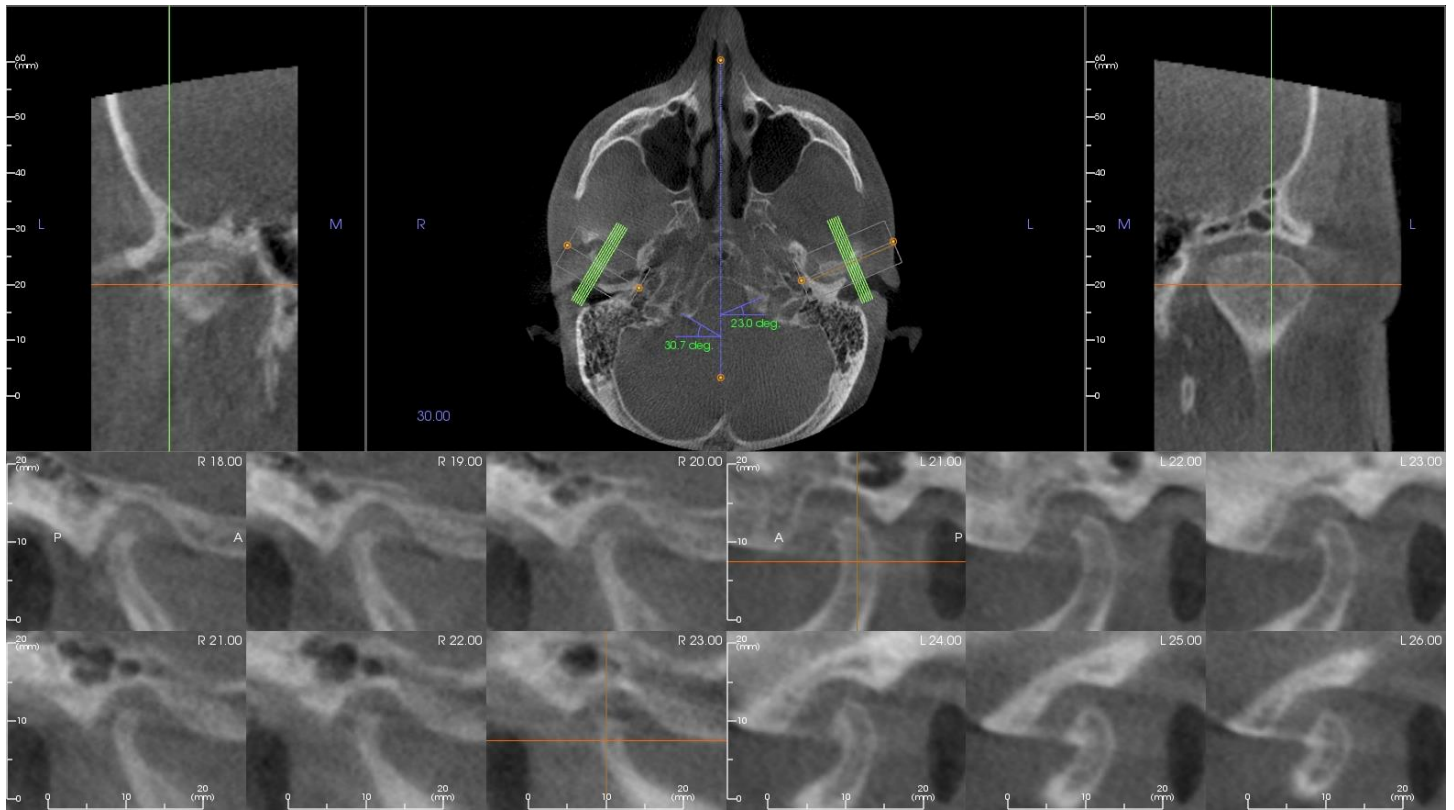


Figure 5 – Flattening of both condyle, osteophyte formation seen on left condyle