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Patient:	**Jane Doe**	**Report Date:**	04/22/2017
DOB:	08/06/1978	**Study Date:**	04/20/2017
Ref. Doctor:	Dr. Smiles	**Scan Source:**	***ABC Endodontics***

Study Purpose: General Review

Dr. Notes: Pt presents for eval of #19. Hx of prior RCT and crown. Pt has been asymptomatic however was told in Russia abt the need to remove or retx #19. PA and CBCT shows apical areas on both #19 and #18 that are consistent with Cemento osseous dysplasia. Pt does not fit the most common demographic however will send the CBCT to an oral radiologist for confirmation. Discussed the likely diagnosis with the pt and will forward the report after it is reviewed.

OBSERVATIONS – This is a limited FOV scan of the left posterior mandible showing teeth #18-#22

DENTAL FINDINGS:

- #18- A well-defined corticated mixed density lesion is noted around the root apices of the tooth #18 with no changes to the root apex. There are high density specks noted just inferior to the root apex surround by a low-density zone that has a corticated border. Mild thinning of the endosteal surface of the lingual border noted.
- #19- Well-defined mixed density lesion noted around the endodontically treated tooth #19. The mixed density lesion is predominantly noted around the distal root apex. Mild apices PDL space widening noted around the mesial root apex.

IMPRESSIONS

- #18 and #19 distal root apex - Focal cemento-osseous dysplasia(FoFCOD) lesion noted. Fibro-osseous lesions are benign but of uncertain origin. Pulp testing is recommended to confirm pulp vitality in #18. Biopsy is not recommended and require no treatment. Observe radiographically for development of any simple bone cysts and to monitor lesion extent. Infection and cyst development require treatment. A biopsy or extraction of adjacent teeth may predispose these areas to infection. Any type of surgical intervention predisposes the bone to develop osteomyelitis, since bone metabolism is altered. The condition does not affect the adjacent teeth. In a few cases, simple bone cysts can occur in conjunction with FoFCOD but none are observed in this case. Periodic radiographic monitoring is usually recommended in these cases. No other abnormalities were observed in the scan.

Sincerely,

H. Hema Udupa

Hema Udupa, BDS, MS
Diplomate, American Board of Oral and Maxillofacial Radiology

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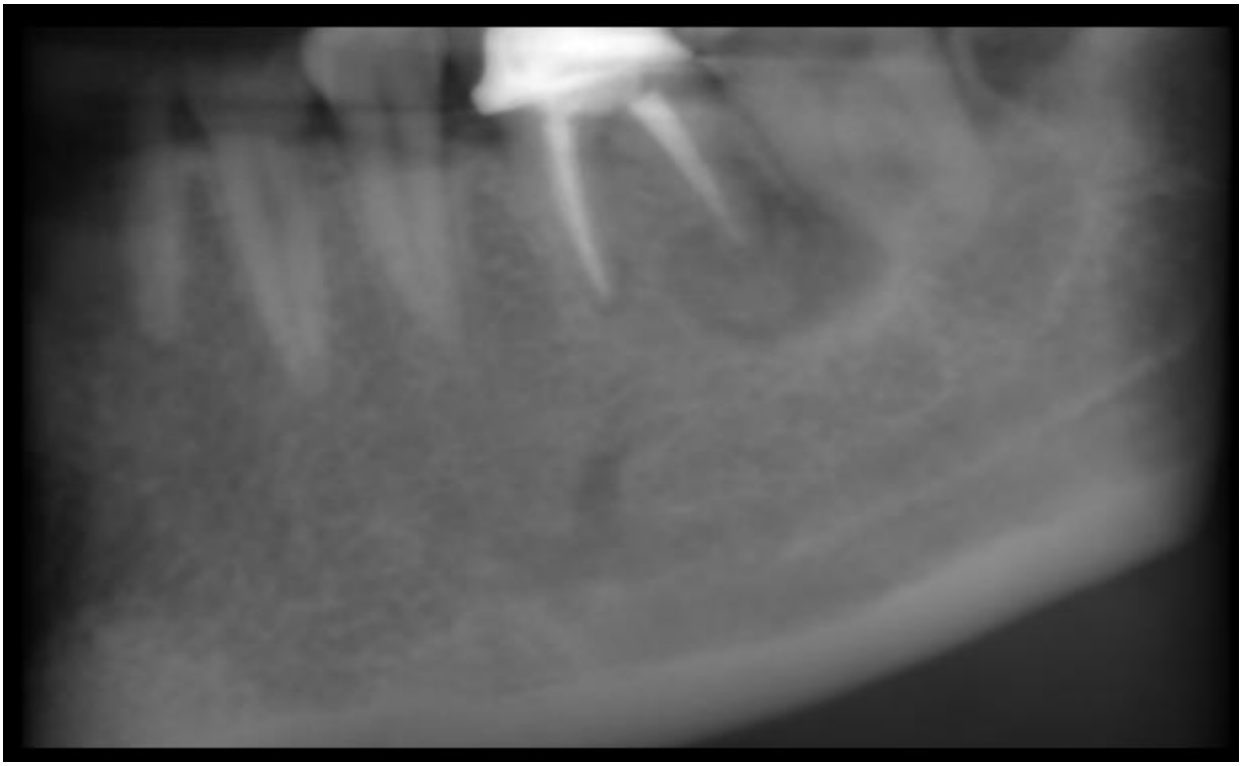
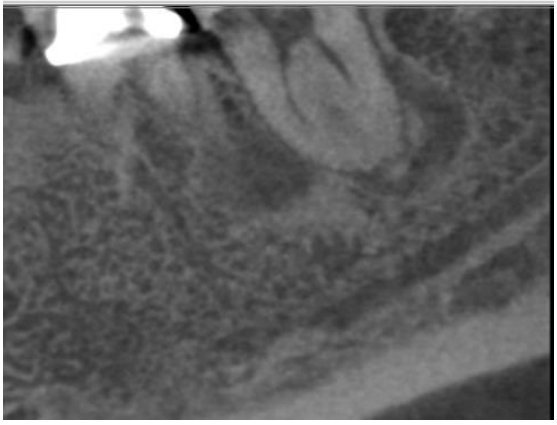
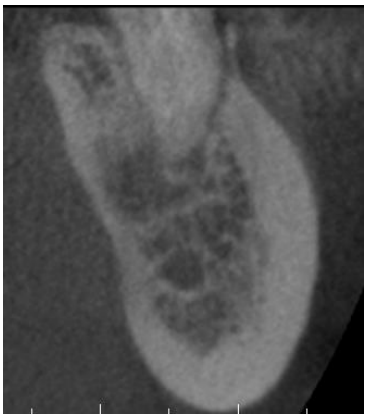


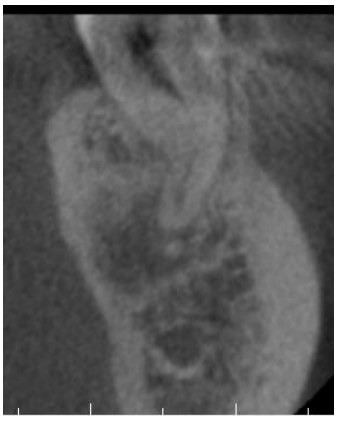
Panoramic Reconstruction



#18 sagittal view



distal root



mesial root

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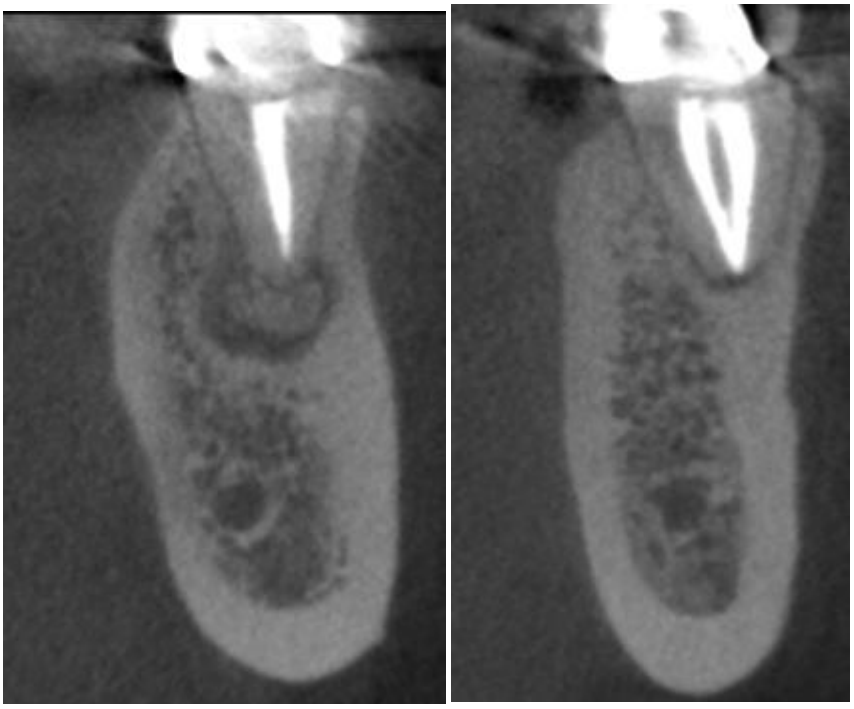

Mesial and distal root apices - #19

Well-defined mixed density lesion noted around the endodontically treated tooth #19. The mixed density lesion is predominantly noted around the distal root apex. Mild apices PDL space widening noted around the mesial root apex.

Left lateral posterior mandible -3D view