Aurora
Oral Radiology

Oral and Maxillofacial Radiology

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Cone Beam Computed Tomography Report

Patient Name:
Patient DOB: Click or tap to enter a date.
Referring Provider:
Purpose of Exam: Apical Mixed density lesions
Scan Details:

Patient ID: Click or tap here to enter text.
Patient Gender:
Image Date:

Report Date: Click or tap here to enter text.

Region of Interest

- Multiple well-defined, mixed-density lesions with amorphously shaped hyperdense center surrounded by a hypodense rim and sclerotic borders:
  - **Interradicular site #2-3**: The lesion measures approximately 5 mm^3 extending from mesial aspect of #2-MB root to apical aspect of #3-DB root. Lamina dura abutting the lesion appears interrupted while PDL spaces remain intact. The abutting buccal cortex and maxillary sinus floor are mildly thinned and expanded. Hypercementosis noted on #2 roots.
    - An additional small lesion is noted between apices of #2 MB and P roots, measuring approximately 1.5 mm^3.
  - **Periapical site #19-20**: The lesion measures approximately 8.8mm(l) x10.4mm(w) x 7.2mm(h) encompassing apical region of #20 and extends to mesial aspect of #19-M root apex. The abutting buccal cortex is thinned and expanded. The inferior border of the lesion is approximately 1.5 mm from the inferior alveolar canal (IAC). The IAC appears unaffected by the lesion. Hypercementosis is noted on #20.
  - **Periapical site #26-28:** The lesion measures approximately 12.5mm(l) x 10.6mm(w) x 12.8mm(h). Amorphously shaped central hyperdensities with varying degrees of density are scattered within the hypodense region.

Dentition and Paradental Bone

- Full adult dentition with maxillary and mandibular anterior teeth being partially visualized within FOV.
- #2 is buccally oriented in comparison to the rest of the dental arch, with localized bone loss on the distal and buccal furcation region.
- Palatal hyperostosis noted at site #16.
- The nasopalatine canal visualized is well-corticated with a continuous border.
- Osteoporotic changes, including a porous mandibular cortex and sparse trabeculation, are detected in the posterior mandible.

Nasal Cavity and Paranasal Sinuses

- Maxillary sinuses are partially visualized with trace mucosal thickenings along maxillary sinus floors bilaterally. The cortices of the maxillary sinuses are intact and normally contoured. There is no evidence of sinus pathosis within FOV.
- Nasal septum and septal spur deviated towards the left, resulting in partial effacement of the left inferior meatus. The rest of the visualized nasal passage appears patent.

Airway

- Partially visualized. Constriction at the level of the oropharynx is likely a consequence of posterior tongue position. Adenoids appear unremarkable, and the pharyngeal recesses are detected and relatively symmetrical. No other abnormalities are detected in the visualized field of view.

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Other Findings

- There are small punctate calcifications in the region of the palatine tonsils bilaterally, palatine tonsilloliths.

Impressions

- Maxillary and mandibular lesions: **florid osseous dysplasia**. The condition commonly presents simple bone cysts, which may be present in the mandibular lesions. The condition also commonly obscures apical lesions. Rely on clinical for all suspected periapical infections. In the absence of symptoms, these areas may be monitored as part of a routine radiographic series.
    - Staging:
        - #2-3 sites: intermediate stage.
        - #19-20 sites: intermediate stage.

Other:

- Osteoporotic changes at the mandibular arche. Correlation with medical history of osteoporosis is suggested.
- Palatine tonsilloliths bilaterally; consider the correlation with clinical symptoms.

I have personally reviewed the entire volume of images. I welcome any comments or questions. Thank you for the opportunity to serve you and your patients.
Sincerely,

Alexander Chang, DDS
Oral & Maxillofacial Radiologist

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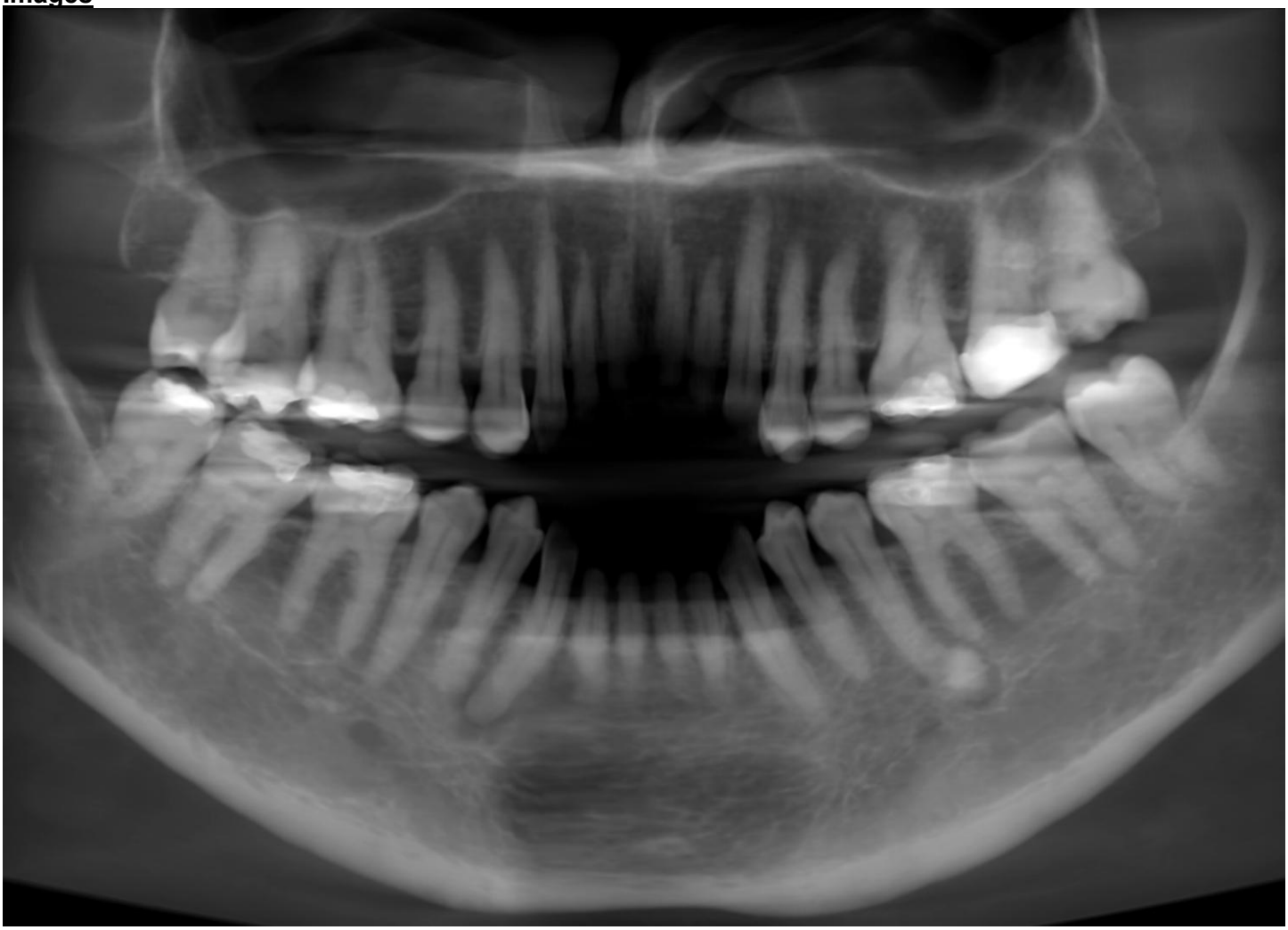
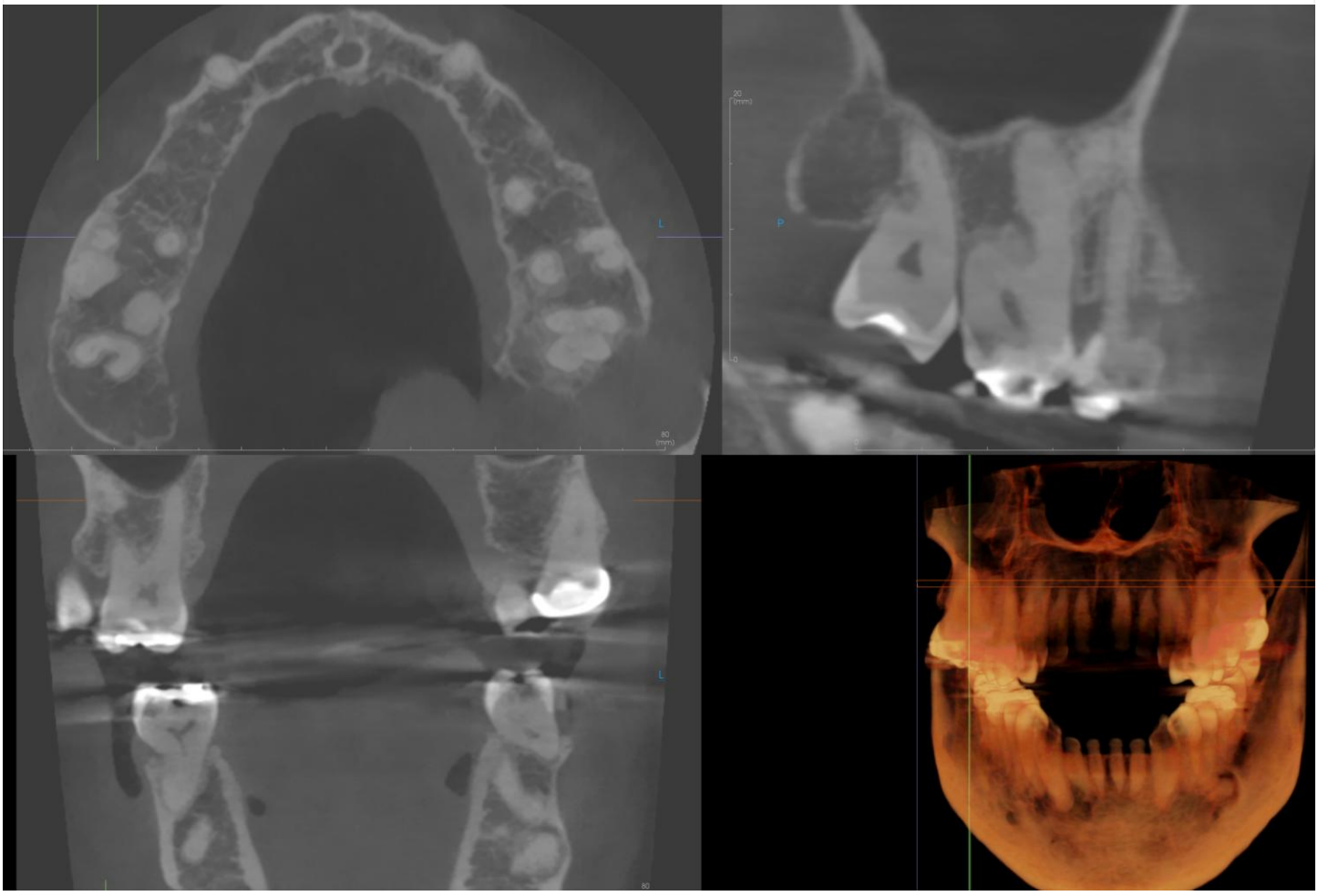
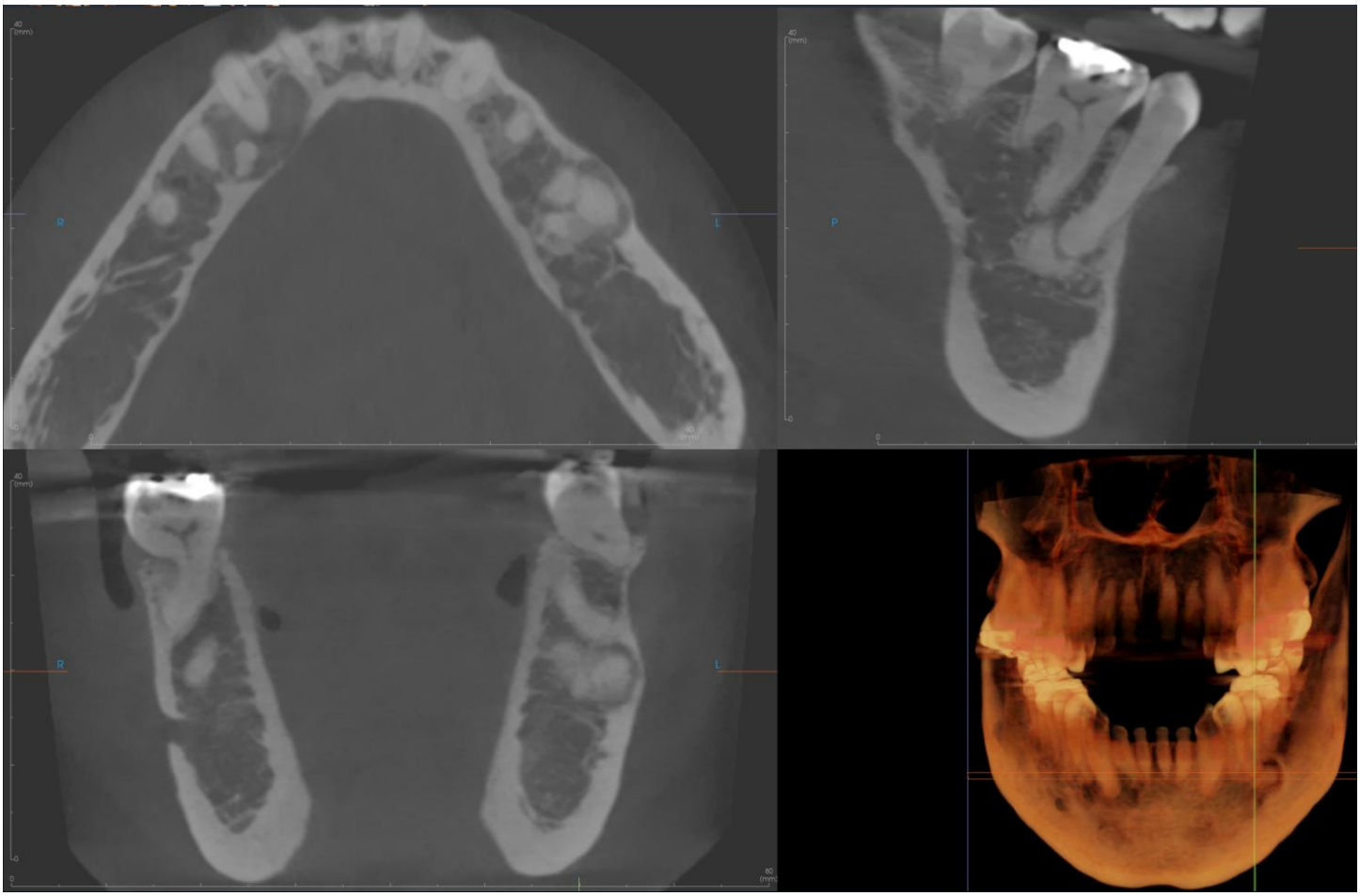
Images



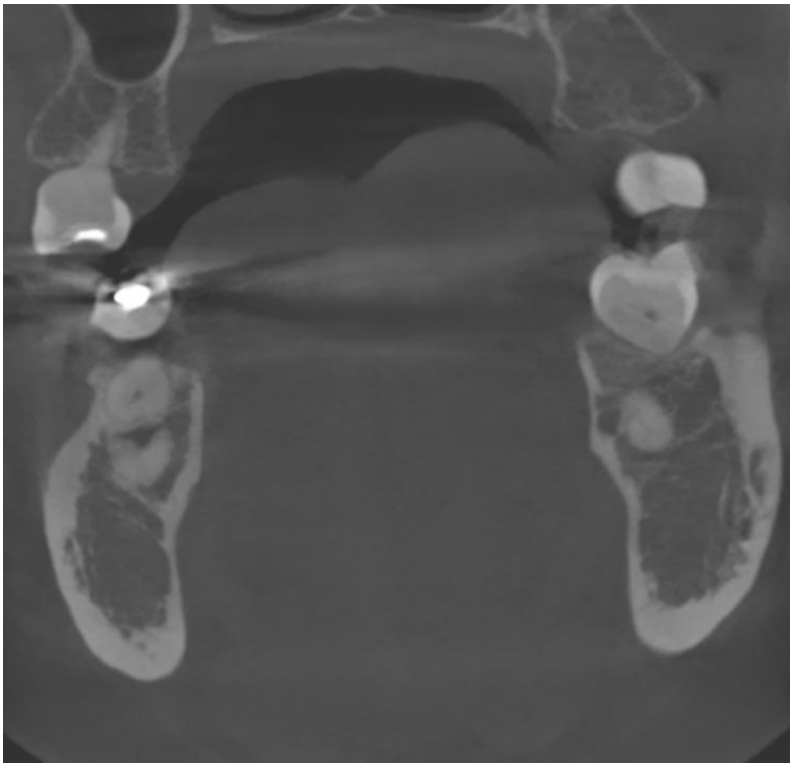
Panoramic view.



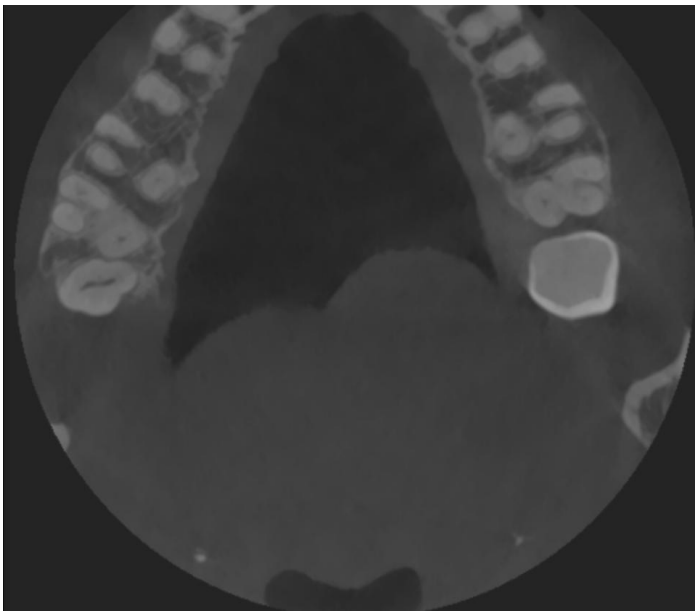
#2-3 site. MPR view.



#19-20 site. MPR view.



Porous mandibular cortex indicated with arrows. Coronal view.



Palatine tonsilloliths bilaterally.