

Odontoma

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Introduction:

Odontomas are the most common type of odontogenic tumors. These are developmental anomalies resulting from growth of completely differentiated epithelial and mesenchymal cells.

[1]

Odontomas are non-aggressive, slow growing and often detected during first two decades of life.

[2]

Here we are presenting a case of compound odontoma in a young female patient.

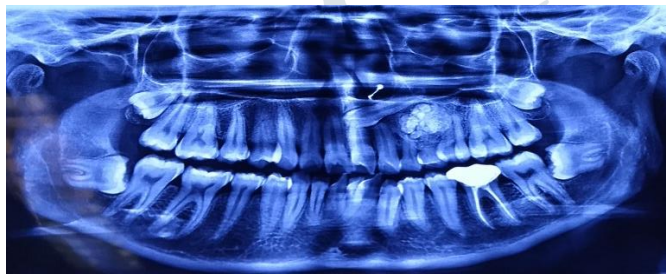
History: Female patient aged 23 years old reported to the department of Oral and Maxillofacial Surgery with intra oral swelling in left upper jaw region since 6 years. Patient gave history of trauma to upper jaw 6 years back following which she developed intra-oral swelling. Figure 1

Figure 1: Pre – operative photograph



Initially, the swelling was small in size, which gradually increased to present size. On intra-oral examination there was bony hard swelling measuring 2*2 cm extending from 22 to 24. The swelling was bony hard, non tender .There was retained 63 and 64, buccally placed 24, missing 23. OPG showed multiple tooth like radio-opaque structures surrounded by narrow radiolucent zone extending from 22 to 24 and impacted 23. Figure 2.

Figure 2: OPG showing tooth like radio-opaque lesion surrounded by radiolucent zone and impacted canine.



Incisional biopsy was done. The diagnosis of compound odontome was obtained. The odontoma was excised and impacted canine removed. Figure 3.

Figure 3: Intra – operative photograph



The patient is kept on follow up.

Discussion : The term odontoma was first coined by Paul Broca. [2]

Odontomas are the most common type of odontogenic tumors.[1]

These are developmental anomalies resulting from growth of completely differentiated epithelial and mesenchymal cells.[1]

Odontomas consist of enamel, dentine, cementum and pulpal tissue.[3]

Odontomas are non-aggressive, slow growing and often detected in during first two decades of life. Local trauma, infection, gene mutation, post natal interference with genetic control of tooth development are the various suggested etiological causes. [2]

They present as hard painless mass. Composite odontomas are found in anterior maxilla and complex odontomas in posterior mandible. The patients can present with swelling, or missing tooth. The adjacent tooth can be malposed, displaced, malformed or devitalized in some cases. Most of the cases are associated with impacted teeth. [4]

They can lead to over-retention of primary anterior teeth. Compound odontomas have a structure similar to tooth, whereas complex odontomas present as irregular mass. [1]

Odontomas are rarely associated with primary teeth, whereas with permanent teeth the canines, followed by upper central incisors and third molars are associated with odontomas.[5]

Radiographically, the compound odontoma appear as a collection of tooth like structures, narrow radiolucent zone surrounds this structure. [6] Ameloblastic fibroma, ameloblastic fibro-

odontoma, etc must considered in differential diagnosis. Odontomas may be associated with syndromes like Gardner syndrome, Basal cell nevus syndrome etc .[7]

Surgical excision is the treatment of choice .In some cases orthodontic treatment can be done to move the impacted teeth. [1]

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