

### MANDIBULAR PLASMACYTOMA PRESENTING WITH EXTENSIVE ROOT RESORPTION

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**Clinical Presentation:** We report here an unusual case of a 67-year-old female who presented to the Faculty of Dentistry at the University of Toronto (Toronto, Canada) with a primary chief complaint of a 2-month history of dull pain in her left mandibular tooth. Clinical examination revealed percussion sensitivity and buccal palpation tenderness of the mandibular left first molar. Panoramic, intraoral, and cone beam computed tomography (CBCT) imaging showed a well-defined, irregularly shaped osteolytic lesion in the left mandibular body, with directional external root resorption of adjacent teeth.

**Differential Diagnosis:** The radiologic differential diagnosis of a well-defined osteolytic lesion resulting in extensive, directional external root resorption includes benign neoplasms and cysts. Malignant neoplasms, such as multiple myeloma, would be an unlikely consideration. In this case, the radiologic impression was of a benign neoplasm, in particular, central giant cell granuloma. Ameloblastoma and odontogenic myxoma were also considered.

**Diagnosis and Management:** A diagnosis of plasmacytoma was made through histopathologic examination. A subsequent systemic workup revealed multiple myeloma.

**Discussion and Conclusion:** Although the occurrence of root resorption in multiple myeloma is rare, it has been reported in a small number of cases in the literature. The radiologic features of this case are presented to highlight this uncommon presentation.

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### PARTIAL AIRWAY OBSTRUCTION IN AN ASYMPTOMATIC PATIENT

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**Background:** A 66-year-old female with no complaints or symptoms presented for routine preimplantation cone beam computed tomography (CBCT). CBCT demonstrated evidence of a large, well-defined, low-attenuation/soft tissue lesion with an undulating appearance, extending from the posterior left pharyngeal wall and occluding two-thirds of the airway from the

level of C2 to C4. The lesion extended laterally into the left mediopharyngeal space and inferiorly beyond the field of view. There was evidence of faint internal septations.

**Objective:** The aim of this study was to identify, diagnose, and treat a large lesion partially obstructing the airway through multiple advanced imaging modalities and interdisciplinary collaborative treatment.

**Materials and Methods:** The patient was referred for an otolaryngology consult after initial CBCT imaging. Laryngoscopy, magnetic resonance imaging (MRI) and contrast-enhanced computed tomography (CT) were performed to determine the extent of the lesion and to plan for potential surgical intervention.

**Results:** The absence of symptoms and displacement of surrounding structures without perforation suggested a benign, but fairly invasive, neoplasm with slow growth. Initial differential diagnoses included lipoma, minor salivary gland tumor, and vascular and neural tumors. Juxtaposition of T1-weighted MRI and T1 with fat suppression protocols further validated the diagnosis of benign lipoma. Resection, followed by histopathologic evaluation, confirmed a large lipoma. Periodic follow-up was recommended to monitor resolution and potential recurrence.

**Discussion:** Lipomas account for 4% to 5% of benign neoplasms, more commonly in the lower torso and extremities. Lipomas in the upper airway region account for only 0.6% of benign neoplasms, making them quite rare. Any lesion encroaching on vital structures needs prompt attention and appropriate intervention/management to avoid a life-threatening situation. The slower growth exhibited by some benign lesions may obscure symptoms because the changes are gradual and happen over an extended period. Incidental findings, such as this large and invasive benign tumor, underscore the importance of carefully evaluating the entire volume of any study and not just the region of interest.

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### REAL DOUBLE IMAGES VS REAL DOUBLE OBJECTS: OBJECTS NEAR THE PANORAMIC CENTER OF ROTATION PATH PRESENT CONFUSING IMAGING RESULTS

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**Background:** A 57-year-old male presented for routine dental care without symptoms. Panoramic imaging depicted a large, laminated radiopacity inferior to the right posterior mandible. A similar image was noted on the contralateral side with a