Odontoma, an Accidental Finding during Curettage: A Case Report

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Abstract

Odontomas are common occurrences in the oral cavity and can be classified as complex or compound. Compound odontomas are rare and present in the extra-osseous soft tissues. In this case, the odontoma led to the impaction of permanent teeth, due to which removal of the lesion was advised.

Keywords: Odontoma, Compound, Mesenchymal, Benign.

INTRODUCTION

The most common and asymptomatic type of odontogenic tumours is odontoma [1]. They are basically composed of enamel and dentin with trace amount of cement and pulp [2]. According to World Health Organisation (WHO) odontomas are of two types [3]: Complex Odontomas, a malformation in which all dental tissues are present, but arranged in a more or less disorderly pattern; and Compound Odontomas, a malformation in which all of the dental tissues are represented in a pattern that is more orderly than that of the complex type [4]. The etiological factors although unknown, but the genetic factors, family history, and environmental causes such as trauma and infection have been believed to cause odontoma [5-8].

According to the history of the patient and the associated symptoms the patient was suspected to have some periapical pathology and was advised to undergo the IOPA for the same. It was observed on the radiograph that the second premolar of the third quadrant (35) was grossly decayed and there was the evidence of a well-defined radio-opacity surrounding the apex of the root. The radio-opacity was oval in shape clearly outlining the apex of the root. The radio-opacity was also outlined by a well-defined oval shaped radiolucency (Figure 1).

Figure 1: IOPA of the offending tooth

CASE REPORT

The 65 years old female patient reported to the department of OMFS with the complaint of pain and decayed tooth in lower back left tooth region for 3.5 months. The patient was a known diabetic but with medications the diabetes was well in control. The patient also gave the history of an elevated mass associated with the left back tooth region, earlier there was a history of pus discharge also that subsided after taking antibiotics that she took around a month back.
After the radiographic evaluation, the treatment was proceeded. The patient was draped and scrubbed with the betadine solution and followed that the tooth was infiltrated with 1:100,000 lignocaine with adrenaline (IAND, lingual and mental nerve blocks). After giving the local anaesthesia the patient was checked for objective and subjective signs and only after the emergence of the signs the treatment was proceeded.

To start with the treatment, the tooth was extracted first with as much less trauma as possible with the help of elevator and the lower premolar forceps. After the extraction of the tooth, the flap was carefully raised: the vertically releasing incisions were given on the mesial and distal aspect of the extracted socket (Figure 2). After the incisions were given, the flap was completed reflected and the underlying bone was carefully exposed.

With the help of micromotor under copious irrigation with normal saline, a bony window was created in the buccal aspect of the tooth and then with the periapical pathologies were carefully removed. The pathologies were two in number, one was irregularly shaped having soft consistency while the other pathology was well-defined having oval shape, hard consistency and looked to be calcified (Figure 3).

At last, the socket was sutured back with the help of 3-0 silk suture in simple interrupted manner (Figure 4) and the samples were preserved and sent for the histopathological examination (Figure 5).
DISCUSSION

Odontomas are relatively common odontogenic lesions, generally asymptomatic, and are rarely diagnosed before the second decade of life. They frequently lead to impaction or delayed eruption of permanent teeth [1, 9].

According to reports, the incidence of odontomas is really high in the maxilla i.e, 50.9-66.7%, the most common location being the anterior region of maxilla. According to reports of Kulkarni et al., and da Costa et al., odontomas rarely involved the primary dentition (1.3-12.8%). Pain and swelling are the most common symptoms when odontomas erupt, followed by malocclusion [10].

Though there is no exact aetiology of odontoma formation, a number of factors including prior trauma and infection seem to be involved [1].

Most odontomas are found in the second decade of life on routine radiographic examination and they could cause impaction of the adjacent permanent teeth. Early detection and treatment of odontomas could increase the possibility of preservation of the impacted teeth through various treatments. Therefore, periodic panoramic examination in the first and second decades of life would be recommended for the early detection and better prognosis of odontomas.

The early diagnosis of odontomas allows the adoption of less complicated and expensive treatment, and ensures better prognosis [10].

Whenever possible, surgical management is standard treatment that consists of removal of the lesion and enveloping soft tissue with curettage. This is to prevent the possibility of cystic degeneration. Dentigerous cysts, odontogenic keratocysts and calcifying odontogenic cysts have been associated with odontomas. Once the odontoma is removed surgically along with any lining epithelium, there is usually no recurrence [11].

REFERENCES