

PATIENT	J.C.	REFERRING DENTIST	Dr Jo Smith
DOB	25/07/1959	Date of Image:	27/10/2015



RADIOLOGY REPORT OPG: All third molars and the 37 are missing. Teeth 13 and 27 have overerupted. There is widespread advanced loss of crestal bone height and subgingival calculus deposits are evident. Correlation with clinical measures would be of use in assessing the periodontal status. The loss of crestal bone is particularly advanced in the upper molar regions, where it approaches the apices of the roots of the teeth. There has been remodelling of the floor of the left maxillary sinus in the 27 region and there is mucous or mucosal thickening of the adjacent sinus floor. The pattern of the crestal bone distal to the 27 may be a result of bone loss associated with the loss of tooth 28. Correlation with the clinical history would be of use in assessing this region. Further imaging of the 27-28 region is recommended (cone beam CT or MDCT) as I cannot exclude more sinister pathology contributing to the pattern of bone loss.

The 13 and 11 have the appearance of “floating teeth”, with no clear outline of lamina dura. While this may be a result of advanced periodontitis, the appearance of floating teeth may indicate more significant pathology. Hyperparathyroidism or long term use of steroid medications can result in this appearance, but I cannot exclude a vascular lesion or malignancy. Correlation with any previous images, and with the clinical and medical history would be of use in assessing this appearance. The 11 may also have residual apical pathology combined with periodontal bone loss. Further 3D imaging of the upper anterior region is recommended.

Decay or resorption is evident in the cervical region of the 15, 14 and 24. There are periapical radiolucencies associated with the roots of the 26 and 47 and both these teeth may have combined endo-perio pathology. The vitality of the 46 is suspect and this tooth should be checked clinically and with intraoral film. The 41 and 42 apical areas are not clearly projected but I cannot exclude advanced bone loss and periapical pathology and intraoral film would be of use in assessing these teeth.

The radiopacities projected over the right left and right rami are most likely tonsilloliths.

RECOMMENDED FOLLOW UP:

- Cone beam CT of maxilla and mandible
- Comparison with previous images
- Correlation with clinical and medical history, to exclude systemic diseases
- Clinical periodontal assessment
- Review vitality of teeth 26 and 47
- Check cervical regions of teeth 15, 14 and 24 for decay or resorption
- Periapical radiographs of teeth 41 and 42 (or assessment with CBCT)

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