Beamreaders inc.
DIAGNOSTIC SERVICES

99 Scripps Dr. #101
Sacramento, CA 95825
916.771.3505
Fax – 916.646.3742
http://beamreaders.com

**Patient:** **Male**
**DOB:** 05/09/1987

**Ref. Doctor:** BR referring Doctor

**Scan Source:** **DDI Sacramento**
**Study:** CBCT; maxilla and panoramic projection
**Study Date:** 01/07/2013
**Report Date:** 01/07/2013
**Study Purpose:** Trauma

**Dr. Notes:** S/P left side maxillary trauma

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**DENTITION:** **Missing Teeth:** #s 1,16,17 and 32.
**Teeth:** No root fractures were detected.

**OCCLUSION:** The left side posterior teeth did not fully interdigitate.
**AIRWAY:** The dimensions of the airway, posterior to the soft palate and tongue base, were within normal limits.
**SINUSES:** Minor circumferential mucosal thickening, consistent with inflammatory sinus disease, was noted in the left maxillary sinus. The ostiomeatal units were patent.
**NOSE:** No abnormalities noted.

**TMJs:** **Osseous Components:** The left condyle was relatively large when compared to the dimensions of the right condyle and the ipsilateral fossa. The enlargement was localized to the anterosuperior surfaces of the left condyle. The superior surface of the left condyle showed signs of flattening and sclerosis while the superior surface of the right condyle had a mildly thickened cortex.

**Spatial Relationships:** When the mandible was in the closed position the right condyle was posterior to the center of its fossa and the left condyle was inferior to the center of its fossa. The resultant posterior joint space was thin in the right TMJ and wide in the superior region of the left TMJ.

**MAXILLA:** The left side maxilla, maxillary alveolar ridge, malar bone and zygomatic arch had a normal size, shape, structure and without evidence of a fracture.
**MANDIBLE:** The vertical dimensions of the right and left ascending rami and body of the mandible were similar.
**C-SPINE:** No abnormalities noted.

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**IMPRESSIONS**

**TMJS:** The structure and morphology of the osseous components of the TMJs were evaluated and the findings noted above were consistent with remodeling in the right TMJ and the differential diagnosis for the left TMJ includes an **osteochondroma and condylar hyperplasia**. A condylar hyperplasia is generally associated with vertical elongation of the ipsilateral ramus and body. In this case no elongation of the left ramus or body was noted therefore an osteochondroma is more probable than a condylar hyperplasia. I recommend monitoring the left TMJ and occlusion to determine stability of the large left condyle. I would expect further enlargement of the left condyle to alter the occlusion. The large left condyle may alter the mechanics of mandibular function and predispose the TMJs to dysfunction. The posteriorly positioned right condyle within its fossa may be secondary to an enlargement and displacement of the left condyle. The posteriorly positioned right condyle within its fossa may predispose to an anteriorly displaced disc and compression of the posterior surface of the right condyle and adjacent retrodiscal tissues.

**MAXILLA**: No fractures were noted involving the left side teeth, left maxilla, left zygoma or left zygomatic arch.

Sincerely,

BR Doc
Oral & Maxillofacial Radiologist

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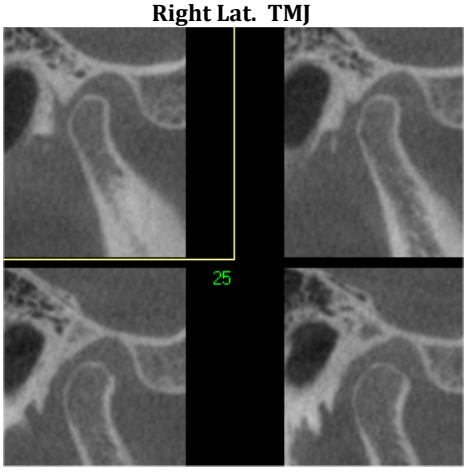
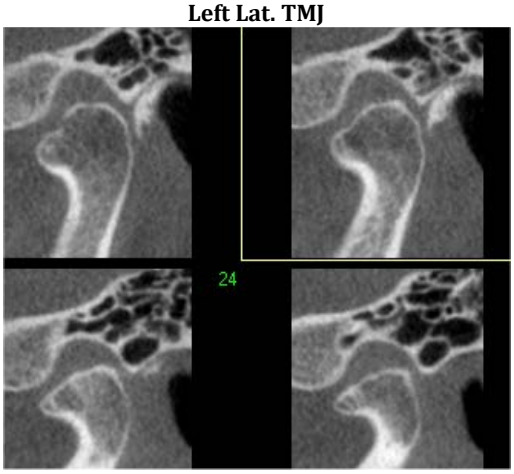
**Patient: Male**

**Right Lat. TMJ**




Sclerosis
thin posterior joint space

**Left Lat. TMJ**




Large left condyle
Wide superior joint space

**Panoramic**

Rami nearly symmetrical in size
No alveolar or basal bone pathology

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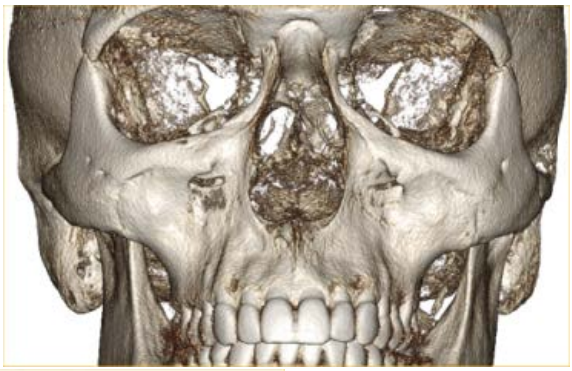
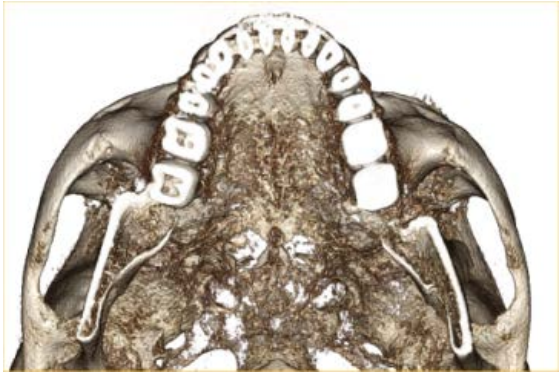
Volume Rendering





Left side Malar bone, maxilla and zygomatic arches were intact

Male