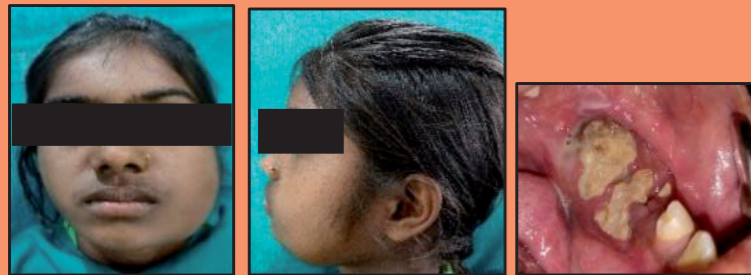


RADIOPACITY WITHIN A RADIOLUCENCY: AN INTERESTING CASE REPORT

Odontomas are benign, hamartomatous, asymptomatic, slow-growing tumours of odontogenic origin comprising different dental tissues. They develop from epithelial and mesenchymal components of the dental apparatus, producing enamel and dentin. They can be classified morphologically as complex (presents as irregular masses containing different types of dental tissues) or compound (superficial anatomic similarity to even rudimentary teeth known as denticles). Etiological factors may include genetics, environmental factors like trauma and infection. Odontomas constitute about 22% of all the odontogenic tumours. Odontomas are associated with various complications such as unerupted teeth (10% - 44%), cystic formation, tooth displacement, and bone expansion. Dentigerous cysts are seen in 27.6% of all odontomas with male predominance. Here we present a case of complex odontoma associated with a dentigerous cyst in a young female.

CASE PRESENTATION



- 12-year-old female.
- Firm swelling in left lower face region for 1 year.
- Mild intermittent pain while eating and speaking
- Non-contributory medical and trauma history.
- Associated with pus discharge for the past 3 months.

EXAMINATION

EXTRAORALLY

Swelling was non-compressible, non-fluctuant, non-tender, afebrile and normal overlying skin.

INTRAORALLY

- Tooth-like material/ Exposed bone in 35 to 37 region.
- Missing 35,36,37
- Obliteration of buccal vestibule
- Expansion of buccal and lingual cortical plates
- Pus discharge evident

PROVISIONAL DIAGNOSIS

Chronic sclerosing osteomyelitis

DIFFERENTIAL DIAGNOSIS

- Infected dentigerous cyst wrt 35 to 38 region
- Ameloblastic fibroma
- Odontoma
- Ameloblastoma
- Odontogenic keratocyst
- Central epithelial odontogenic tumour

IMAGING

OPG



- Missing 35, 38. Impacted 36,37
- Well defined corticated radiolucency involving left ramus of mandible.
- Well defined diffuse radiopacity, approximate size 3cm X 4cm in 35 to 38 region.
- Another well defined mixed radiopaque radiolucent lesion is present occlusal to 36.

PRE OPERATIVE CBCT VIEWS

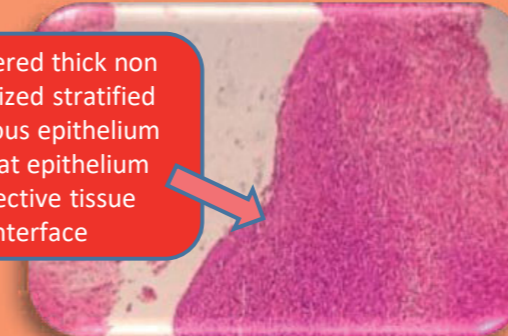


RADIOGRAPHIC DIFFERENTIAL DIAGNOSIS

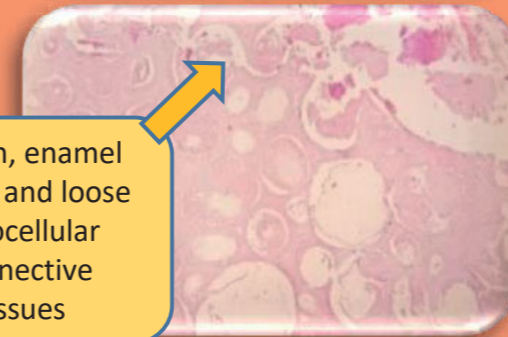
- Complex compound odontoma with cystic lesion
- Compound odontoma
- Adenomatoid odontogenic tumour
- Central epithelial odontogenic tumour
- Calcifying cystic odontogenic tumour

HISTOPATHOLOGY

2-4 layered thick non keratinized stratified squamous epithelium with flat epithelium connective tissue interface



Dentin, enamel matrix and loose fibrocellular connective tissues



POST OPERATIVE VIEWS

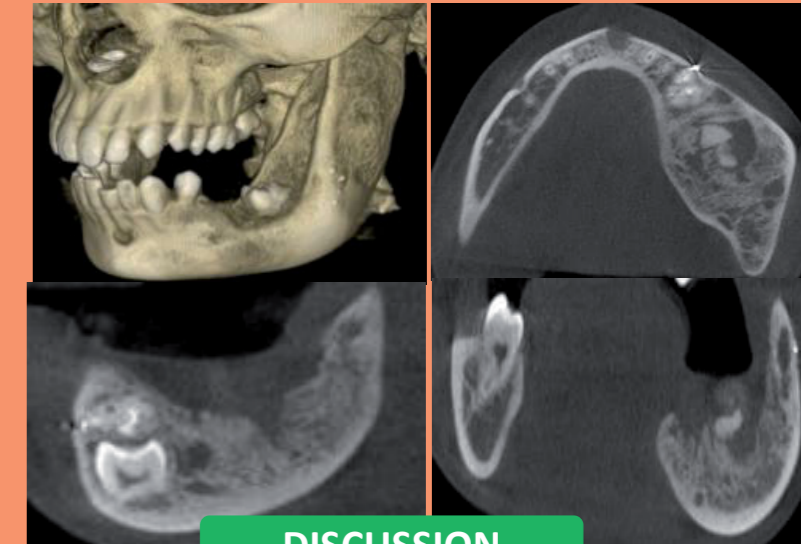


- Swelling reduced in size considerably
- Intraorally, the expansion of cortical plates is not seen

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POST OPERATIVE CBCT VIEWS



DISCUSSION

- Odontomas are mostly asymptomatic but certain clinical signs can be the indicators, such as an unerupted tooth, expansion of the cortical bone, and displacement of teeth.
- Associated pathologies like dentigerous cyst must be addressed as early on in order to avoid complications such as bone resorption & malocclusion.
- Care should be taken to excise odontoma and the cystic lining without disturbing the underlying tooth germ; eruption of the impacted teeth may occur spontaneously.

CONCLUSION

Odontoma accompanying a dentigerous cyst, the potential for attaining a large size, and tendency for jawbone resorption, root resorption of adjacent teeth increases as well as their high propensity for neoplastic changes like ameloblastoma or carcinoma increases. So prompt diagnosis and management is must to prevent various complications.

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