

Abstracts from the 22nd International Congress of Dento-Maxillo-Facial Radiology in Conjunction with the 70th Annual Session of the American Academy of Oral and Maxillofacial Radiology

CHRONIC RECURRENT MULTIFOCAL OSTEO-MYELITIS INVOLVING THE MANDIBLE A.

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Clinical Presentation: A 13-year-old male presented with the chief complaint of pain and facial swelling on the left side. His medical history was significant for chronic recurrent multifocal osteomyelitis (CRMO) and hospitalization for recurrent right facial swelling, tenderness, and chronic ankle pain.

Differential Diagnosis: CRMO can mimic infective osteomyelitis, thus unnecessarily subjecting the patient to a prolonged course of antibiotics, radiation exposure, and multiple biopsies.

Diagnosis and Management: Extraoral radiographs: Normal bone pattern, no evidence of periosteal reaction and mild left-sided soft tissue swelling. Magnetic resonance imaging (MRI): Postcontrast T1-weighted fat-suppressed 2017: High signal from the marrow of the right mandibular body and ramus and surrounding muscles representative of edema. Noncontrast T2-weighted fat-suppressed 2018: Persistent high signal in the marrow of the right mandibular body and ramus, with a resolution of muscular edema; the new hyperintense signal in the marrow of the left mandibular body. Bone scan: Phases 2 and 3: Increased tracer uptake along the right mandible and the right calcaneus and epiphyses of the long bone.

Discussion: Familiarity with the clinical and radiographic findings of CRMO greatly increases the likelihood of early diagnosis, appropriate treatment, and avoidance of multiple unnecessary procedures.

References

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INCIDENTAL RADIOLUCENT LESION IN THE CERVICAL VERTEBRAE L. ALBITAR, and P. WONG, INDIANA UNIVERSITY SCHOOL OF DENTISTRY, INDIANAPOLIS, IN

Clinical Presentation: A 23-year-old healthy, female with no known medical issues presents to the dental clinic at Indiana University School of Dentistry. Cone beam computed tomography (CBCT) volume was acquired as part of a dental implant evaluation for the sites of teeth #9 and #10. Upon review, an incidental finding of a well-defined, irregular, nonexpansile, radiolucent lesion along the anteroinferior border in the body of the C2 vertebrae was noted.

Differential Diagnosis: The working differential of the area included (1) unicameral bone cyst, (2) giant cell tumor, (3)

brown tumor, and (4) fibrous dysplasia. These all appear radiolucent, and most do not manifest symptoms and are found incidentally. An evaluation with a physician to assess for neurologic deficits or other related symptoms would be needed. Possible further imaging with contrasted multidetector computed tomography (MDCT), magnetic resonance imaging (MRI), and/or blood tests may also be considered. Because of the invasive nature, the possibility of surgical intervention including biopsy, curettage, or bone grafting should be evaluated by an orthopedic surgeon.

Diagnosis and Management: The patient was notified by the provider to evaluate the lesion, and further dental treatment has been deferred until a diagnosis can be reached.

Discussion: Incidentally, the provider did not fully read the report. It was through inquiry by the radiologist that the patient's status was brought to the provider's attention. This emphasizes how comprehensive evaluation of CBCT can bring to light potentially urgent conditions.

References

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4. Rodallec MH, Feydy A, Larousserie F, et al. Diagnostic imaging of solitary tumors of the spine: what to do and say. *Radiographics.* 2008;28:1019-1041.

A MOUTH FULL OF TEETH: A CASE REPORT

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Background: An increase in the number of teeth is termed *supernumerary teeth*.^{1,2} These teeth can be present both unilaterally or bilaterally, in one jaw, or in both jaws.² In the maxilla, the anterior region is the most common location, and a solitary tooth in the midline is referred to as *mesiodens*. However, supernumerary teeth are more often seen in the mandible, especially in the premolar region, and are referred to as *peridens*.^{1,2} Supernumerary teeth distal to the molars are referred to as *distodens*.² This type of dental anomaly is commonly associated with developmental disorders, such as Gardner syndrome and cleidocranial dysplasia.^{2,3} The excess number of teeth affects both the primary and permanent dentitions. It more commonly affects the permanent dentition and usually interferes with the eruption pattern, leading to malposition, crowding, ectopic eruption, and malocclusion.^{1,2}