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CONE BEAM CT REPORT

CASE XXXX

Patient information

Patient Name:	-	Referring Doctor:	-
Patient DOB:	-	Scan Date:	[Start date]
Reason for Exam:	Maxillary facial pain		
Doctor Notes:	-		

Area of Interest

A supernumerary tooth is seen (mesiodens) lying superiorly to the roots of teeth #8 and 9. The tooth is inverted and protruding through the bone of the maxilla into nasal septum and the soft tissue of the nasal cavity. The mesiodens lies immediately anterior to the nasopalatine canal, causing an apparent breach of the cortical border of the canal at its superior aspect.

The bony contours of the nasal septum near the mesiodens appear somewhat irregular. This irregular contour does not give the impression of a current pathosis, but rather the result of previous injury or simply an anatomical variant. The nasal septum is deviated to the right with a septal spur which communicates with the inferior and middle turbinates.

The bony contours of the maxilla and palate appear regular and continuous, with uniform cortication.

Dentition and paradental bone

The dentition appear to be in normal occlusion. The patient has a relatively deep anterior overbite.

Missing teeth: third molars and #3, 4, 13.

Root canal treatment: #2, 5, 6

Periapical rarefaction: #2

Increased PDL space at the apex of teeth #5, 12.

Periodontal bone loss #12, 14 with crater defect palatal of #14.

Round opacity distal to root of tooth #18 consistent with a root remnant or dense bone island. The crown of tooth #18 has a hypodense appearance; temporary crown?

Nasal Cavity, Paranasal Sinuses, and Airway

There is no evidence of mucosal thickening or air-fluid level in the sinuses. The maxillary sinus is well-aerated and scallops between the roots of the posterior teeth. The maxillary, sphenoid and the portion of the ethmoidal sinuses and mastoid air cells that are visualized in this dataset are clear and aerated. Bilateral ostiomeatal units are patent with no evidence of previous surgery.

The airway is patent.

Skull Base, Orbits and Cervical Spine

There is a small, 2mm oblong calcification seen anterior to the right articular eminence in the infratemporal fossa. This is an atypical location for calcification and could represent myositis ossificans of the lateral pterygoid muscle as a result of trauma.

All foramina and canals appear normal and patent. The cochlea, semicircular canals, and show normal anatomy and configuration. The portion of the sella that is visualized is normal in size with regular contours. The orbits and their contents appear normal.

The cervical spine is normal in appearance.

TMJ

There is a hypodense line extending through the inferior portion of the left condyle. This appears to be the result of previous trauma to the condyle.

Condyles and fossae bilaterally show regular, uniform, corticated borders. There appears to be slight flattening (remodeling) of the left condyle.

Impressions and Recommendations

1. Mesiodens erupting into the nasal cavity/ septum
2. Deviated nasal septum
3. Dystrophic calcification right infratemporal fossa – possible myositis ossificans
4. Periapical rarefaction #2
5. Periodontal bone loss #12 and 14
6. PDL widening #12
7. Healed or incomplete fracture of left condyle

Recommendations: Referral to an otolaryngologist to evaluate nasal septum deviation and contours and possible extraction of mesiodens tooth. Possible referral to oral surgeon for mesiodens extraction after evaluation by otolaryngologist. Evaluation of dentition and TMJ for findings listed above.

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

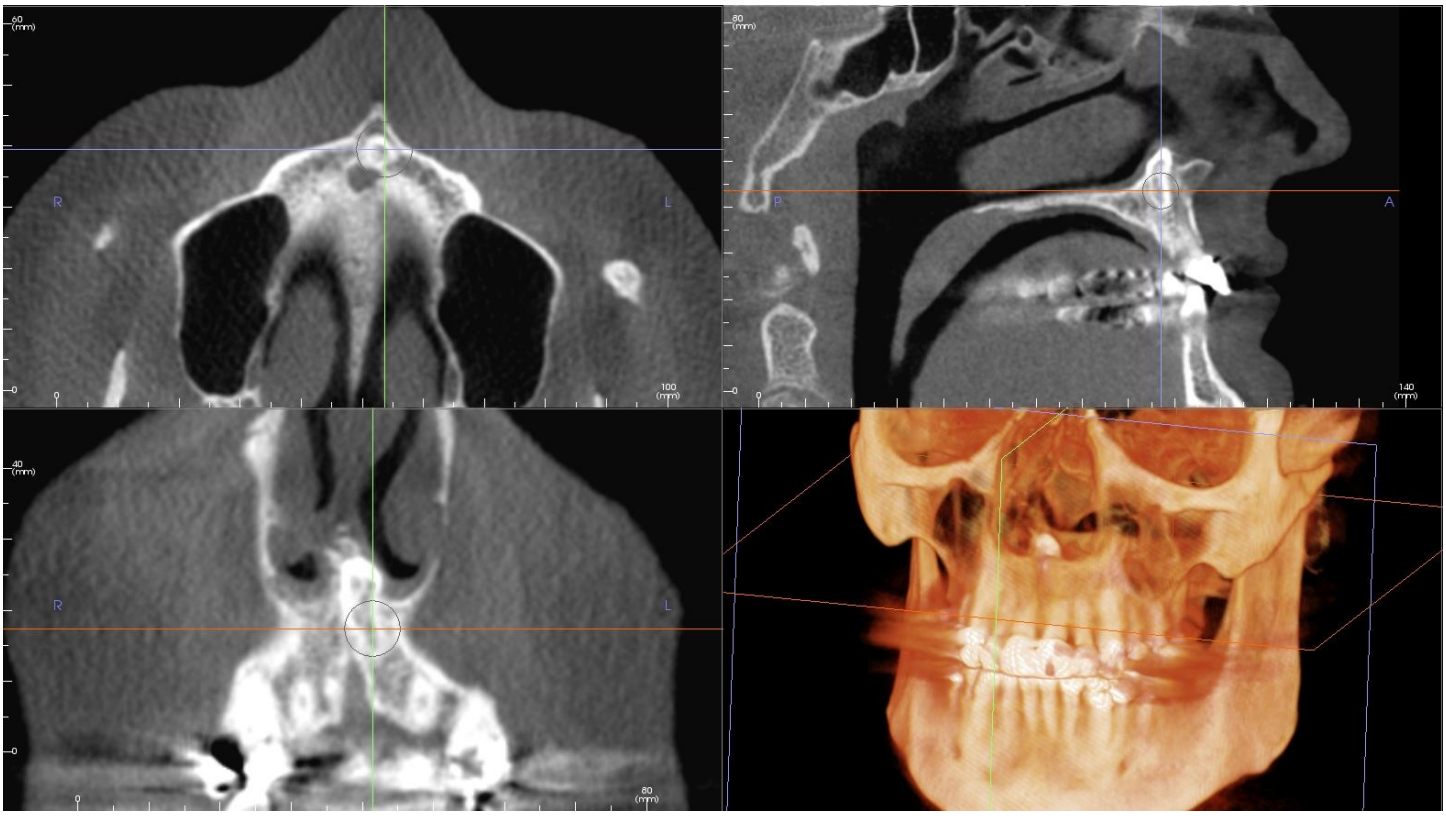

Figure 1 Mesiodens

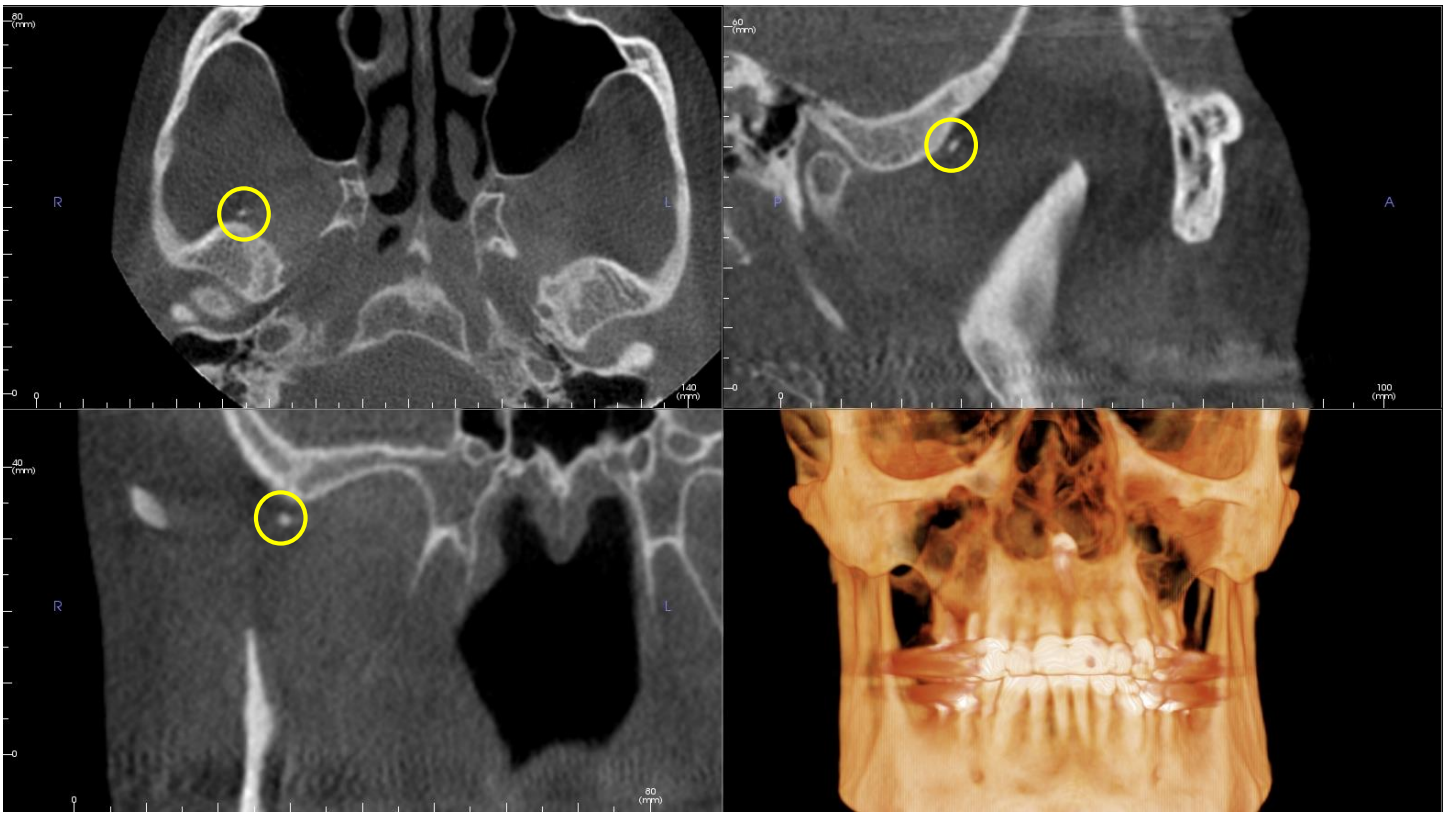

Figure 2 – Dystrophic calcification

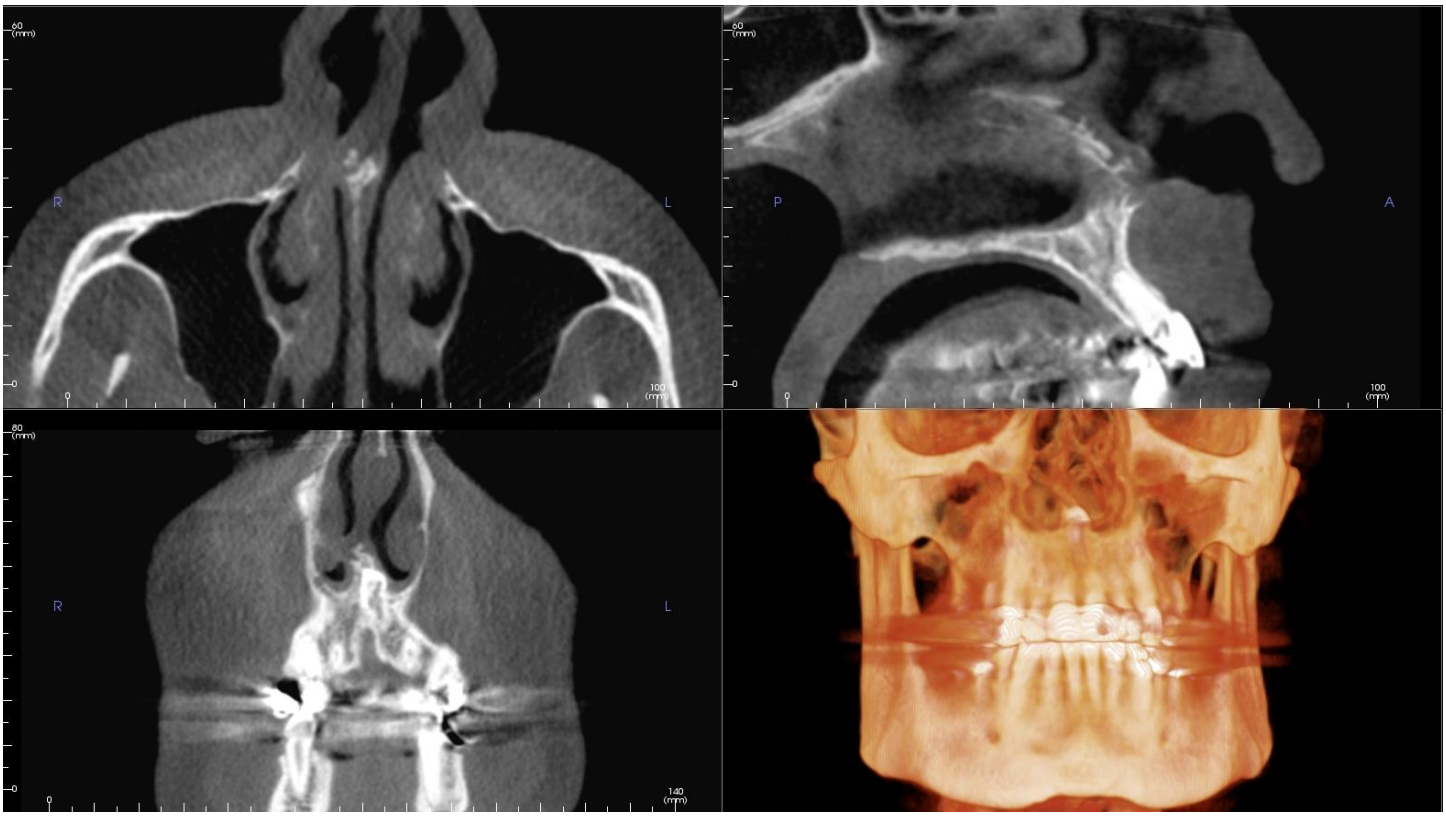

Figure 3 – Septum, Irregular Borders

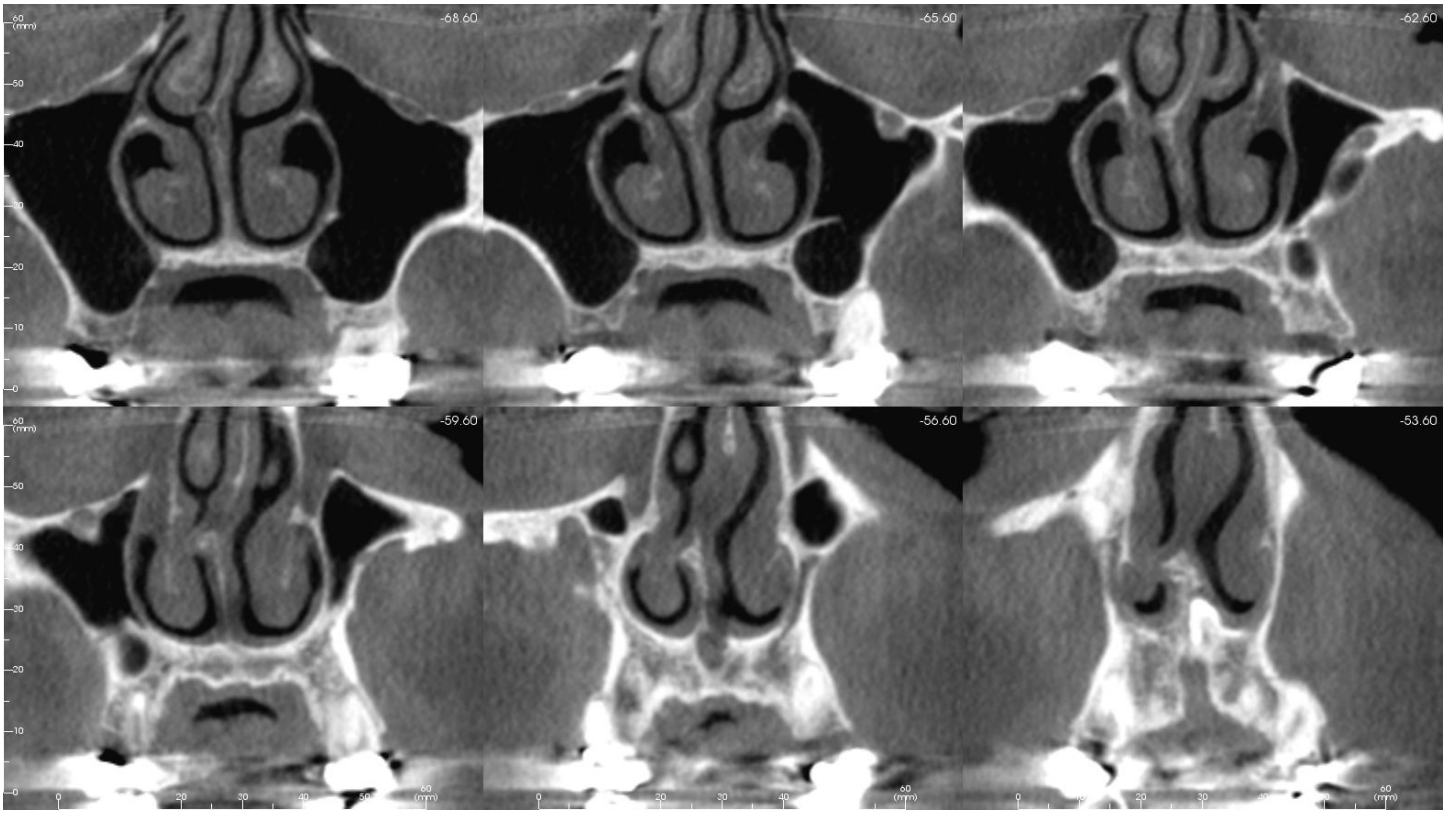

Figure 4 – Deviated Septum with bone spur

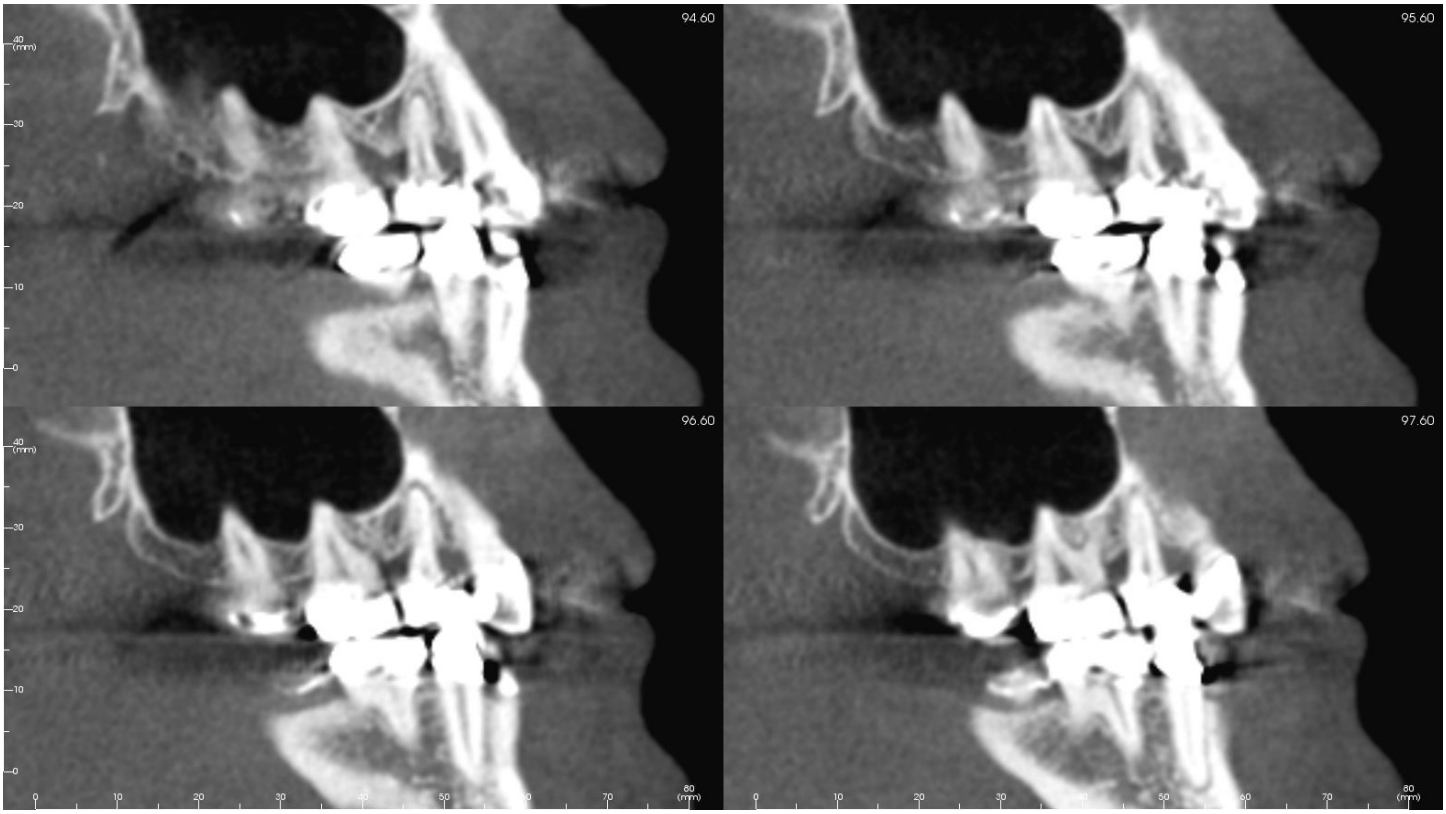

Figure 5 – Teeth #12 and 14 periodontal bone loss. PDL widening tooth #12.

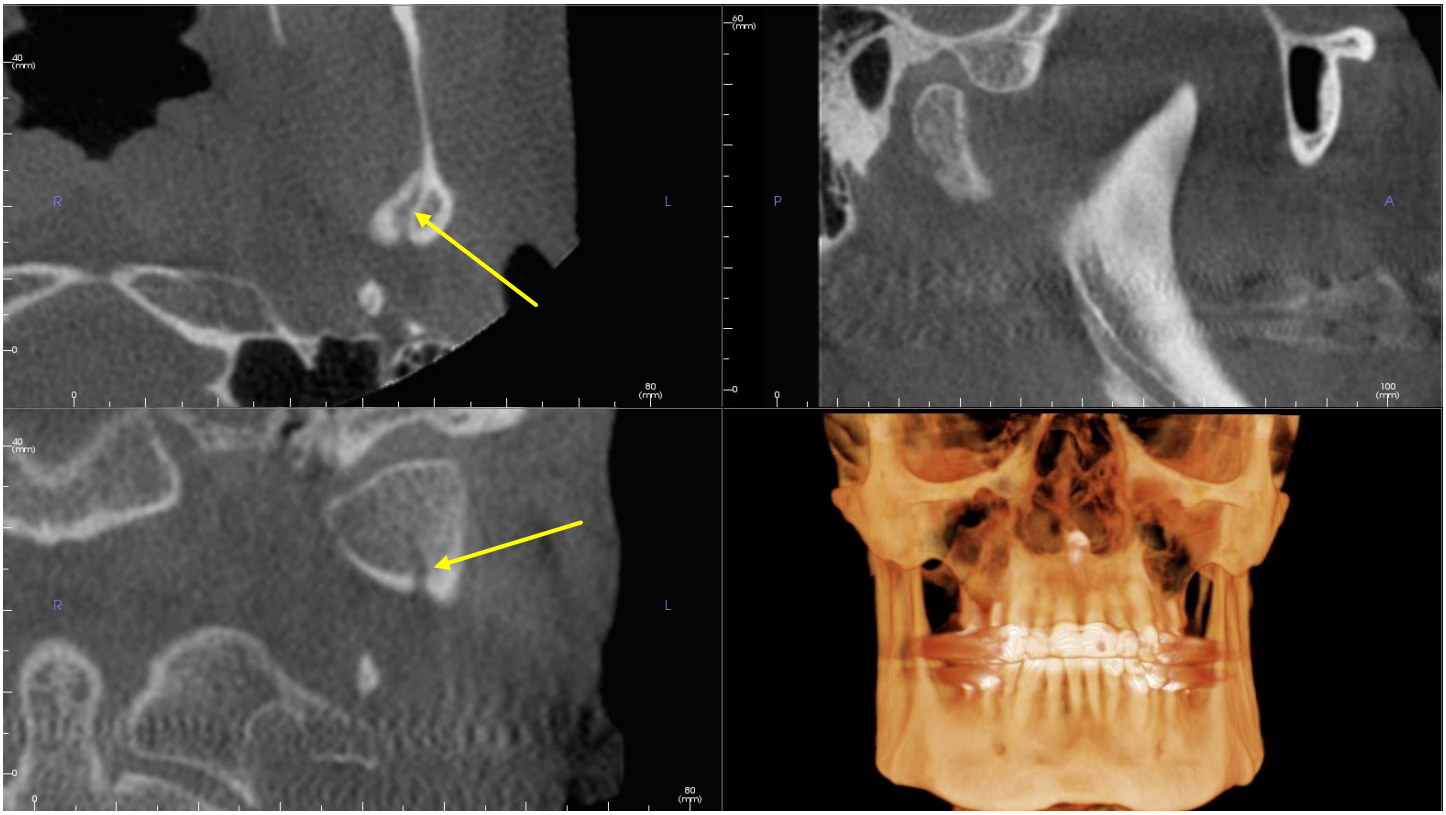

Figure 6 – Hypodense line through left condyle indicating previous trauma.