

Compound odontoma diagnosed by imaging in routine consultation: a case report

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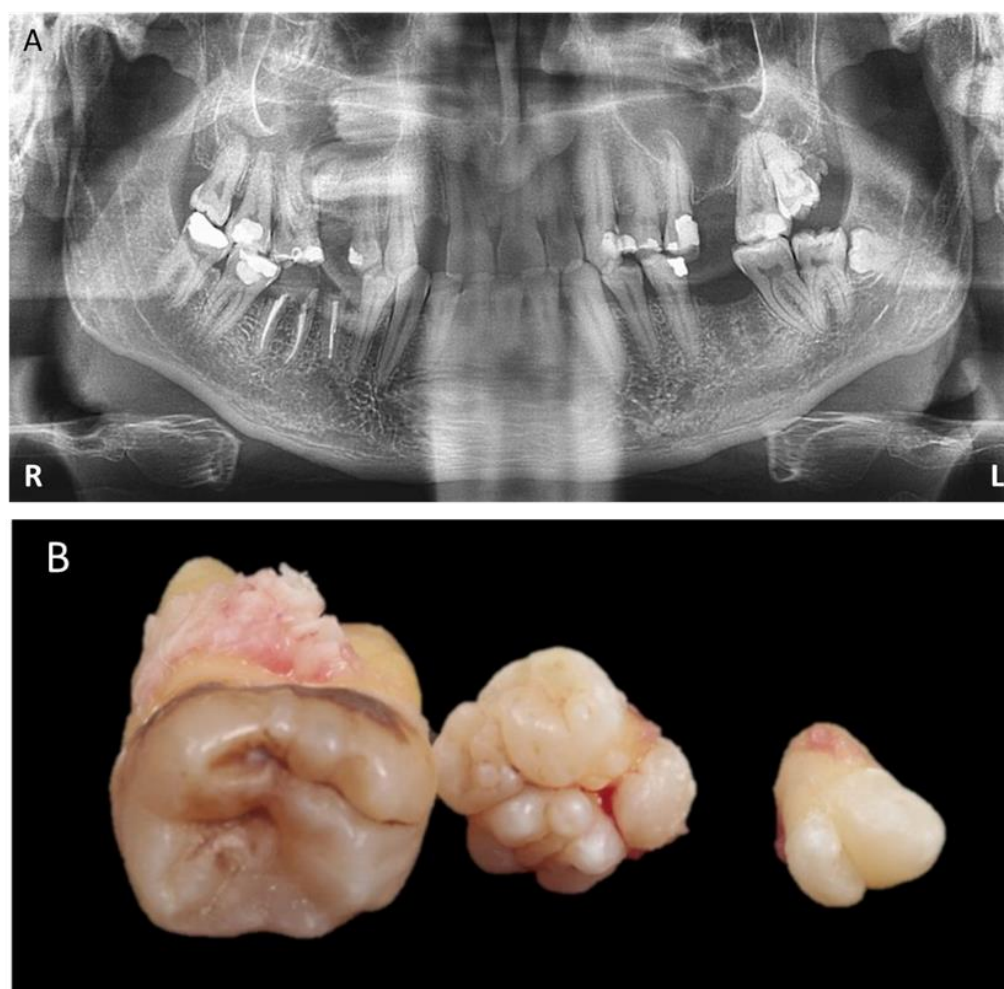


Figure 1: Cone-beam computed tomography showing the residual root fragment within the left maxillary sinus area (A and B).

In this panoramic radiographic image, we present the case of a 40-year-old male patient with normosystemic health, who visited the dental office for routine evaluation without reporting pain or any discomfort (Figure 1A and 1B). During the intraoral physical examination, a discreet increase in volume was observed in the vestibular and palatal regions around the second upper left molar. Subsequently, a panoramic radiograph was taken to assess possible bone or dental involvement in the mentioned region. The radiographic image revealed a radiopaque structure resembling multiple small dental structures, indicative of a compound odontoma. Additionally, another noteworthy finding was the presence of a fourth molar in the mandible on the left side.

Odontomas are considered developmental dental anomalies, representing malformations rather than true neoplasms [1]. The identification of an odontoma in conjunction with a supernumerary fourth molar adds complexity to the clinical scenario, especially as this fourth molar is located at the level of the ascending ramus of the mandible. The proposed treatment plan involved the surgical removal of the upper left third molar, compound odontoma, and supernumerary lower left molar. Odontoma removal is typically recommended to prevent potential complications such as impaction, cyst formation, or disturbance in the eruption of adjacent teeth. The decision for surgical intervention is guided by the understanding that odontomas, although benign, can lead to significant dental and oral health concerns if left untreated [1-2].

The identification of a fourth molar in the mandible further contributes to the uniqueness of this case. Supernumerary molars can pose challenges, potentially affecting dental arch alignment and causing occlusal problems. In the context of this specific case, the removal of the supernumerary molar was considered an integral part of the comprehensive treatment plan to address the identified anomalies. The absence of reported symptoms by the patient highlights the importance of routine dental examinations in detecting and addressing dental anomalies at an early stage, preventing potential complications [1-3]. The interdisciplinary nature of this case, involving both oral and maxillofacial surgery, underscores the need for collaboration between dental specialists to ensure optimal patient care.

In conclusion, the clinical tomographic image showcases a unique case involving a compound odontoma and a supernumerary fourth molar in a normosystemic 40-year-old male patient. The proposed treatment plan, encompassing the surgical removal of the odontoma, upper left third molar, and supernumerary lower left molar, reflects a comprehensive approach to address the identified dental anomalies and promote long-term oral health. This case exemplifies the significance of regular dental evaluations in early anomaly detection and underscores the collaborative efforts within the field of surgical dentistry.

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