Clinical Indications
Maxillofacial pathology in the areas of teeth nos. 6, 11, 22, and 27

Radiographic Examination
PANORAMIC RADIOGRAPH AND CONE-BEAM CT VOLUMETRIC SCAN OBTAINED WITH THE MORITA ACCUITOMO 170 SCANNER UTILIZING A 10 X 10 CM FIELD OF VIEW

Image Quality: Optimal for diagnosis

Radiographic findings
Corticated radiolucencies are observed in close association with the crowns of the maxillary and mandibular canines. The lesions attach to the roots of the canines slightly inferior to the CEJ. They occupy most of the width of the alveolar ridge and cause slight expansion of the adjacent cortices. The lesions displace the roots of the adjacent teeth without causing root resorption of the associated permanent teeth.

A supernumery (10a) tooth is noted distal to tooth no. 10, with its root displaced medially by the peri-coronal lesion associated with no. 11.

The follicles associated with the 2nd molars appear prominent (maxillary>mandible). The possibility of developing dentigerous cysts at these sites should also be considered.

Mild to moderate mucosal thickening with aerosolized secretions are seen within the right maxillary sinus. The left maxillary sinus is clear. The osteomeatal units are partially opacified bilaterally.

The remaining bones of the face, soft tissues, and airway are within normal limits where visualized.

Impressions:
1. Corticated, expansile radiolucencies associated with the crowns of impacted teeth nos. 6, 11, 22 and 27, highly suggestive of multiple dentigerous cyst formations. However, given the presence of multiple cystic appearing lesions, the possibility of nevoid basal cell carcinoma syndrome should be considered. Biopsy of the lesions is recommended.
2. Prominent follicles associated with the maxillary and mandibular 2nd molars, suggestive of possible early dentigerous cyst formation. Continued radiographic follow up with periapical radiographs in 6-9 months is recommended.
3. Aerosolized secretions and moderate mucosal thickening in the right maxillary sinus, suggestive of sinusitis. Clinical correlation with patient symptomatology is recommended.
4. Presence of supernumerary tooth no. 10a, as described.