

Patient: Male Ortho patient
DOB: 01/31/1992

Ref. Doctor: BR. Referring doctor

Scan Source: Scan center
Study: CBCT
Study Date: 01/10/2013
Report Date: 01/14/2013
Study Purpose: Orthodontic Evaluation

DENTITION: **Missing Teeth:** #s 18,28,38 and 48.
Roots: Teeth #s 11 and 21 have short roots.

OCCCLUSION: There was a posterior cross bite and an anterior open bite. The maxillary curve of Spee was reversed.
AIRWAY: The dimensions of the airway, posterior to the soft palate and tongue base, were within normal limits.
SINUSES: A dome shaped soft tissue density, consistent with a mucous retention pseudocyst, was extending from the floor of the left maxillary sinus.
NOSE: The internal nasal valves were narrowed..

TMJs: **Osseous Components:** The condyles have been reduced in size along their posterosuperior surfaces. The posterosuperior surfaces of the condyles showed signs of flattening and sclerosis. The lateral portion of the right condyle was small.
Spatial Relationships: When the mandible was in the closed position the condyles were located posterior to the center of their fossa and the resultant posterior joint spaces were thin.

MAXILLA: The maxilla had a narrow mediolateral dimension. The palatal vault was deep. The posterior maxillary region had a vertical excess.
MANDIBLE: The mandible was recessive. The anterior region of the mandible had a large vertical dimension. The anterior face height was large..
C-SPINE: No abnormalities noted.

IMPRESSIONS

TMJS: The structure and morphology of the osseous components of the TMJs were evaluated and the findings noted above were consistent with regressive remodeling. The remodeling was most advanced in the right TMJ, has reduced condylar size and may be a response by the articular tissues to the functional demands. The posteriorly positioned condyles within their fossa may predispose to anteriorly displaced discs and compression of the posterior surface of the condyles and the adjacent retrodiscal tissues. There was an anterior open bite and contributors to the open bite may include the following: 1. Regressive remodeling of the condyles 2. Dual bite relapse 3. Open mouth breathing and posturing. The excessive vertical dimension of the posterior region of the maxilla is likely a dental compensation for jaw posturing (open and/or anterior). The narrow maxilla may be preventing the tongue from occupying the palatal vault.

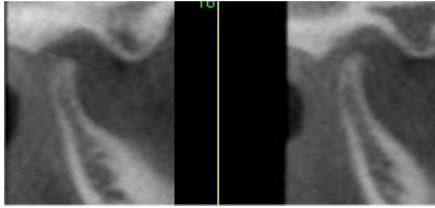
AIRWAY: The dimensions of the nasopharynx and oropharynx were within normal limits. The internal nasal valves were narrowed and this may increase upper airway resistance and bias toward mouth breathing.

Sincerely,

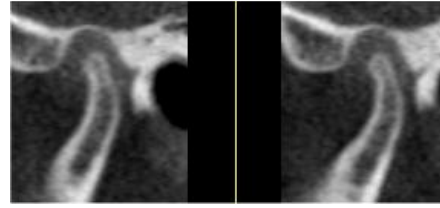
BR radiologist
Oral & Maxillofacial Radiologist

Patient: Maximilian Engelhart

Right Lat. TMJ

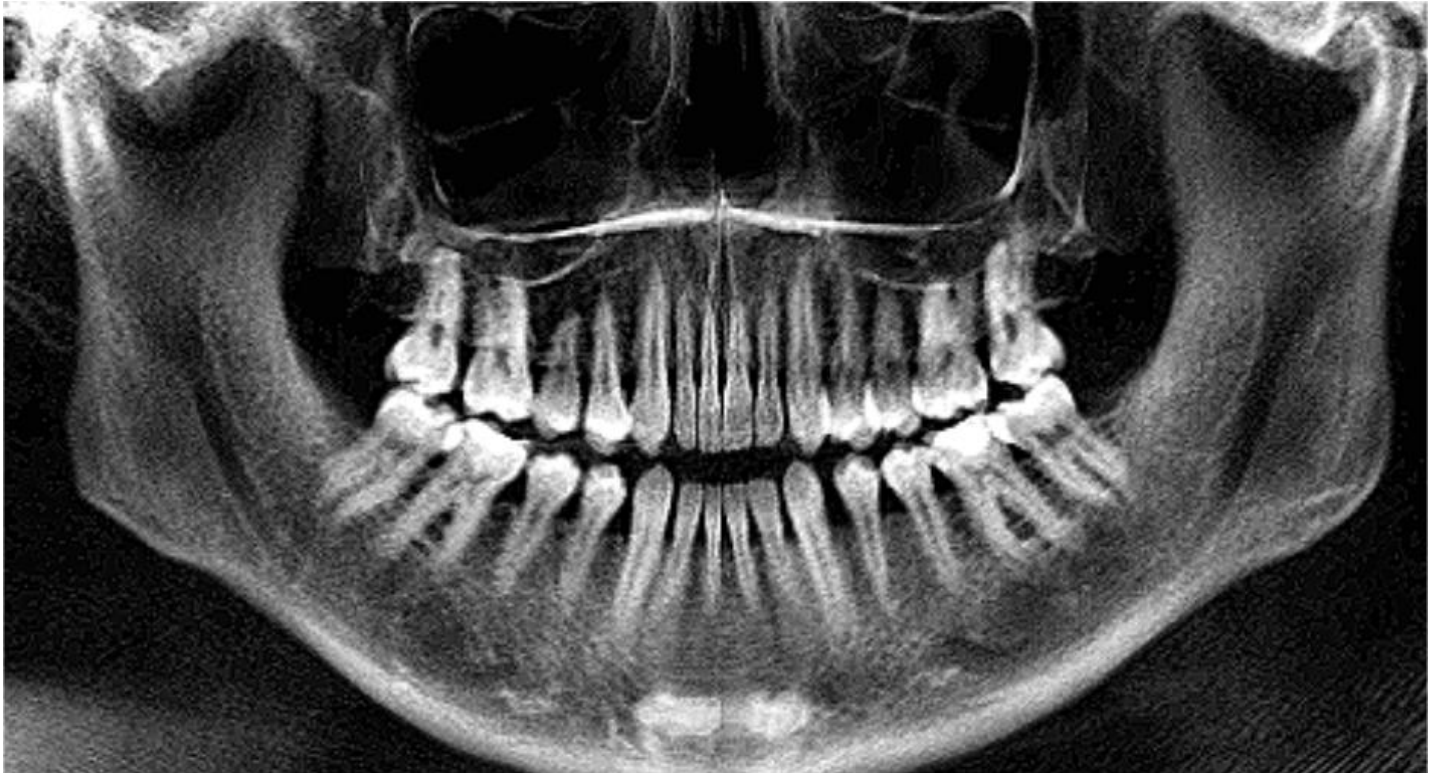


Left Lat. TMJ

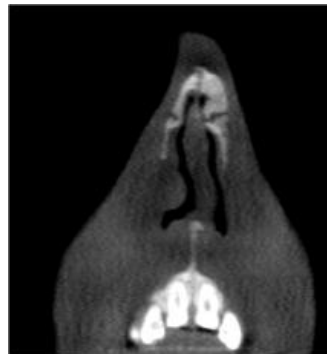
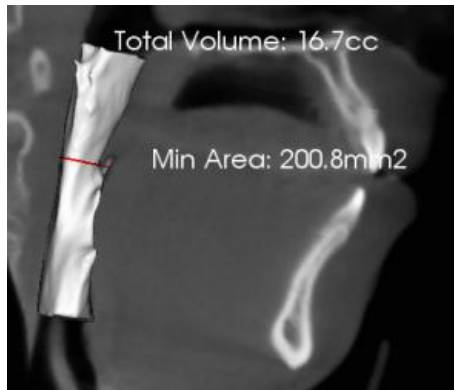


Regressive remodeling
thin posterior joint space

Panoramic



Mucous retention pseudocyst left maxillary sinus
No alveolar or basal bone pathology



Normal oral and nasal pharyngeal dimensions
Narrowed internal nasal valves



Note :
reversed maxillary curve of Spee
posteroinferior displacement of mandible
maxillary posterior cross bite