

A CASE REPORT ON ODONTOMA

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ABSTRACT

Odontomas, the most common of the odontogenic tumors of the jaws, are benign, slow growing and non-aggressive. Odontomas are usually asymptomatic but sometimes may interfere with the eruption of the associated tooth leading to impaction or delayed eruption. These lesions are usually diagnosed on routine radiological examination in the second decade of the life but may remain undiagnosed in absence of any other etiology. A case report of 44 year old male is presented who was treated with no post operative complications.

Key words: Odontogenic Tumors, Odontoma, Treatment etc.

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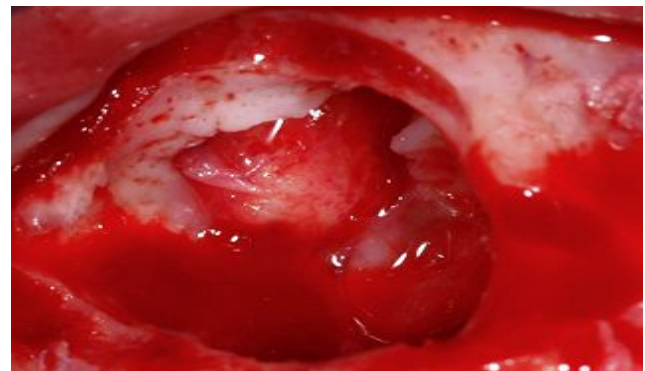
INTRODUCTION

The term odontoma was given by Broca in 1866, who defined it as a tumor formed by overgrowth of complete dental tissue [1, 2]. Odontoma has been defined as a tumor that has developed and differentiated enough to produce enamel and dentin [3]. WHO classified it under category of tumors containing odontogenic epithelium with odontogenicectomesenchyme, with or without dental hard tissue formation [4]. There are three types of odontomas: odonto-ameloblastoma, complex and compound odontomas. They can also be peripheral, erupted and central odontoma according to the clinical presentations [5]. A case of odontoma is presented which was treated with no post operative complications.

CASE REPORT

A 44 year old man came with a chief complain of food lodgment and pain in left quadrant of lower jaw. On clinical examinations, pockets were noted around 38. Radiograph revealed inter-dental bone loss and loss of contour. Radiographs also revealed a well defined homogenous radio-opaque mass between the roots of 38 and 37. The mass had radiolucent halo with no displacement of teeth. The mass was excised surgically under anesthesia and histological examination revealed it to be an odontoma. No post operative complications were

noted.



DISCUSSION

According to the histopathological perspective, odontomas can be grouped as: (a) complex odontomas and (b) composite odontomas [6]. The complex odontomas are usually located in the posterior mandible, while composite odontomas are found in the anterior maxilla. The exact etiology of odontomas is uncertain, local trauma, infection growth pressure, hereditary and developmental influences have been suggested as possible causes [7]. The radiographic characteristics of odontomas



are always diagnostic in such cases. The lesion consists of well defined radio-opacity surrounded by a radiolucent halo, which represents an enlarged cystic follicle. In compound odontoma multiple teeth like structures of varying size and shape are seen. Complex odontomas are seen as irregular radio-dense masses with no resemblance to dental structures [8]. Sometimes, the degree of calcification of odontoma in the primary dentition is less as compared to permanent dentition and radiographic features are therefore not so radio-opaque [9,

10]. Therefore, it is important to examine the radiographs carefully.

CONCLUSION

The presented case was surgically cured with no post operative complications. Odontomas are benign tumors frequently seen in oral pathology that sometimes produce no symptoms and may remain undiagnosed in routine radiological studies. Early diagnosis and proper management of odontomas is necessary to prevent later complications and other developmental problems.

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