

tooth #16, which encroached on the pulp chamber. CBCT images of the second case showed the same radiographic appearance involving the unerupted tooth #1. Case 3: A 64-year-old male came for evaluation of the airway. CBCT images revealed an intracoronar radiolucent area involving the impacted tooth #17 with an intact pulp. The involved tooth was asymptomatic in all cases, and no history of trauma was reported by patients.

Results/Differential or Definitive Interpretation:: On the basis of radiographic presentations and clinical findings, pre-eruptive intracoronar resorption was considered the most likely diagnosis. The management of such lesion ranges from no treatment to surgery, surgical exposure, tooth extraction.

The prevalence of PEIR reported on panoramic images in a previous study for both the subject and the tooth were 1.55% to 27.3% and 0.5% to 2.1%, respectively. The prevalence of PEIR as shown by CBCT in the previous study were 9.5% to 15.1% for subject prevalence and 1.93% to 3.5% for tooth prevalence. The previous study showed that a single tooth was usually affected with PEIR in an individual and that the most commonly affected teeth were the premolars and the molars.

Discussion: PEIR affects the coronal dentin of unerupted teeth. The etiology for PEIR is unknown, and it may be commonly misdiagnosed as dentinal caries because of radiographic similarities. These lesions are usually identified incidentally during radiographic evaluation, and early detection is important for effective management. The diagnosis should be made on the basis of clinical and radiographic findings, and CBCT imaging is a valuable adjunct for early diagnosis.

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HEMINASAL APLASIA IN A PATIENT WITH CLEFT LIP: A CASE REPORT

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Background: Heminasal aplasia is a rare congenital unilateral malformation of the facial region caused by the failure of embryologic development of a nasal placode. To date, less than 100 cases have been reported globally.

Objective: We report here a case of a 13-year-old female presented for evaluation of a supernumerary tooth with no history of consanguinity or comparable family history of reported findings. The patient had a history of cleft lip repair and cannulation of the right tear duct. The patient exhibited right heminasal aplasia untreated by surgery.

Materials and Methods: Cone beam computed tomography (CBCT) showed complete aplasia of the right maxillary, sphenoid, and ethmoid sinuses.

Results: The right nasal cavity, corresponding nostril, and nasal septum were absent and the right lacrimal duct was only partially formed. Facial asymmetry was noted on an axial view as a depression in the right maxilla. No orbital involvement was noted.

Discussion: The absence of both external and internal ipsilateral structures is inherent to heminasal aplasia. According to Mazzola's classification of frontonasal malformations, this case is classified as an "upper face, half nose" nasal aplasia.

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DEVELOPMENT OF AN IN VIVO ULTRASOUND PROTOCOL TO STUDY THE MUSCULOAPONEUROTIC ARCHITECTURE OF THE MASSETER DURING MANDIBULAR PROTRUSION AND LATERAL EXCURSION

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Background: Temporomandibular disorders (TMDs) affect 5% to 12% of the population and lead to disability and pain. It has been suggested that architectural changes occur in the masseter muscle (MM) in TMDs. However, studies on normal in vivo MM architecture are scarce. Previously, our