

**Patient:** Patient Name  
**DOB:** 12/09/1900  
**Report Date:** 04/11/2013  
**Study Date:** 04/08/2013

**Ref. Doctor:** Dr. Doctor  
**Scan Source:** *Your Imaging Center*

**Study Purpose:** Pathology  
**Dr. Notes:** DR. SUSPECTING NECROSIS ON LEFT SIDE.. HAD RADIATION THERAPY FOR CANCER

### **OBSERVATIONS**

**AREA OF INTEREST:** A diffuse region of bone destruction, with moth-eaten osteolytic areas, is noted extending from the anteroinferior aspect of the left ascending ramus to the mesial aspect of #23. Diffuse sclerosis of the bone in the region is present. The lingual cortical plate in the region of #19-21 is extensively perforated; a focal area of perforation of the buccal is noted in the region of #18-19. The lingual cortex is thickened in the region of #18; this likely represents periosteal new bone growth. Isolated bone fragments are noted in the soft tissues on the buccal and lingual aspect of the posterior mandible; these are suggestive of dislodged bone fragments from previous surgery. No sequestra are observed. PDL space widening is noted on all the mandibular teeth present. A diffuse, non-homogeneous high density area is present in the periapical region of #27; the outer cortical plates in the region are thinned. It measures 8.3mm mesiodistally x 8.2mm labiolingually.

**DENTAL FINDINGS:** Missing teeth #1, 9, 10, 16-20, 32.  
Bone grafts are noted in the alveolar regions of #9, 10; no associated pathology is present. An irregular high density area is seen surrounding the apical half of the mesiobuccal root of #3; this is consistent with idiopathic osteosclerosis and requires no further evaluation.

**OTHER FINDINGS:** Soft tissue collection is noted on the visualized portion of the floor of the maxillary sinuses; the ostiomeatal complex is beyond the scan periphery. The medial atlanto-axial joint space is reduced with evidence of sclerosis in the associated bones. The dimensions of the visualized portion of the airway, posterior to the soft palate and tongue base, are within normal limits. The TMJs are not visualized in the scan.

### **IMPRESSIONS**

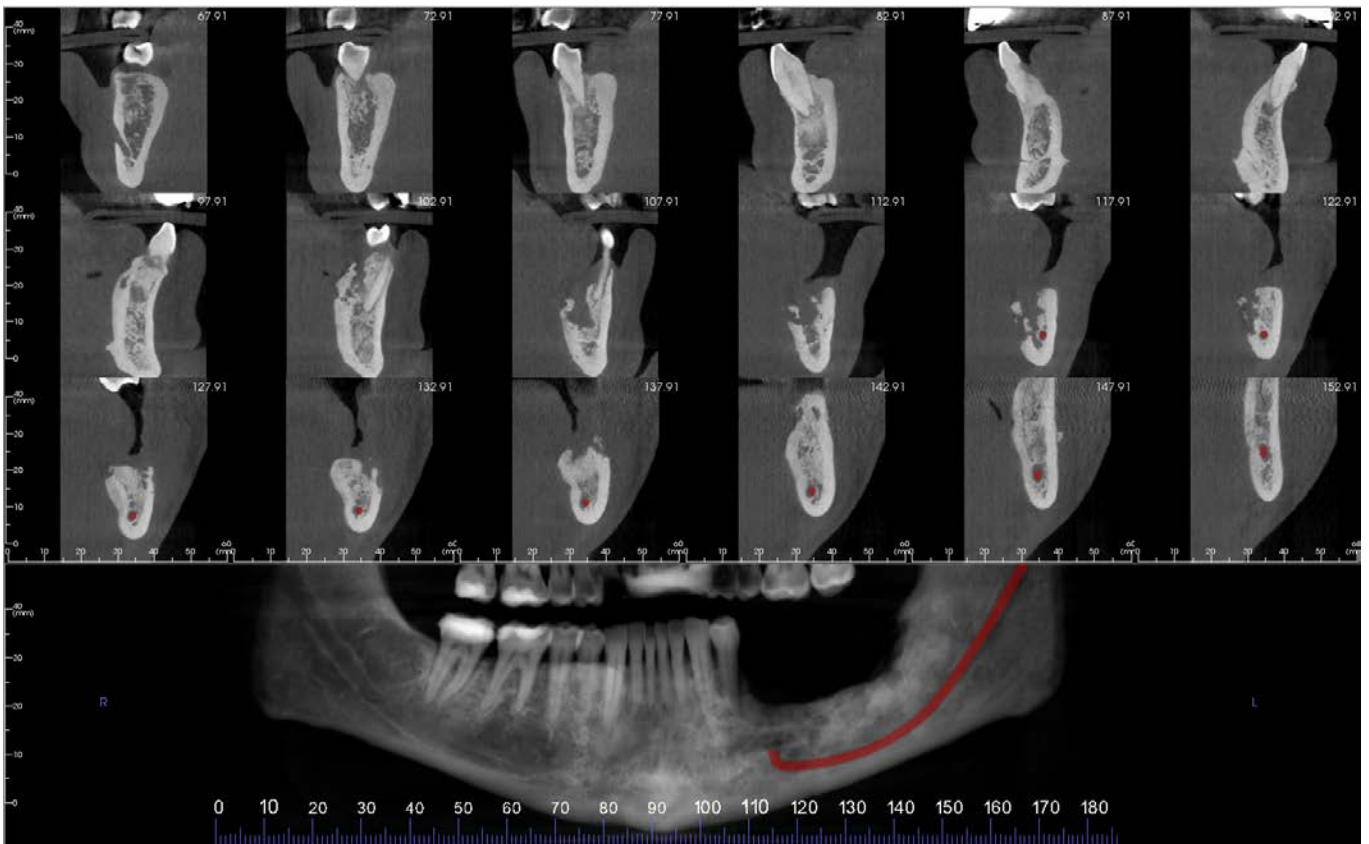
- Radiographic findings in the mandible are consistent with **osteoradionecrosis**. Clinical evaluation for possible exposed necrotic bone and fistula formation is suggested. The differential diagnosis includes a malignant lesion (that may have recurred). The non-homogeneous area on the apical aspect of #27 may represent a metastatic lesion. Correlation with patient history for the diagnosis and nature of the primary tumor and the treatment rendered is recommended.
- Soft tissue collection in the maxillary sinuses may represent chronic rhinosinusitis.
- Findings in the cervical spine are consistent with osteoarthritis.

Sincerely,

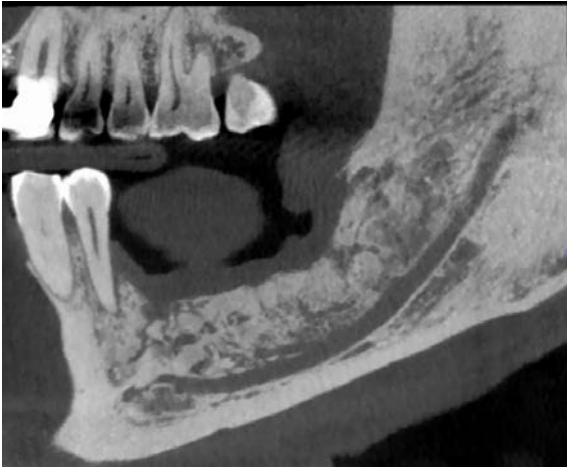
Dr. OMR  
Dip., American Board of Oral & Maxillofacial Radiology



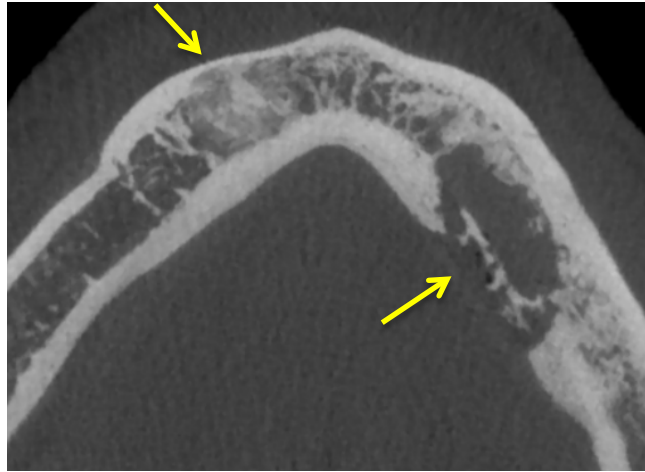
Panoramic Reconstruction



Cross-sections: Region of #17-19  
The IAN is marked in red



Sagittal view – Left mandible



Axial view – Note lingual perforation and high density area in the region of #27