

**Patient:**  
**Date of birth:**  
**Referring Doctor:**

**Date of Acquisition:**  
**Report Date:**

**Study Purpose:** *CC: Diagnosed with TMJ sometime in the 80s. TMJ issues/severity come and go. Since January, pain is more severe/constant even with regular wearing of mouth guard, icing, and taking analgesics. Pain on left side of face - sometimes extending behind my ear. Occasional pain on right side of face with cramping. Starting to interfere with sleep.*

*HPI: Patient mentions that she have issues since 40 years and is aggravated since January and was taking Advil and icepacks as needed.*

*Pt mentions that there is BL jaw pain L>R and is radiating to her neck, shoulder and back of ears only in the left that is aching continuously with clicking and popping sounds.*

*Pt is diagnosed with the migraines, and is sensitive to light and sound. She is having headaches 1-2 times in the week and she mentions the sleep is altered wakes up 3-4 times in the night and no h/o clenching, gasping, snoring. She has been getting headache for over 20 years.*

#### **ACQUISITION METHOD:**

This study is a medium Field-of-View (FOV) Cone Beam Computed Tomography scan (CBCT) of the maxillary and mandibular dental arches. The radiographic technique is good for image interpretation. Reformatted multiplanar images of the portrayed areas were viewed in the OnDemand3D (Cybermed) software program.

#### **RADIOGRAPHIC FINDINGS:**

##### **Dental Structures:**

- **#1:** Vertical partial eruption with partially developed roots and immature apices that are in contact with the floor of the right maxillary sinus. The follicular sac is within normal range and in communication with the oral cavity. The mesial aspect of #1 is in contact with the distal aspect of #2 with possible mild external root resorption.
- **#2 and #15** present with enamel density projections on the distal CEJs, consistent with enamel pearls.
- **#16:** Vertical partial eruption with partially developed roots and immature apices that are in contact with the floor of the left maxillary sinus. The follicular sac is within normal range and in communication with the oral cavity. The mesial aspect of #16 is in contact with the distal aspect of #15 with no sign of root resorption.
- **#17:** Mesio-angular partial eruption. Has two roots with immature apices. The follicular sac is within normal range and in communication with the oral cavity. The apices are in contact with the superior cortex of the left mandibular canal. The mesial aspect of #17 is in contact with the distal aspect of #18 with no sign of root resorption.
- **#32** has two partially developed two roots and immature apices. There is a well-defined low-density lesion surrounding the apices. The lesion causes thinning of the lingual cortical plate and is also in contact with the superior cortex of the right mandibular canal with no sign of displacement or interruption. The lesion is causing superior displacement of #32.

**Osseous Structures:**

- The incisive and mandibular canals are intact, well-delineated, and their dimensions are within the range of normal.

**Paranasal Sinuses:** Partially visualized in the field of view.

- **Maxillary sinuses** appear well-delineated. There is mild mucosal thickening noted in the right and left maxillary sinuses, consistent with mild mucositis.

**Nasal Cavity:** Partially visualized in the field of view.

- The nasal septum appears deviated to the left. The left nasal airway appears narrow compared to the right, consistent with the physiological nasal cycle.

**Airway:**

- Mild to moderate enlargement of the palatine tonsils is noted.

**IMPRESSIONS:**

- **#32:** Findings are suggestive of an aggressive lesion. Bloodwork is strongly recommended to evaluate for blood-related malignancy, and if suspected, referral to an oncologist is recommended for further investigation.
- **#1:** Vertical partial eruption; in contact with the floor of the right maxillary sinus and adjacent #2 with possible mild external root resorption.
- **#16:** Vertical partial eruption; in contact with the floor of the left maxillary sinus and adjacent #15 with no sign of root resorption.
- **#17:** Mesio-angular partial eruption; in contact with the superior cortex of the left mandibular canal and adjacent #18 with no sign of root resorption.

*This is a consultative report and is not intended to be a definitive diagnosis or treatment plan.*

Thank you for the referral of this patient and the opportunity to serve your practice.

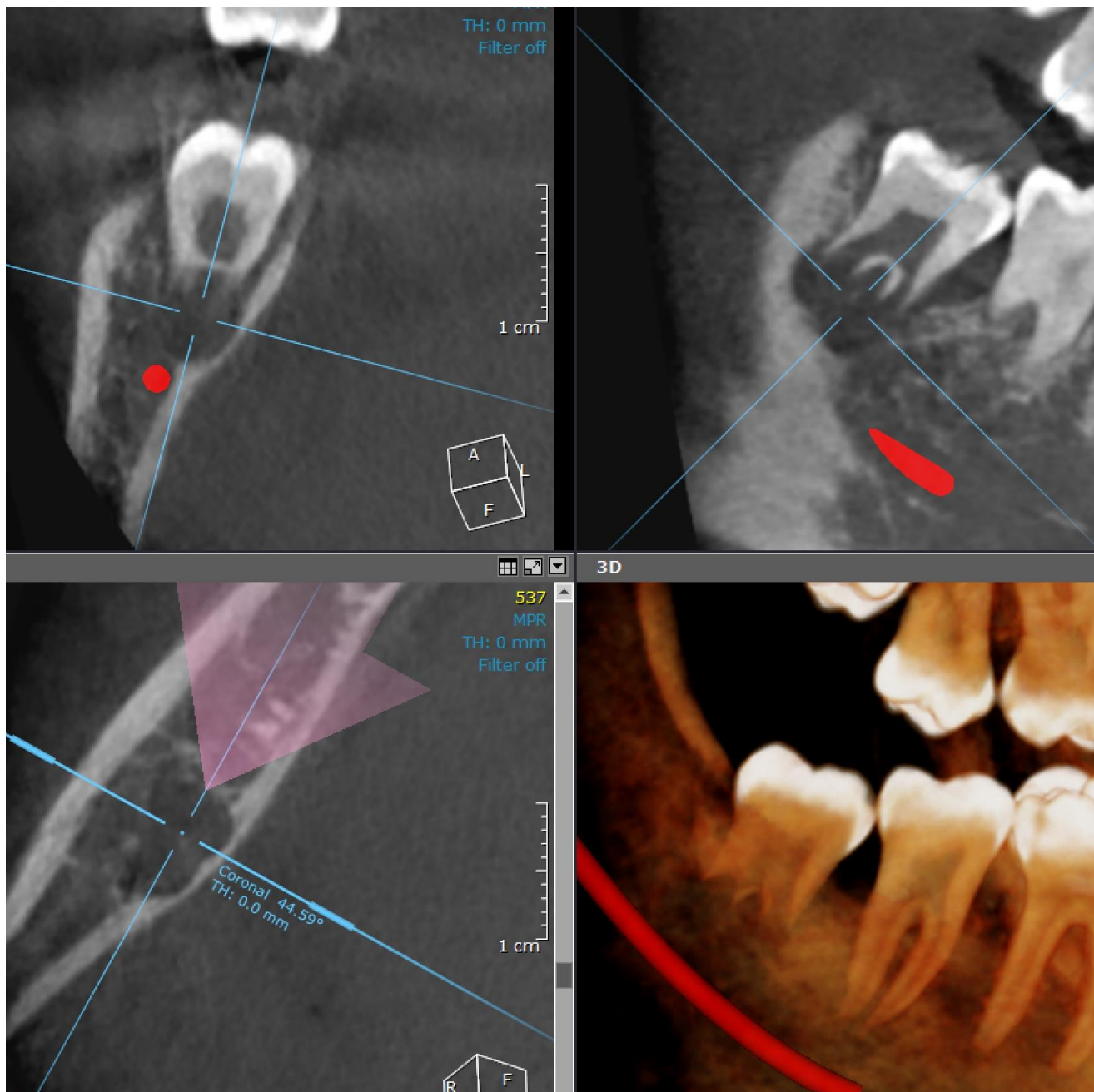


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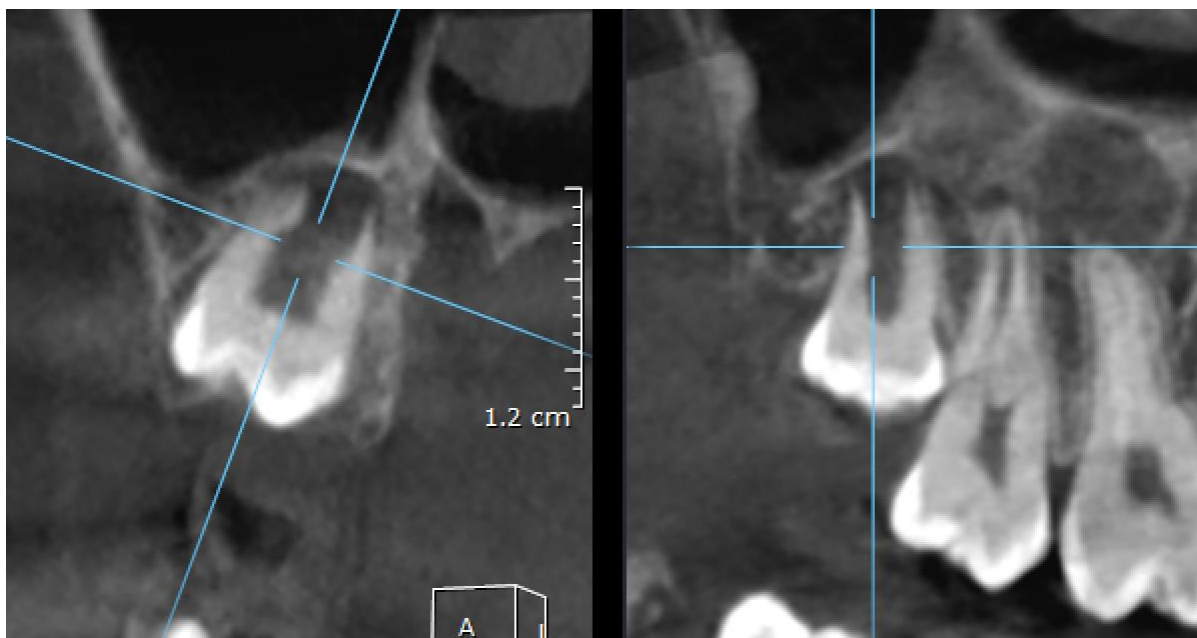
Nayla Baaklini, DDS, MS  
Oral and Maxillofacial Radiologist



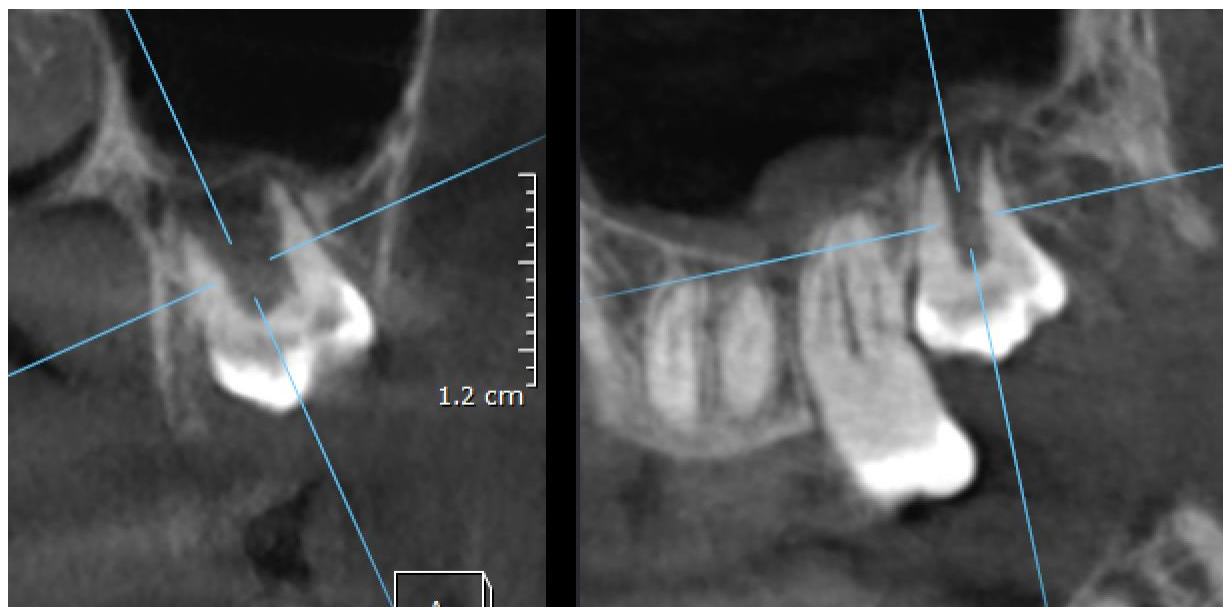
Panoramic reconstruction



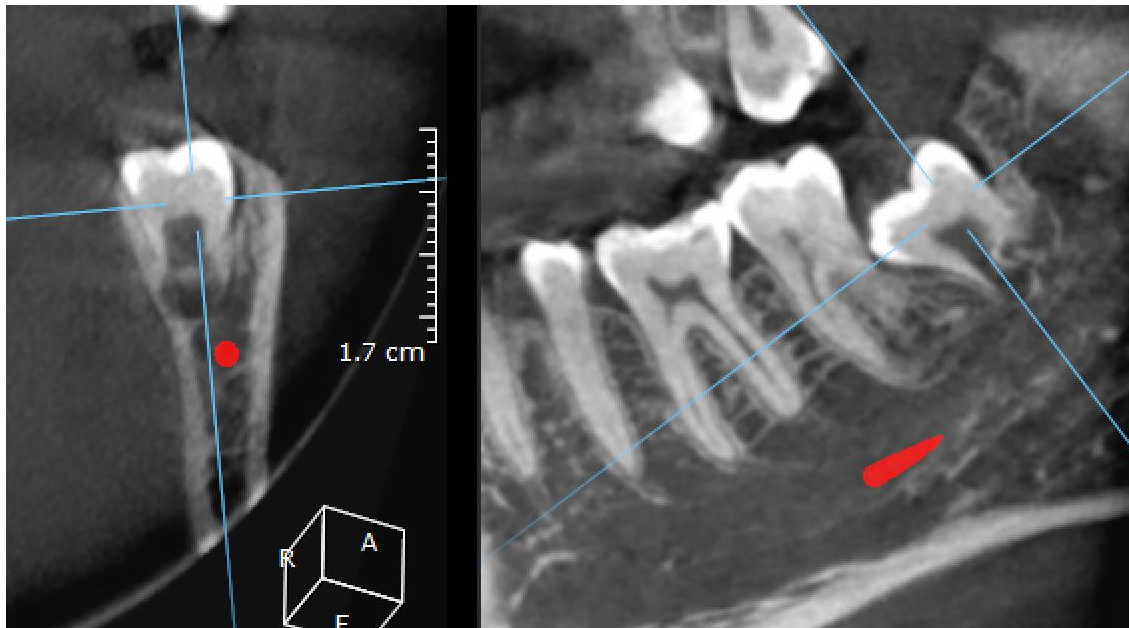
Coronal, sagittal, axial, and 3D rendering views- #32



Coronal and sagittal views- #1



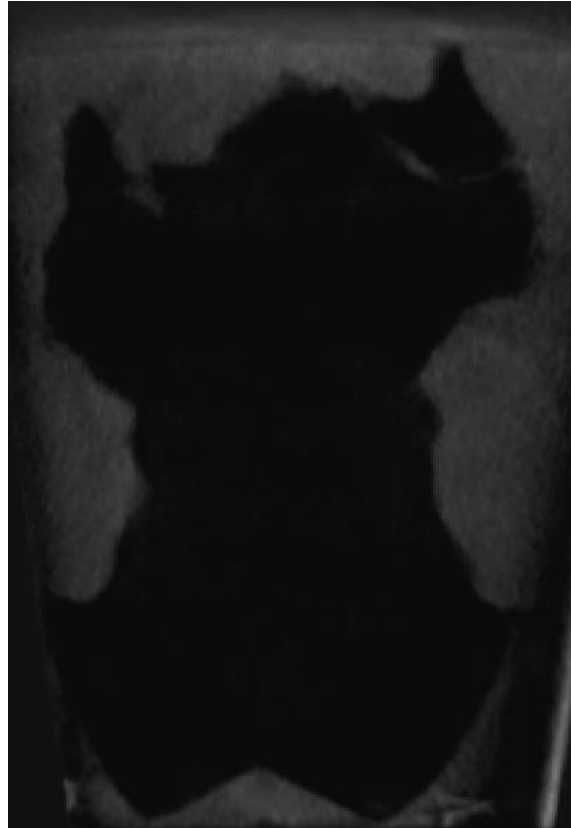
Coronal and sagittal views- #16



Coronal and sagittal views- #17



Axial view- Enamel pearls



Coronal view- palatine tonsils