

Clinical Image

Non-syndromic Multiple Odontomes

Agarwal S and Garg A

Department Oral Medicine & Radiology, ITS Dental College, Hospital & Research Centre, Greater Noida, Uttar Pradesh, India



Figure 1: Patient with Swelling and pain in lower right side of face.

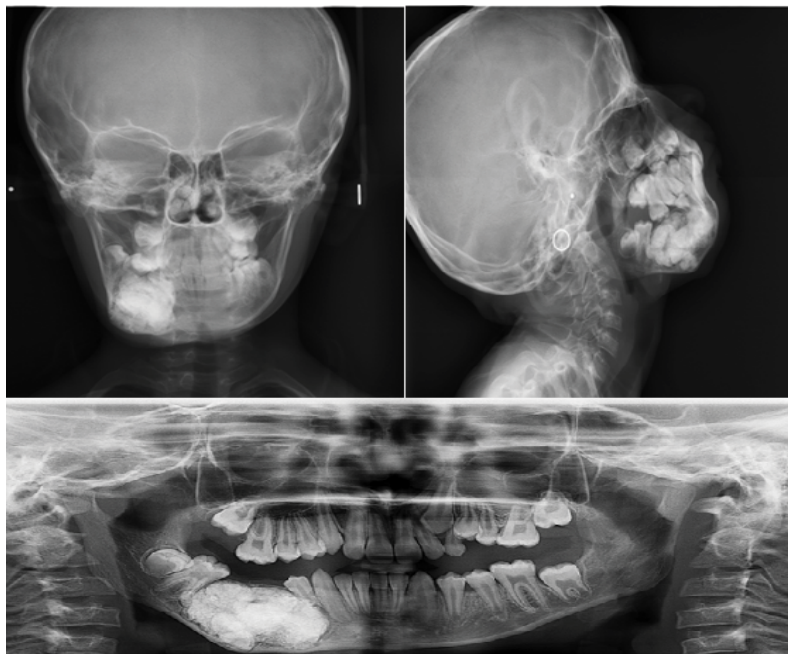


Figure 2: Extra oral radiograph reveals swelling on right side of lower 1/3rd of face extending antero-posteriorly from a straight line drawn from inner canthus of eye, posteriorly 1 cm beyond outer canthus of eye.

*Corresponding author: Suraj Agarwal, MDS, Department Oral Medicine & Radiology, ITS Dental College, Hospital & Research Centre, Greater Noida, Uttar Pradesh, India, Tel: 0120 233 1089; E-mail: suraj.dantika@gmail.com

Citation: Agarwal S, Garg A (2017) Non-syndromic Multiple Odontomes. *Int J Clin Med Imaging* 4: 558. doi:[10.4172/2376-0249.1000558](https://doi.org/10.4172/2376-0249.1000558)

Copyright: © 2017 Agarwal S, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.



Figure 3: CECT imaging reveals a well define lobulated mass with few hypodense areas, measures approximately 37 × 36 × 29 mm.



Figure 4: Excisional biopsy was performed and histopathologic diagnosis was compound composite odontome.

Clinical Image

A 10 year old male patient visited the department of oral medicine and radiology with a chief complaint of pain and swelling on right side of face (Figure 1). Patient gave history of swelling on right side of lower 1/3rd of face since 7-8 years with dull, intermittent pain which aggravates on taking food since 1 month. Patient had undergone radiographic investigations and biopsy on right side of face 15 days back. On extra oral examination, swelling on right side of lower 1/3rd of face extending antero-posteriorly from a straight line drawn from inner canthus of eye, posteriorly 1 cm beyond outer canthus of eye (Figure 2). Supero-inferiorly from a straight line drawn from commissure of lip to 1 cm beyond inferior border of mandible. Swelling is approximately 4 × 4 cm in size. Overlying skin has increase pigmentation with sinus opening, tender on palpation, bony hard. Right submandibular lymph node palpable, mobile and tender. On intra-oral examination, obliteration of vestibule from 44 to

47. Provisional diagnosis of chronic suppurative osteomyelitis. OPG reveals dense, homogeneous radio-opaque mass on right side of body with surrounding radiolucent halo extending from 44 to 47. Supero-inferiorly from superior border of mandible to inferior border of mandible to inferior border of mandible with multiple tooth like structures at inferior border of mandible. There is thinning of inferior cortex of mandible with divergence of 43, 44, 47. CECT reveals a well define lobulated mass with few hypodense areas, measures approximately $37 \times 36 \times 29$ mm. the mass is causing significant bi-cortical expansion of mandible (Figure 3). Radiographic diagnosis-odontomes. Excisional biopsy was performed and histopathologic diagnosis was compound composite odontome (Figure 4).