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Patient:	Anonymous	**Report Date:**	06/12/2019
Date of Birth:	09/07/1998	**Study Date:**	06/10/2019
Ref. Doctor:	Anonymous	**Scan Source:**	Anonymous Oral Surgery

Study Purpose: Impaction, Sinus
Dr. Notes: Please evaluate proximity #17 &#32 and #1 & #16 to maxillary sinus. Thank you!

OBSERVATIONS

DENTITION: All teeth are present except one premolar in each maxillary quadrant (spaces closed). The maxillary third molars are hypererupted. #17 is tipped slightly to the mesial. #32 is tipped more severely to the mesial, with the occlusal surface against the distal of #31. The apices of #1 and 16 are close to the floor of the maxillary sinus but not in contact with it. On both sides the inferior alveolar nerve canal (IAN) runs first buccal then immediately inferior to the apices of #17 and 32. Only the tip of the apices of both roots of #17 and the distal root of #32 contact the canal briefly.

SINUSES: The paranasal sinuses are clear and well aerated, the sinus walls are intact, and the ostiomeatal complexes are patent. The nasal septum is straight and the nasal passages are open.

AIRWAY: The airway volume posterior to the tongue and soft palate is within the normal limits, without constrictions. The smallest cross-sectional area measured is 181 mm2.

C-SPINE: No radiographic signs of bone pathology are observed in the portion of the cervical spine visualized in the scan.

TMJ: The left condyle is smaller than the right, primarily in the vertical dimension. Otherwise, the osseous structures of the TMJs are of normal size and shape, with smooth, rounded contours. The cortex on the right condyle is well defined but on the left it is fuzzier. Both condyles are slightly posterior of center in the lateral part of the joints.

ALVEOLAR BONE: No pathology was observed in the jaws or adjacent structures.

IMPRESSIONS

1. Erupted maxillary third molars, partially impacted mandibular third molars. Relationships of apices to maxillary sinus and IAN are illustrated.
2. Asymmetrical condyles, with fuzzy cortex on left. The posterior condylar position observed on both sides increases the risk for anterior disc displacement, although actual disc position cannot be determined with CBCT. Given the patient's age, this may be a case of Progressive Condylar Resorption (PCR) on the left side that has reached the stage of healing. PCR is a form of degenerative joint disease that affects adolescents when the capacity to adapt to stresses within the joint are exceeded and the condyle resorbs. It eventually heals at the end of puberty.
3. Airway volume within the normal range.
4. The rest of the scan is within normal limits.

Sincerely,

Sharon L Brooks

Sharon L. Brooks DDS, MS
Dip., American Board of Oral and Maxillofacial Radiology

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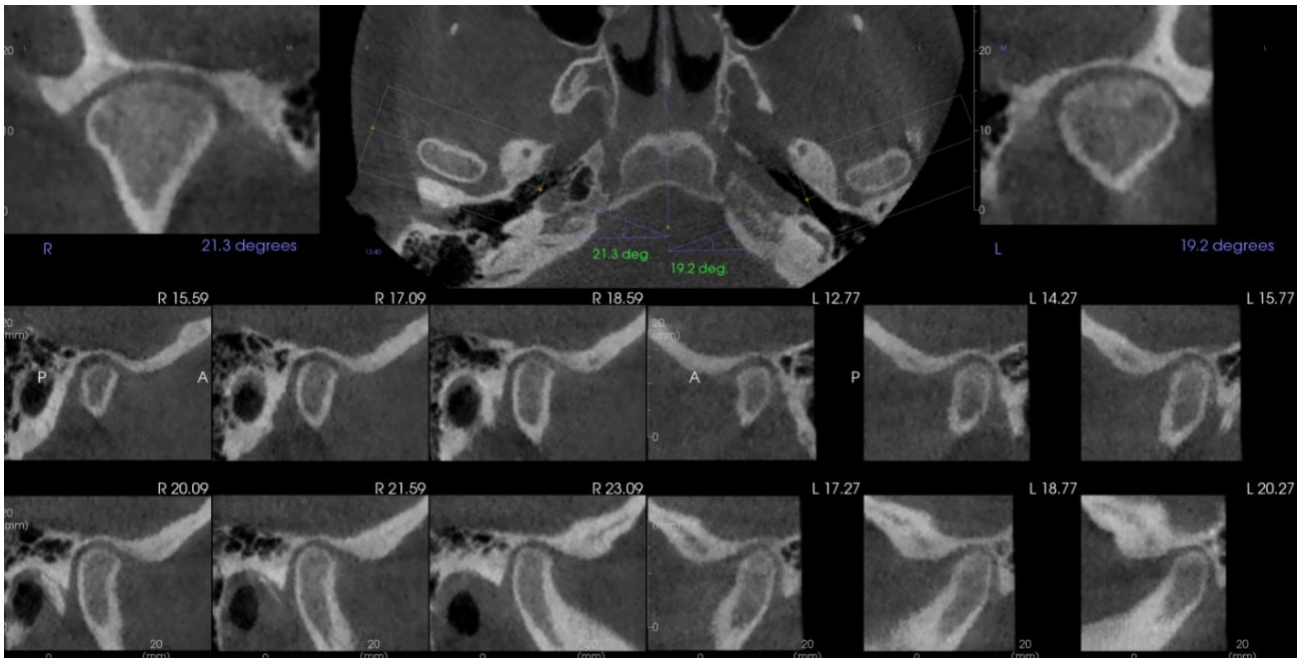
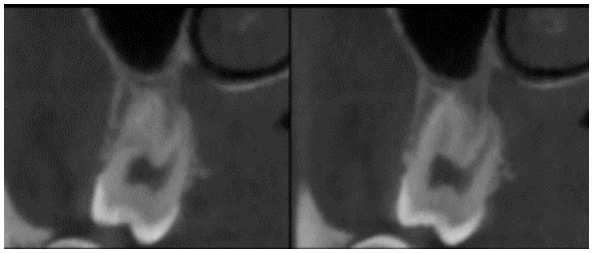
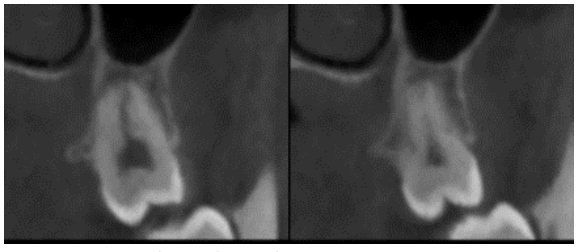
Reconstructed panoramic view.



TMJs, coronal, axial and sagittal views. Left condyle is smaller than the right and has a fuzzy cortical surface. Both condyles are positioned slightly posterior of center in the fossa.



Cross-sections through tooth # 1.



Cross-sections through tooth # 16.

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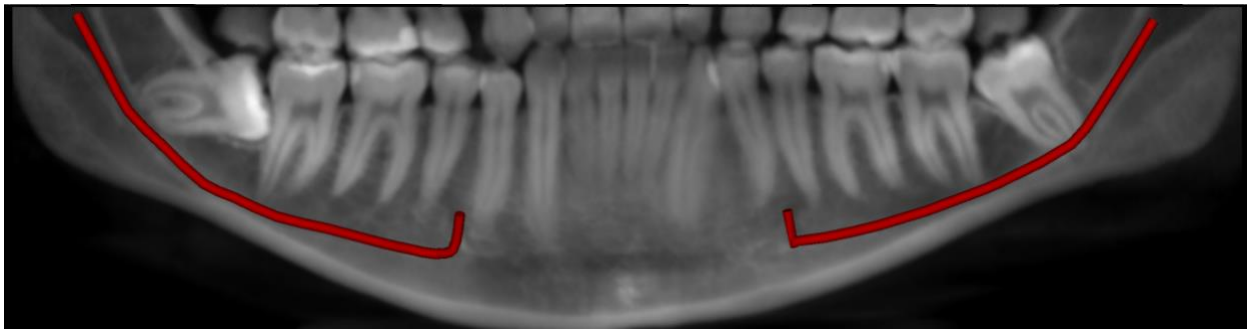
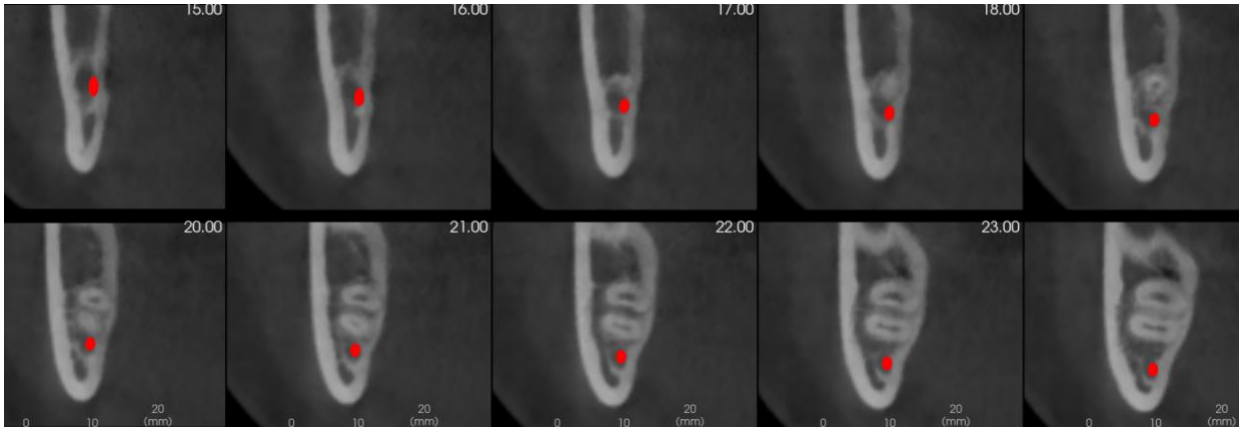
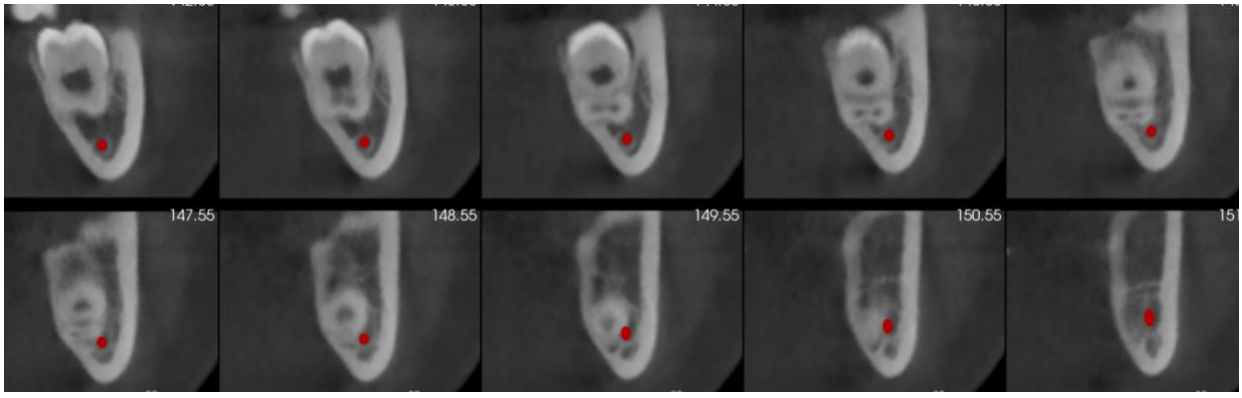


Reconstructed panoramic view through mandible. IAN in red.



Cross-sections through tooth # 32 apices, every 1 mm. IAN in red.



Cross-sections through tooth # 17 apices, every 1 mm. IAN in red.

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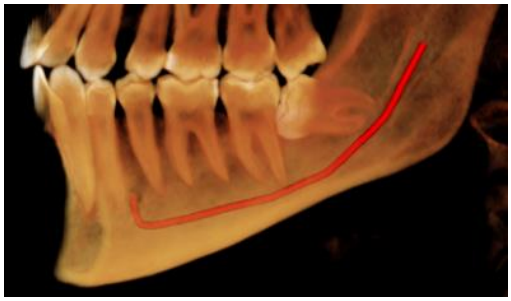
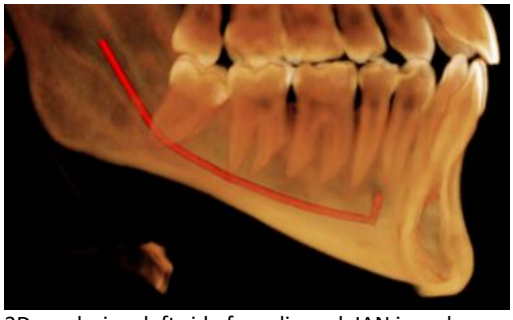
3D rendering, right side. IAN in red.

3D rendering, left side. IAN in red.

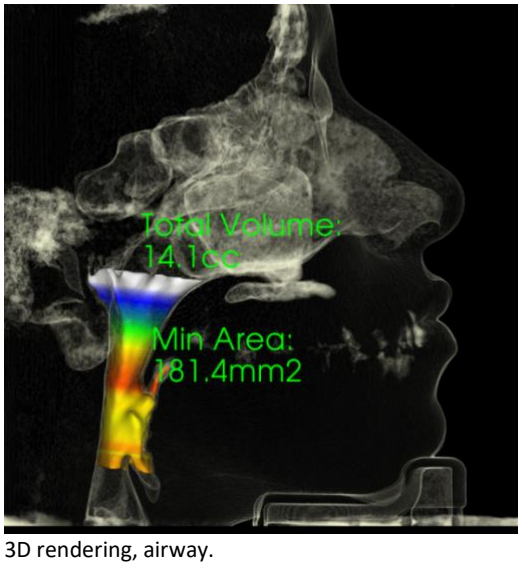


3D rendering, right side from lingual. IAN in red.



3D rendering, left side from lingual. IAN in red.

3D rendering, frontal view.



3D rendering, airway.