

Patient:	Patient Name	Report Date:	03/08/2012
DOB:	01/09/1900	Study Date:	03/07/2012
Ref. Doctor:	Dr. Doctor	Scan Source:	<i>Your Imaging Center</i>
Study Purpose:	Other		
Dr. Notes:	Here for evaluation of severe skeletal dental deformity. Patient is a pleasant 18 year old male. States that his teeth just don't line up, and he'd like to have it treated.		

OBSERVATIONS

DENTOSKELETAL FINDINGS:

A cleft in the alveolus is seen between teeth #9 and 11. The defect extends into the left nasal cavity resulting into an asymmetry of the nasal cavity floor. A Class III relationship of the jaws is seen. The third molars and tooth #10 are missing. Tooth #7 is positioned palatal to tooth #6. Apical blunting of tooth #6 appears to be present. Tooth #13 is vertically impacted, inverted, and distally inclined. The apical half of its root is positioned immediately distal to the palatal root of #14. The crown minimally protrudes into the left nasal cavity and causes an elevation of its floor. A crown-shaped high density area surrounding a region of lower density is seen in a mesial and buccal relationship to the crown of #13; this is consistent with an incompletely formed supernumerary tooth. No associated pathology is seen. PDL space widening is seen on multiple teeth. A greater enlargement of the PDL space is seen on the apical third of tooth #29.

TMJs: The TMJs are of normal size and shape, with smooth, rounded, well-corticated contours and the condyles nearly centered in the fossa. The condyle/fossa spatial relationships appear to be within normal limits.

SINUSES: The paranasal sinuses are well aerated, clear, and have dimensions within normal limits. The ostiomeatal complex is patent bilaterally. Hyperpneumatization of the frontal sinuses is incidentally noted.

NOSE: Deviation of the nasal septum to the left is noted with a bony spur formation. Bilateral concha bullosa (pneumatized middle turbinate) are incidentally noted.

AIRWAY: The dimensions of the airway, posterior to the soft palate and tongue base, are within normal limits.

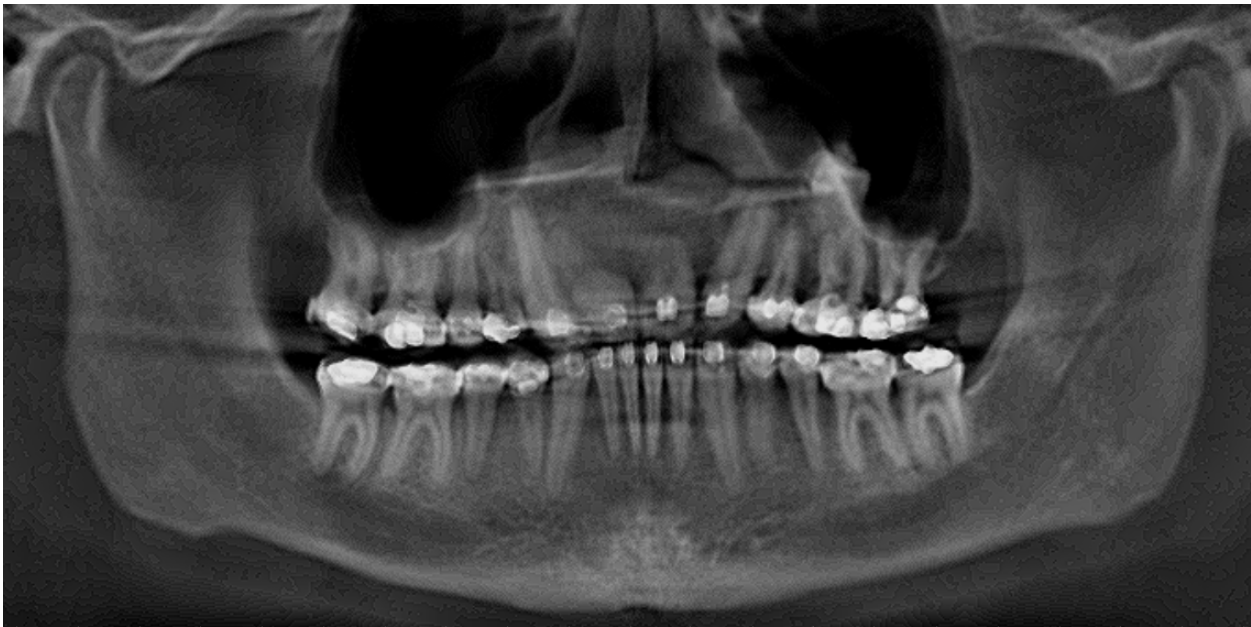
OTHER FINDINGS: Bilateral calcification of the stylohyoid ligaments is incidentally noted.

IMPRESSIONS

- The defect in the region of the absent tooth #10 is consistent with an anterior maxillary cleft palate.
- The position of teeth #7, 13 is as described. No resorption or associated pathology is seen.
- PDL space widening may be due to ongoing orthodontic treatment. The greater widening of PDL space on tooth #29 may represent pathosis of endo and/or perio origin. Clinical correlation is suggested.
- Calcification of the stylohyoid ligament is a common finding. Clinical evaluation to rule out Eagle's syndrome (lateral neck and oropharyngeal pain exacerbated by tongue and head movements) is suggested.

Sincerely,

Dr. OMR
Dip., American Board of Oral & Maxillofacial Radiology



Panoramic Reconstruction



Right lateral view

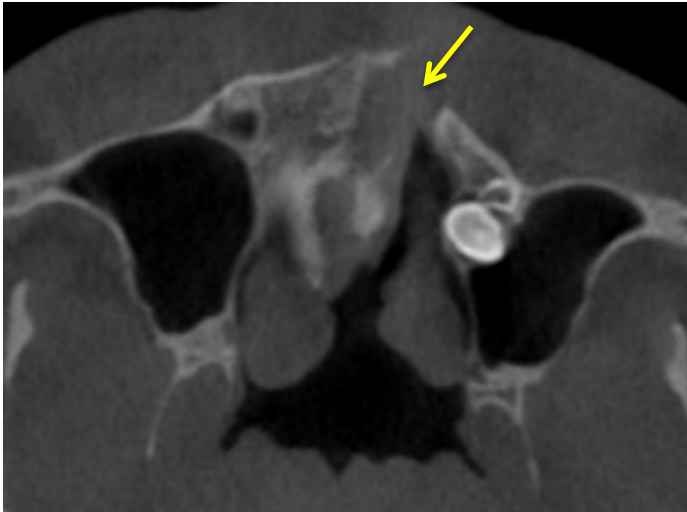


Frontal view

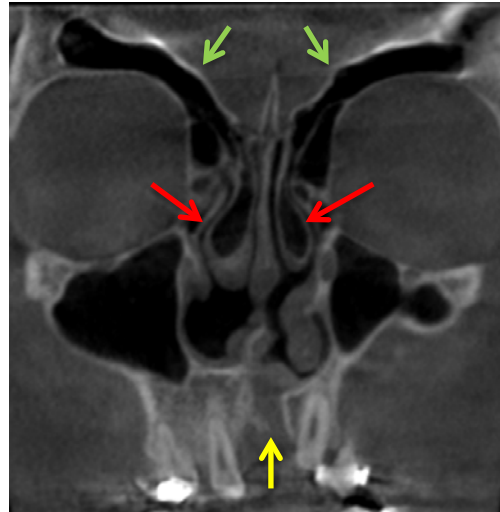


Left lateral view

3D Volume Rendering

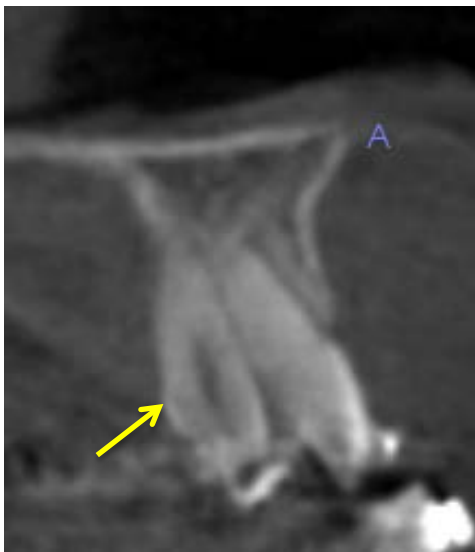


Axial view



Coronal view

Yellow arrows point to the left maxillary cleft, red arrows point to bilateral concha bullosa, green arrows point to enlarged frontal sinuses

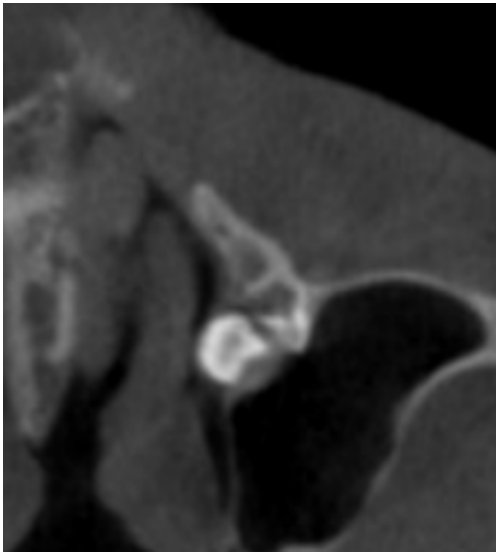


Teeth #6,7 – Sagittal views

Arrows point to malpositioned #7



Axial view



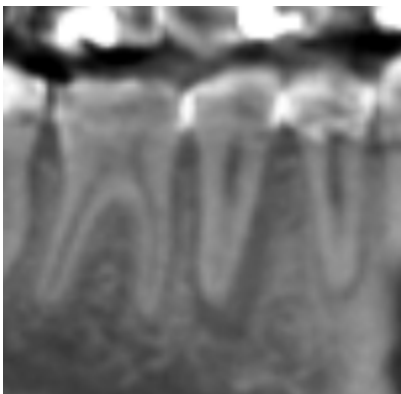
Axial view
Impacted #13



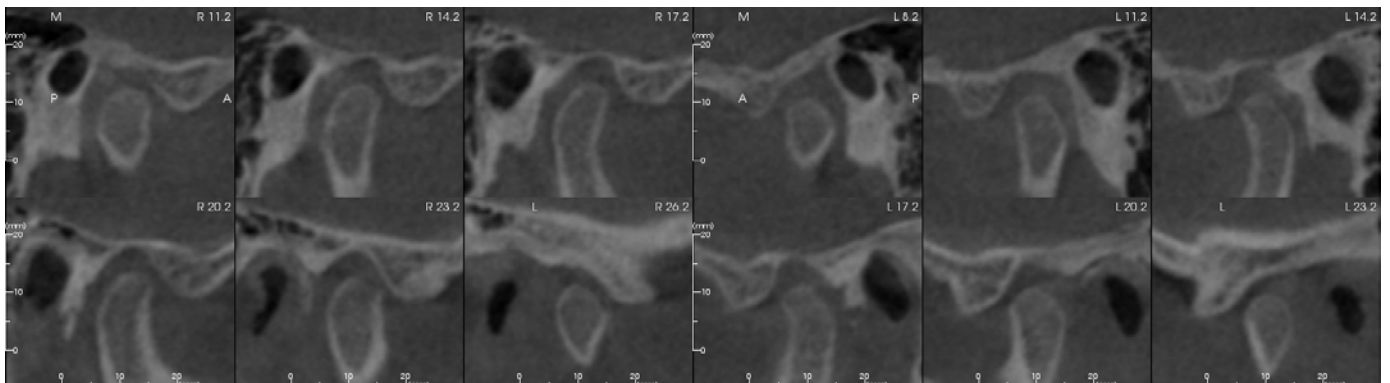
Coronal view



Sagittal view



Right posterior mandible – note tooth #29



TMJ: Sagittal cross-sections