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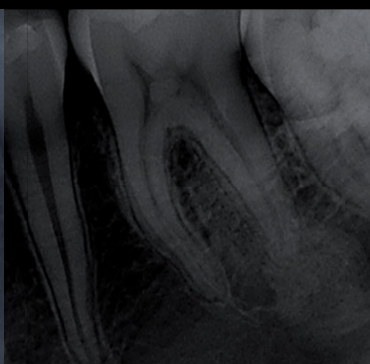
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INTRODUCTION AND AIM

Radiopaque lesions of the jaws may represent osseous or odontogenic alterations of different etiologies, especially reactive, inflammatory and neoplastic (benign or malignant)^{1,2,3}. The objective of this communication is to demonstrate, through clinical cases, which most relevant radiopaque lesions of the oral cavity.

DESCRIPTION OF CLINICAL CASES

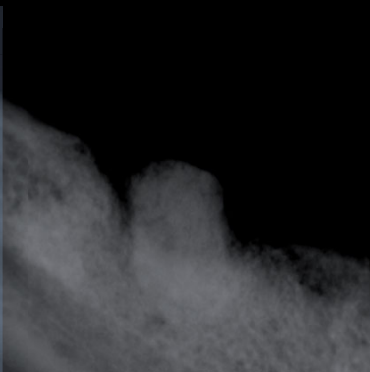
Idiopathic Osteosclerosis



A 13-year-old female patient with radiopaque findings associated with a tooth 36. Asymptomatic lesion, whose clinical and radiographic characteristics favor the diagnosis of idiopathic osteosclerosis, and control is recommended.

Localized proliferation of bone with no apparent cause, more frequent in the posterior region of the mandible⁴. It is asymptomatic, slowly growing and is associated with the root apex, being well defined, of variable size and shape. It does not require treatment, suggesting only radiographic control^{1,4,5}.

Osteoma



A 54-year-old female patient with tumoriform lesion in the posterior mandible, asymptomatic and hard to palpation. Radiopaque lesion with well defined regular limits. An excisional biopsy was performed, whose anatomopathological examination revealed the diagnosis of osteoma.

Rare benign osteogenic neoplasm with slow growth⁶. More frequent in the mandible. Radiographically it is a circumscribed sclerotic mass not associated with any tooth, and bone expansion may be present^{1,7}.

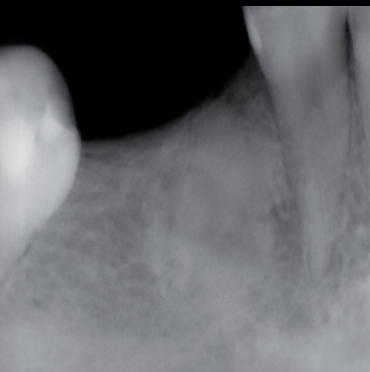
Periapical cemento-osseous dysplasia



A 38-year-old female patient with several radiopaque lesions in the mandible. An incisional biopsy was performed, whose anatomopathological examination corroborated the diagnosis of cemento-osseous dysplasia.

More frequent type of cements-osseous dysplasia, asymptomatic, with localized alteration of alveolar bone. It often involves several teeth in the anterior jaw. Its diagnosis is clinical and radiographic, being a radiopaque lesion with radiolucent margins. It does not require treatment, only monitoring^{2,8,9}.

Odontoma



A 35-year-old female patient with intraosseous radiopaque lesion. An excisional biopsy was performed, whose anatomopathological examination confirmed the diagnosis of odontoma, of the complex type.

Benign odontogenic tumor, slow growing and asymptomatic. The compound is a unilocular lesion with several radiopaque structures. The complex may arise as a dense radiopaque mass circumscribed by halo radiolucent. Its treatment is surgical excision^{10,11}.

Osteonecrosis of the jaws by bisphosphonates



A 65-year-old male patient with extensive bone exposure area in the posterior right maxillary region, clinically compatible with maxillary osteonecrosis associated with bisphosphonates. Surgical removal of the bone sequestration was performed, eliminating the area of necrosis.

Adverse effect of prolonged therapy with anti-resorptive or anti-angiogenic drugs¹². There is no bone remodeling with osteosclerosis. The success of the treatment is measured by the inexistence of pain, infection and exposed bone¹³.

CONCLUSIONS

The diagnosis of radiopaque maxillary lesions may be a real challenge for the Dentist, based essentially on the clinical, radiographic and histological characteristics.²

The differential diagnosis should include cementoblastoma, osteoblastoma, osteoid osteoma, osteosarcoma, ossifying and cemento-osseous fibroma, fibrous dysplasia, osteoradionecrosis, osteomyelitis, idiopathic osteosclerosis (enostosis), exostoses and torus.^{6,8,13}

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