

male 96\* - attacked and hit in  
the face



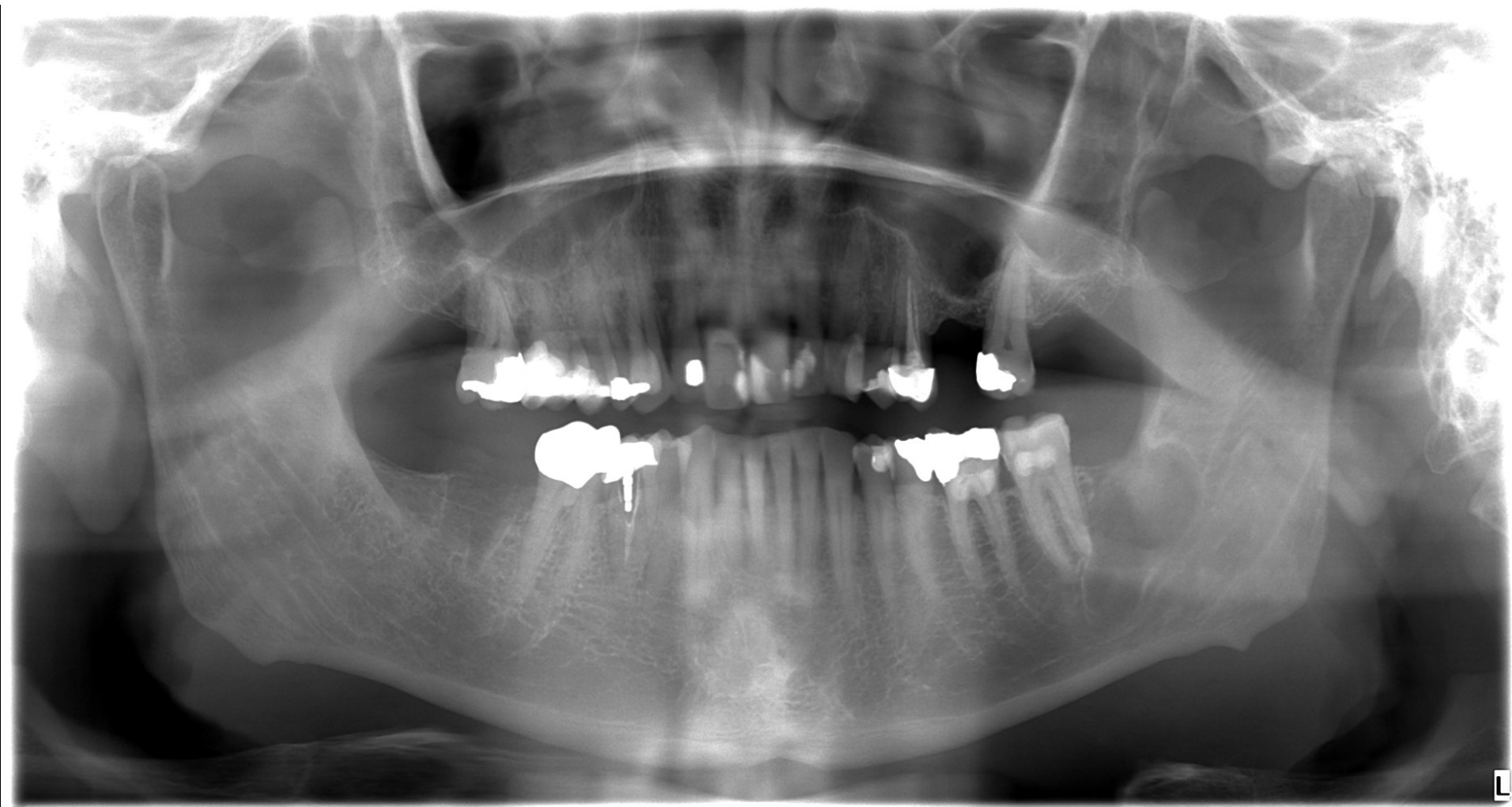
fct. mandibulae duplex - proc. articularis l.dx. et anguli  
mandibulae l.sin., trough -8.

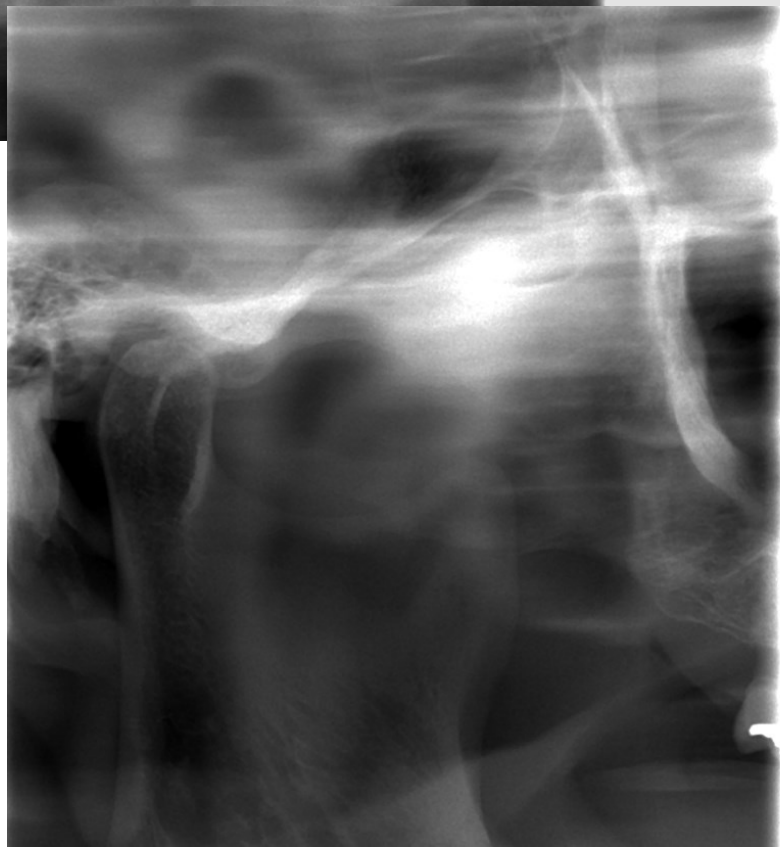
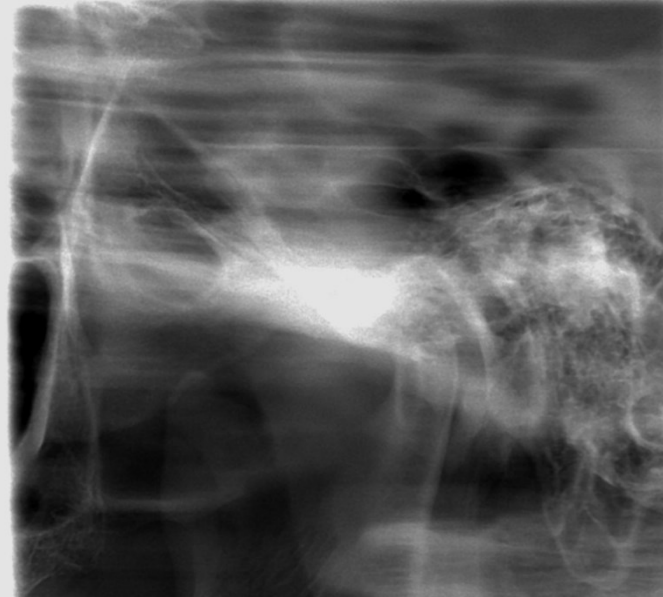
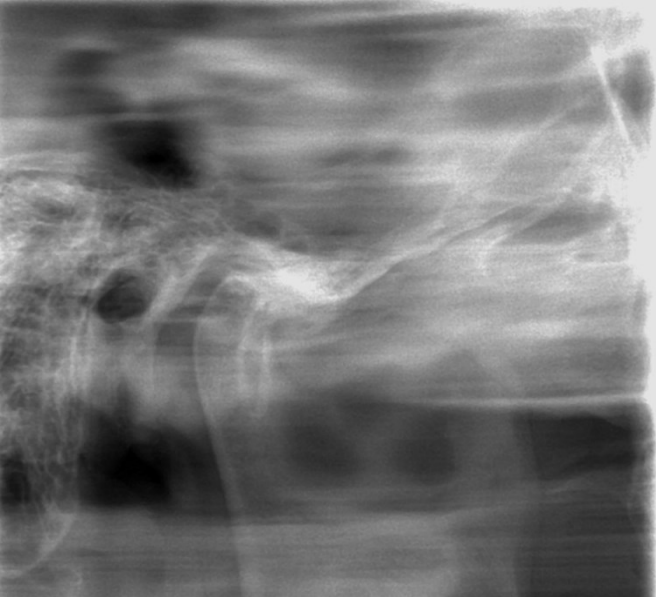
Male 93\*



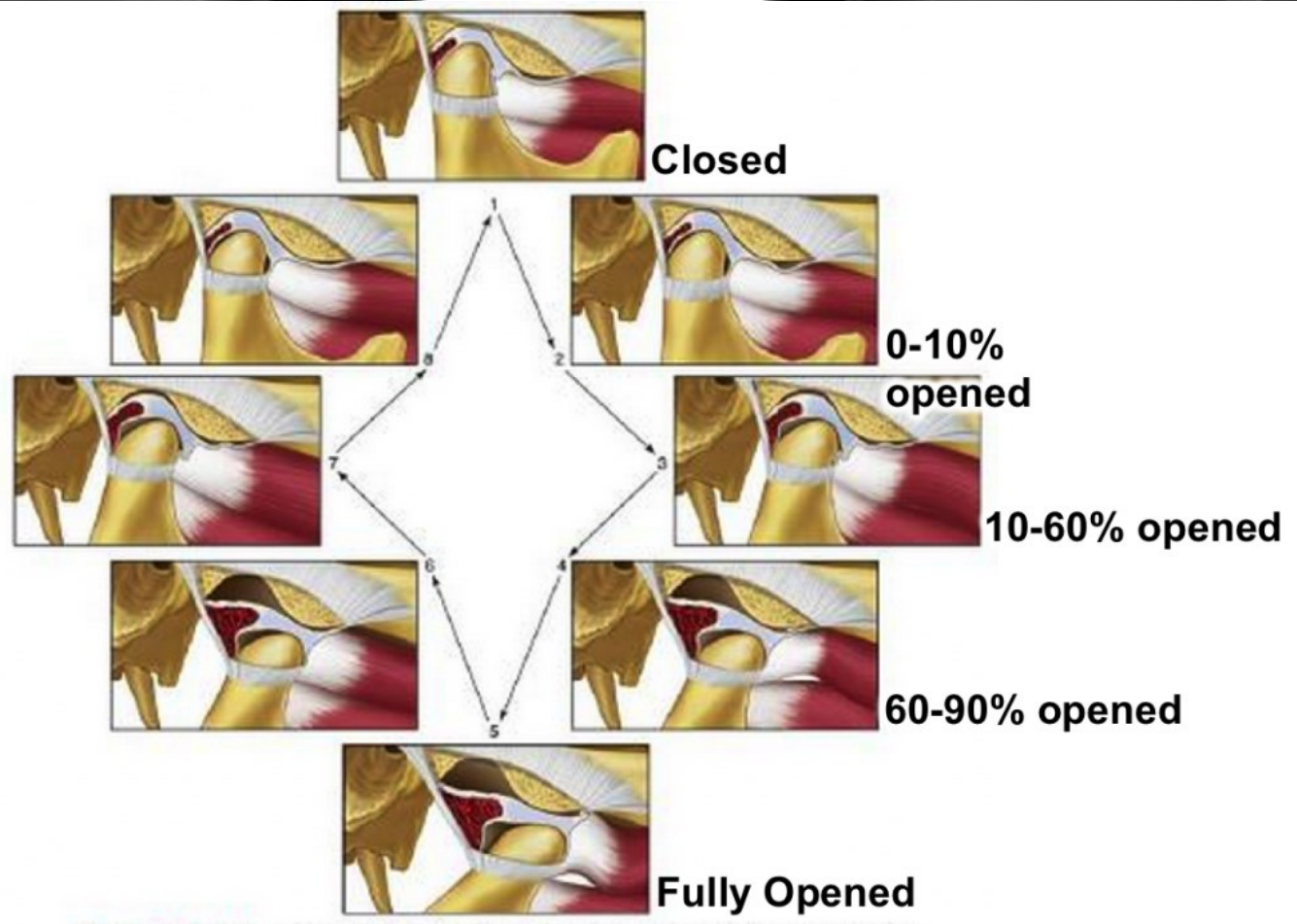
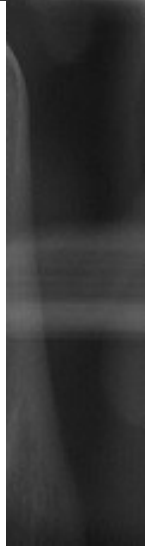
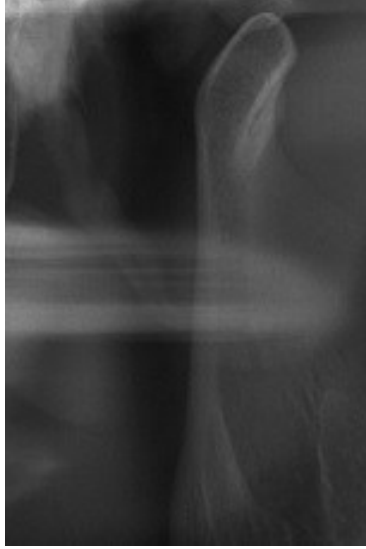
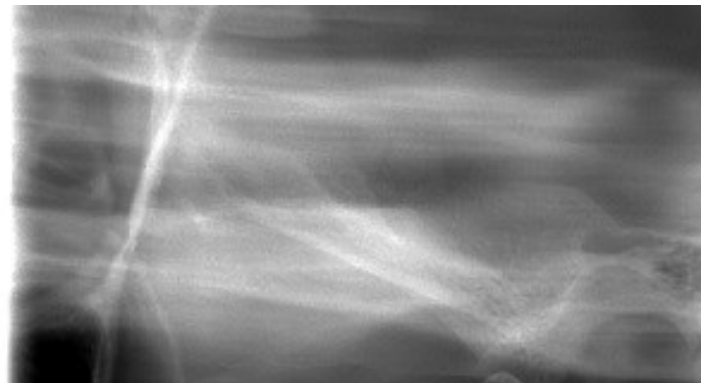
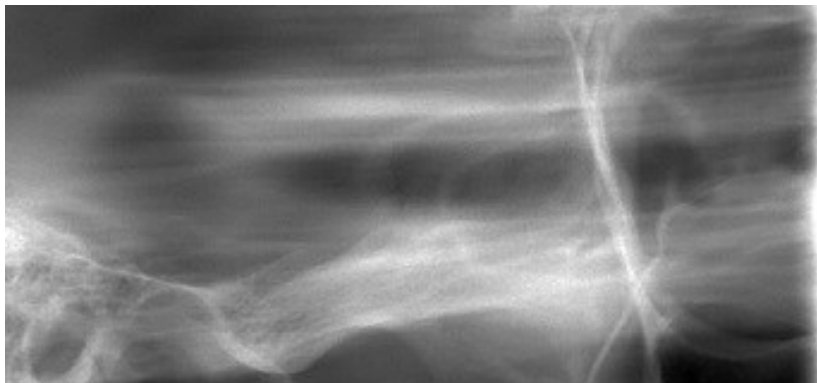
- +6 radix relicta (tooth root that is broken after extraction and left in situ, eventually root of destroyed tooth)
- Partially retinated 8--8

Male 62\* Yesterday in the morning he ate a hotdog, there was a crunch in the left part of lower jaw and pain. Since then he can not freely open his mouth.





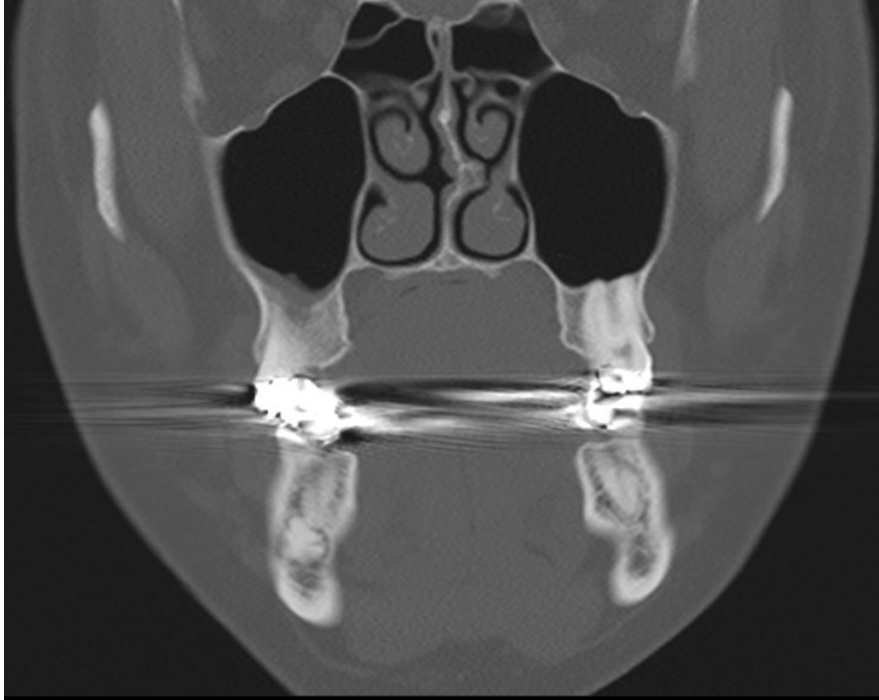




female 71\*







### **Xray/CT characteristics:**

#### **Composite odontom**

we can distinguish the developmental stage of teeth  
developed teeth have an enamel cap

#### **Complex odontom**

irregular shading bounded by brightening

#### **Odontom**

benign tumor containing all tooth components  
we distinguish composite and complex odontom

#### **Composite odontom**

especially the frontal section of both jaws  
consists of several teeth of different sizes  
2. decenium  
manifested by gaps and pruning disorder

#### **Complex odontom**

irregular tangle of dental tissues  
angle of lower jaw, tuber

**Odontoma** is one of the most common lesions of the lower jaw and the most common odontogenic tumor of lower jaw.

# female 91\*

**Clinically:** arching of hard palate, fluctuation, size 2x1cm. No pain



# female 91\*

- **OPG** extensive cystic brightening in area +12345 extending into the maxilla, with compression of the left nasal pass way.
- **Radicular cyst** – inflammatory
- **forms** about 75% of all odontogenic cysts.
- **It is formed** apically or laterally, from granuloma or chronic dentoalveolar abscess. Condition is presence of an avital tooth. The content of the cyst is a clear, serous liquid with small cholesterol masses produced by the epithelium and multiplied by transudation from the surroundings.

91\* male -3 days swelling in oral vestibule at bottom right



- 6- external radix resorption, periapical lucency
- Radix relictata +5
- Small periapical lucency 7- -7

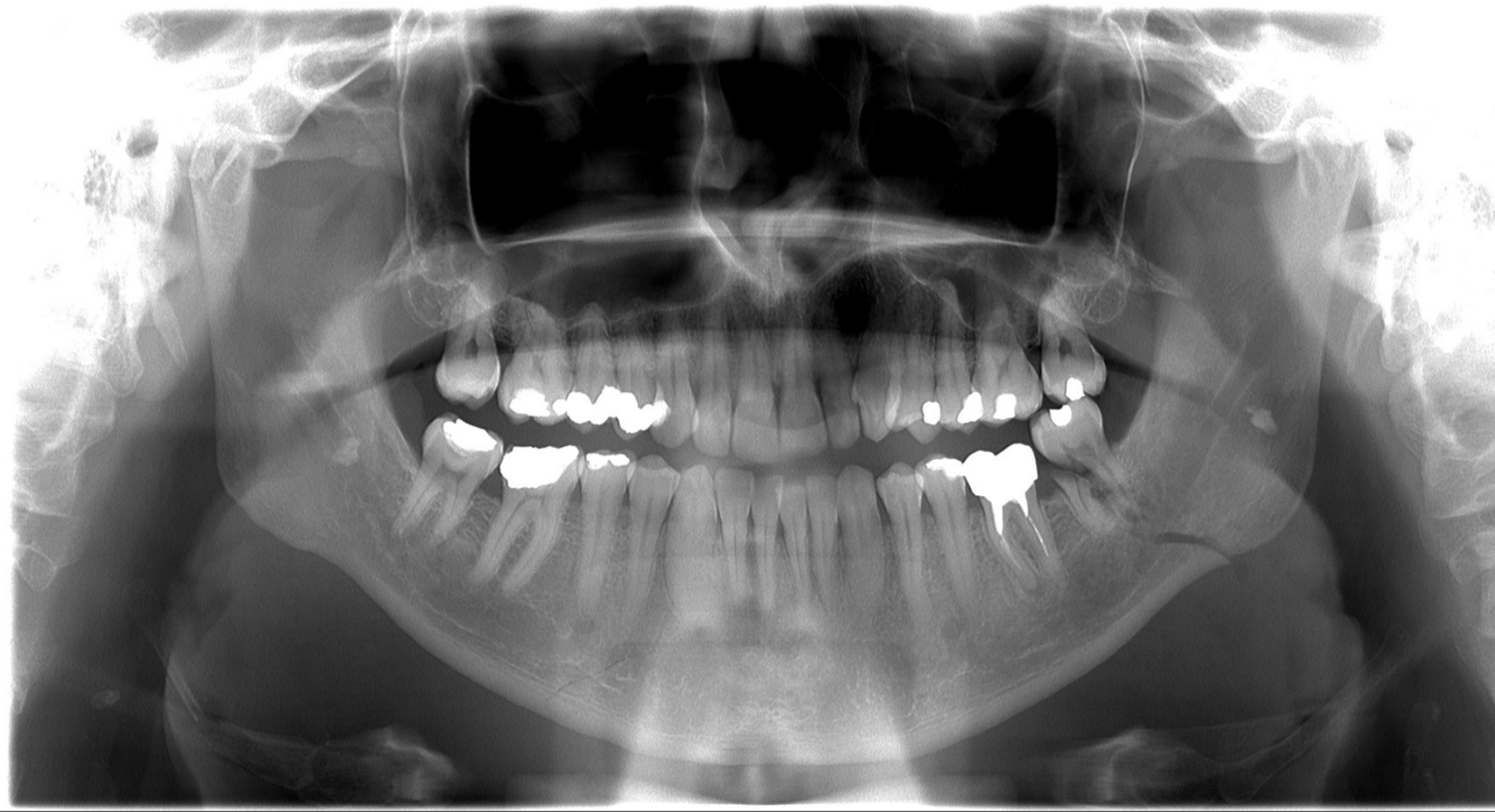
male 76\*

- from Saturday to Sunday attacked in ebrieta by unknown attackers with a kick to the lower jaw area on the left.





1.day ENT specialist- X ray of skull



2.Day OPG in our Hospital on Dental clinic

- Mandibular angle fracture on the left side, fracture line passing through -7
- Oblique fracture of mandibular body on right side region 3-.

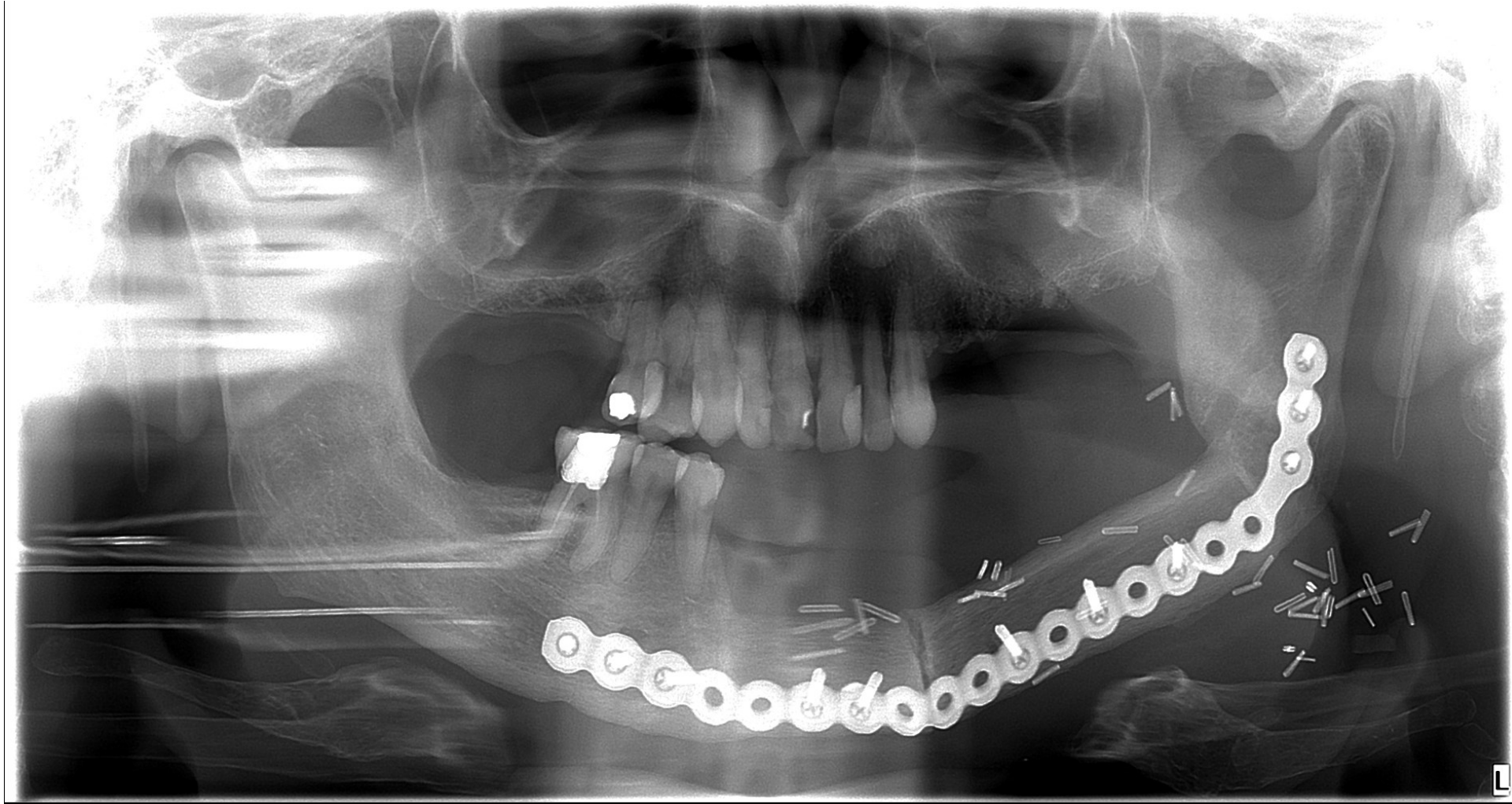
# Male 60\*

- since december the pain of the left half of the mandible
- the teeth in the lower left quadrant were extracted by the dentist
- but the trouble has not gone away

1/2019



- **Histology:** spinocellular carcinoma
- **10/19** was made resection of left part of mandibulla with reconstruction with bone graft.





# female 85\*

- to exclude the focus of the infection before initiating biological therapy for MS



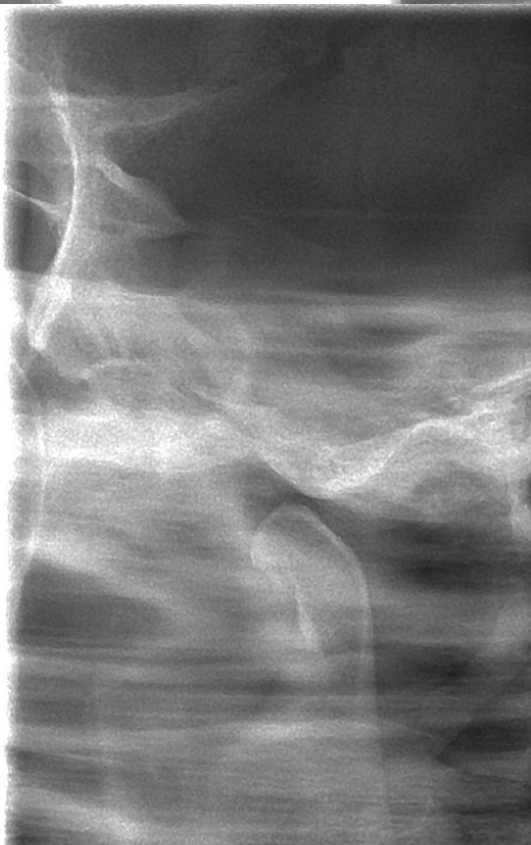
- **-8 caries destruction, 6+ caries**

female 45\* - She complains of pain in the frontal section under total dental replacement.



- **Maxillar cyst regio 1++1** size 15x15mm, according to CBCT arising from canalis nasopalatinus
- **Histology:** Benign cyst, finding admits cyst of nasopalatin duct
- **cyst of nasopalatin duct** is the most common non-ontogenous cyst of the upper jaw. It is based on the epithelial residues of the nasopalatinus duct.

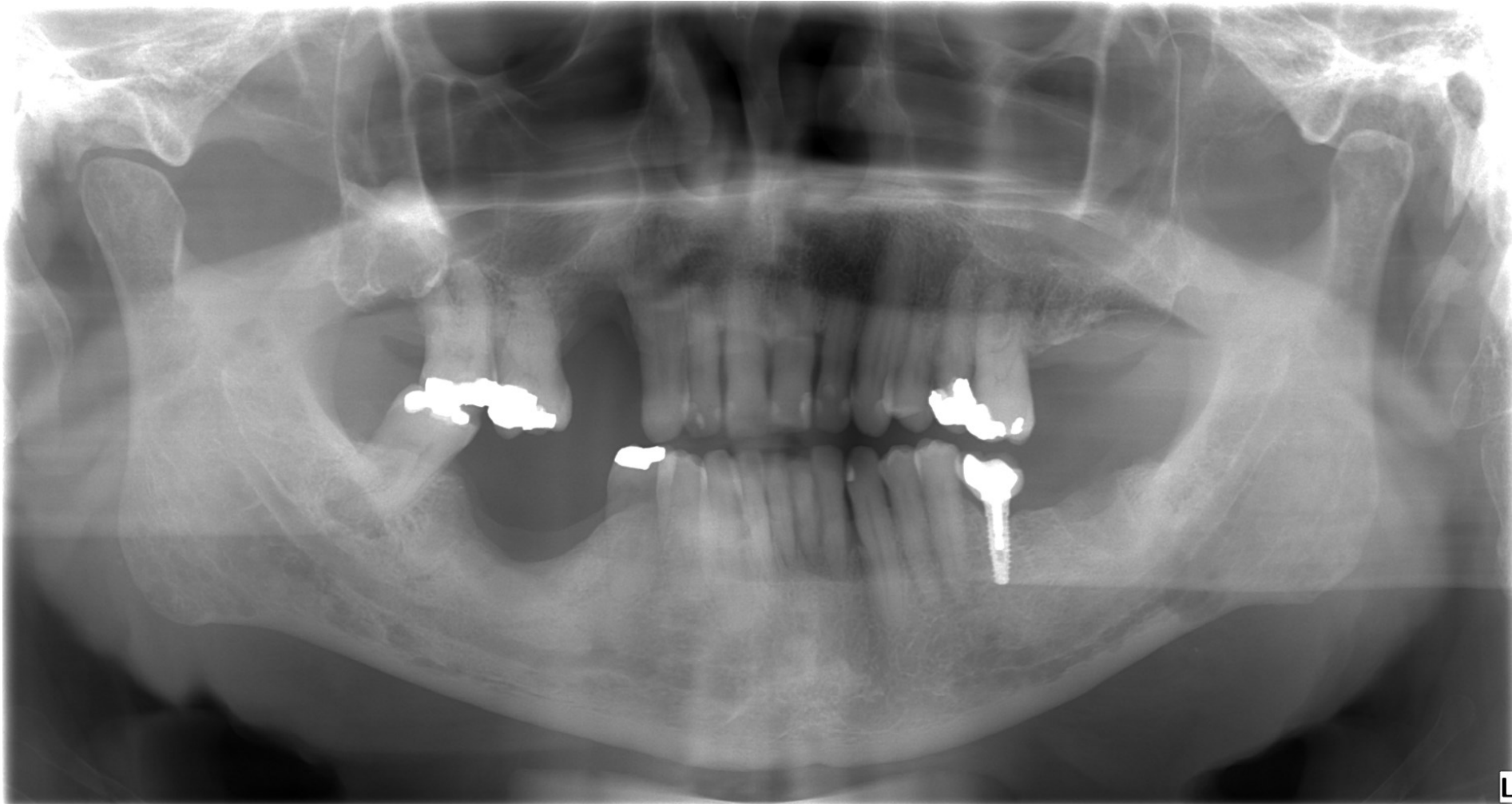
female 82\* - Longer time crunching when opening the mouth on both sides. Last six months more intensively. She has no pain.

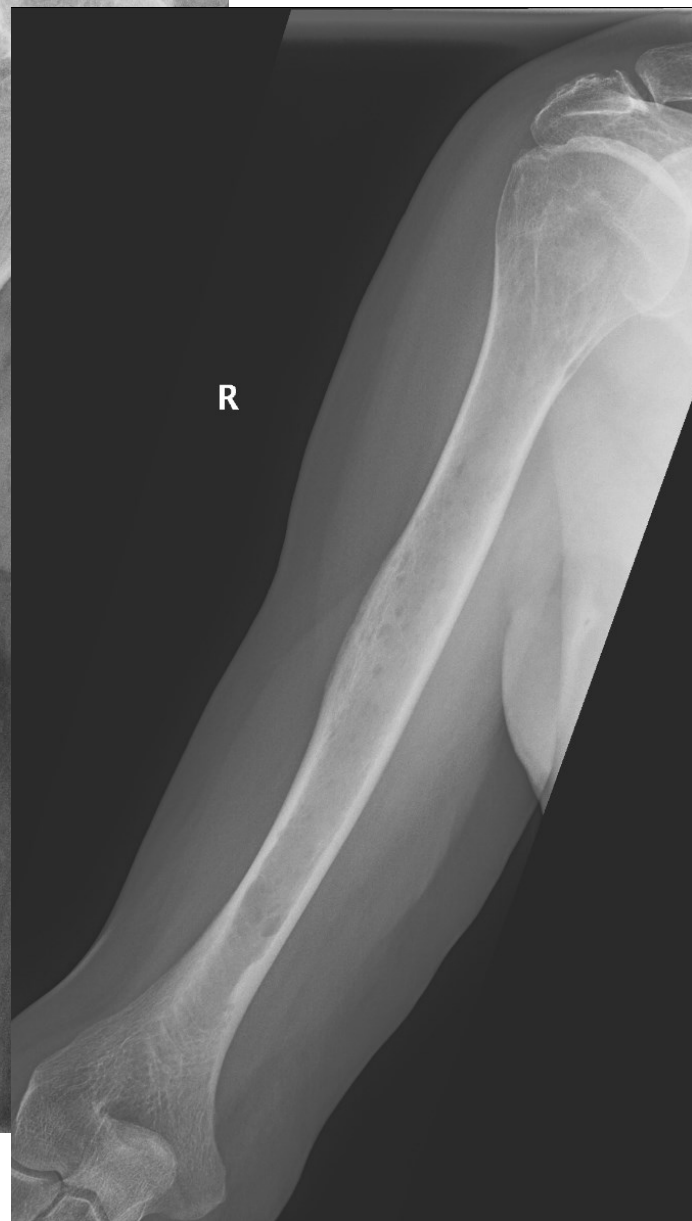
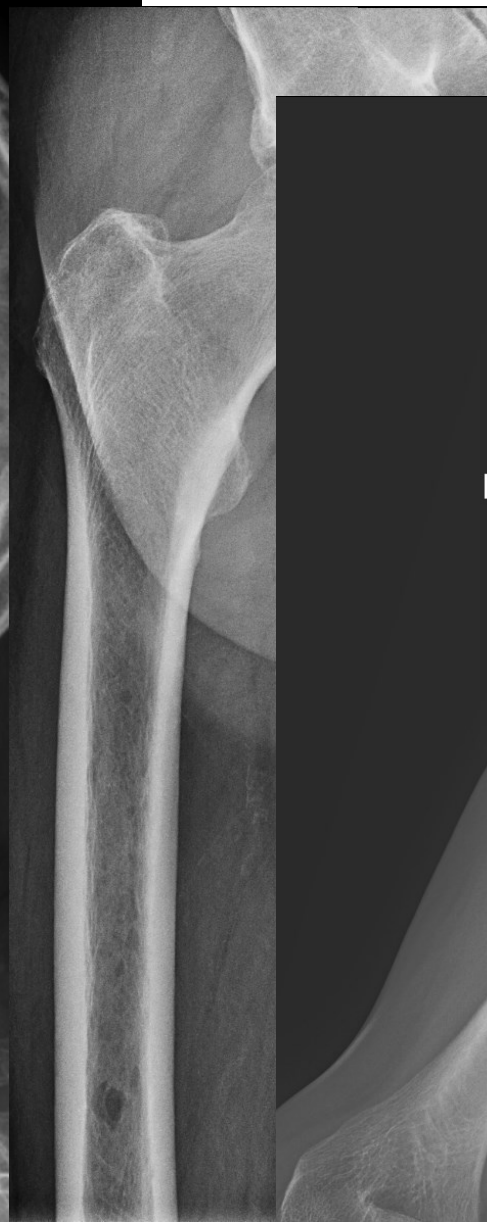
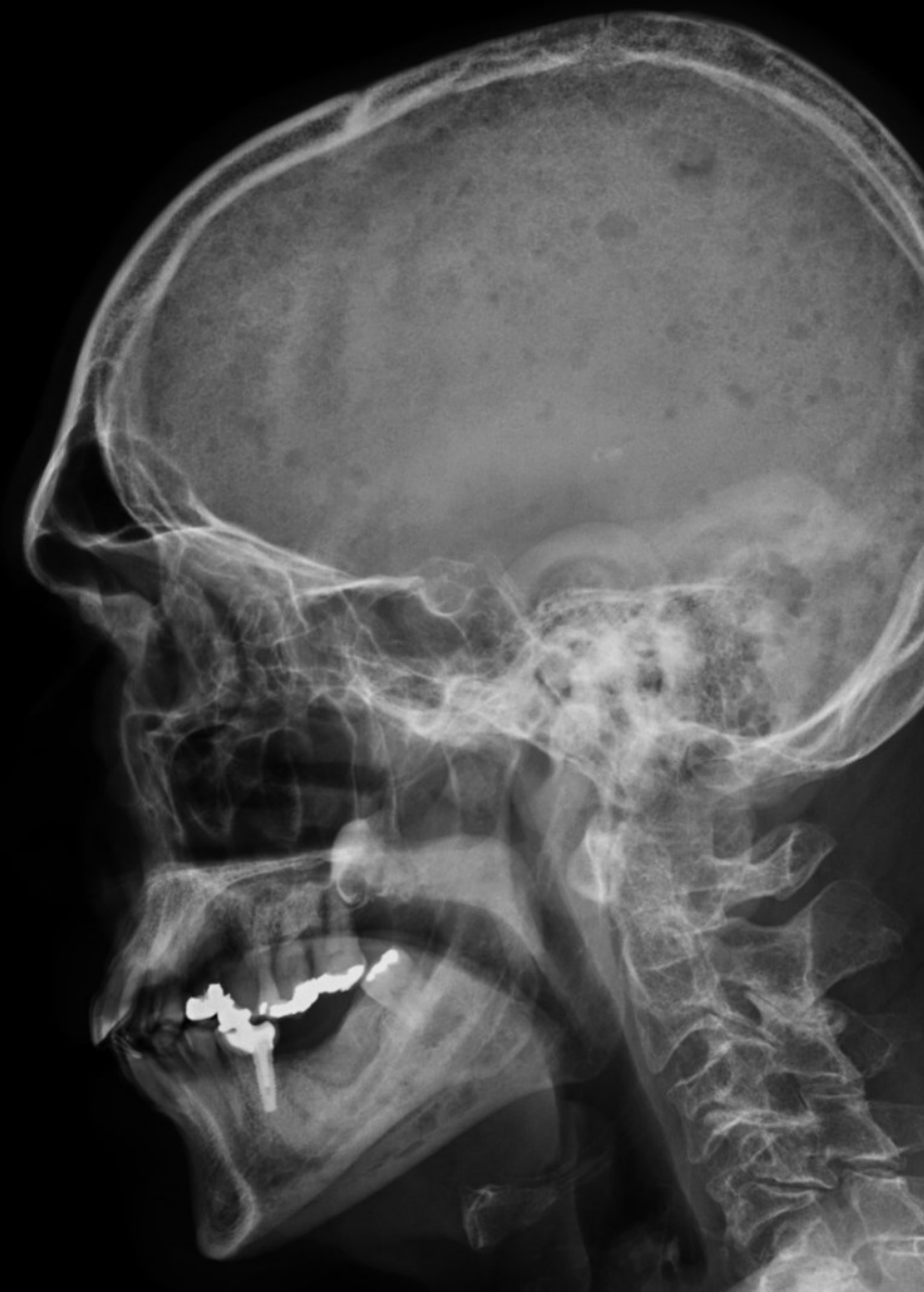


- OPG-ATM: Without degeneration, hypermobility on both sides



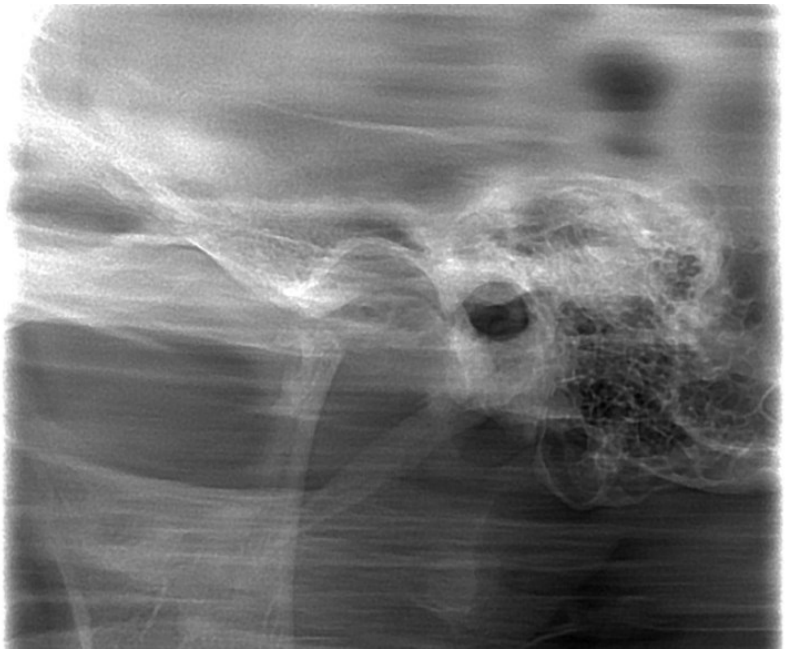
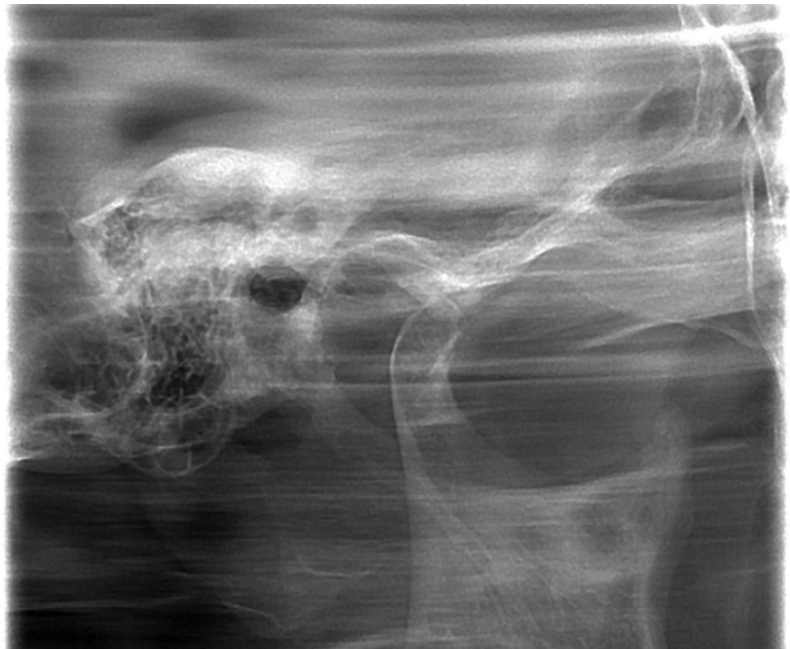
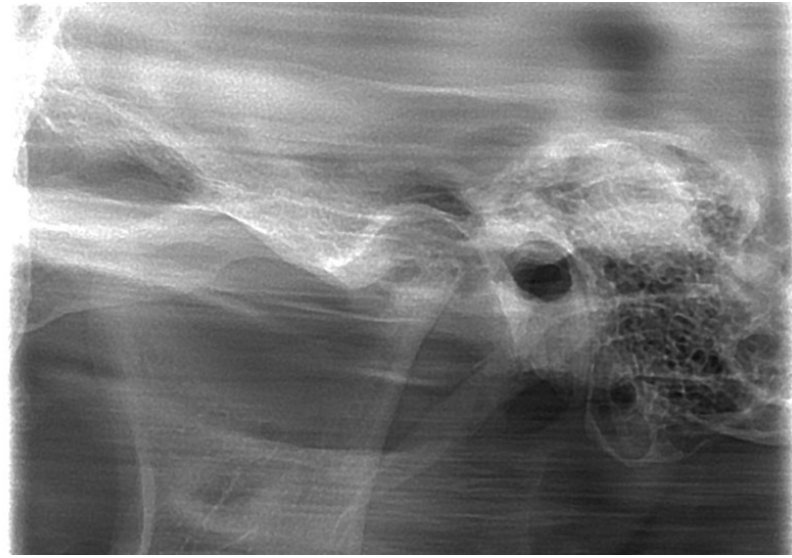
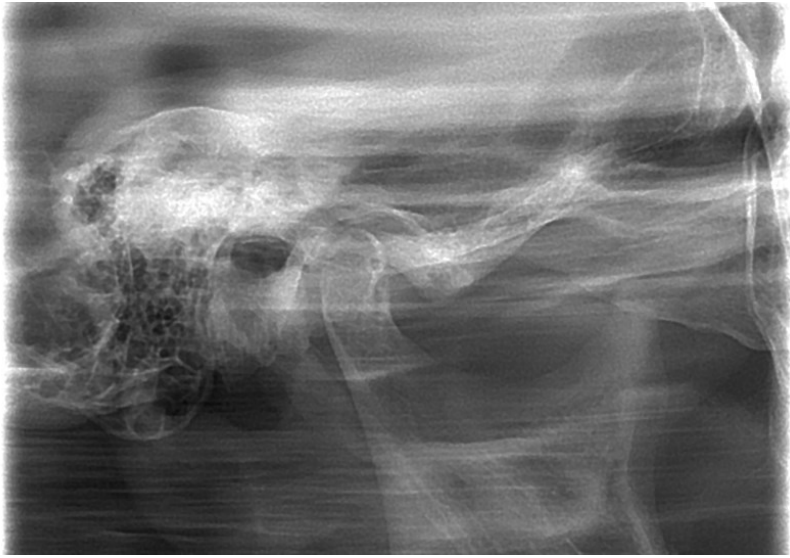
male 43\* - back pain, in the oral cavity  
without pain - check after tooth  
extraction



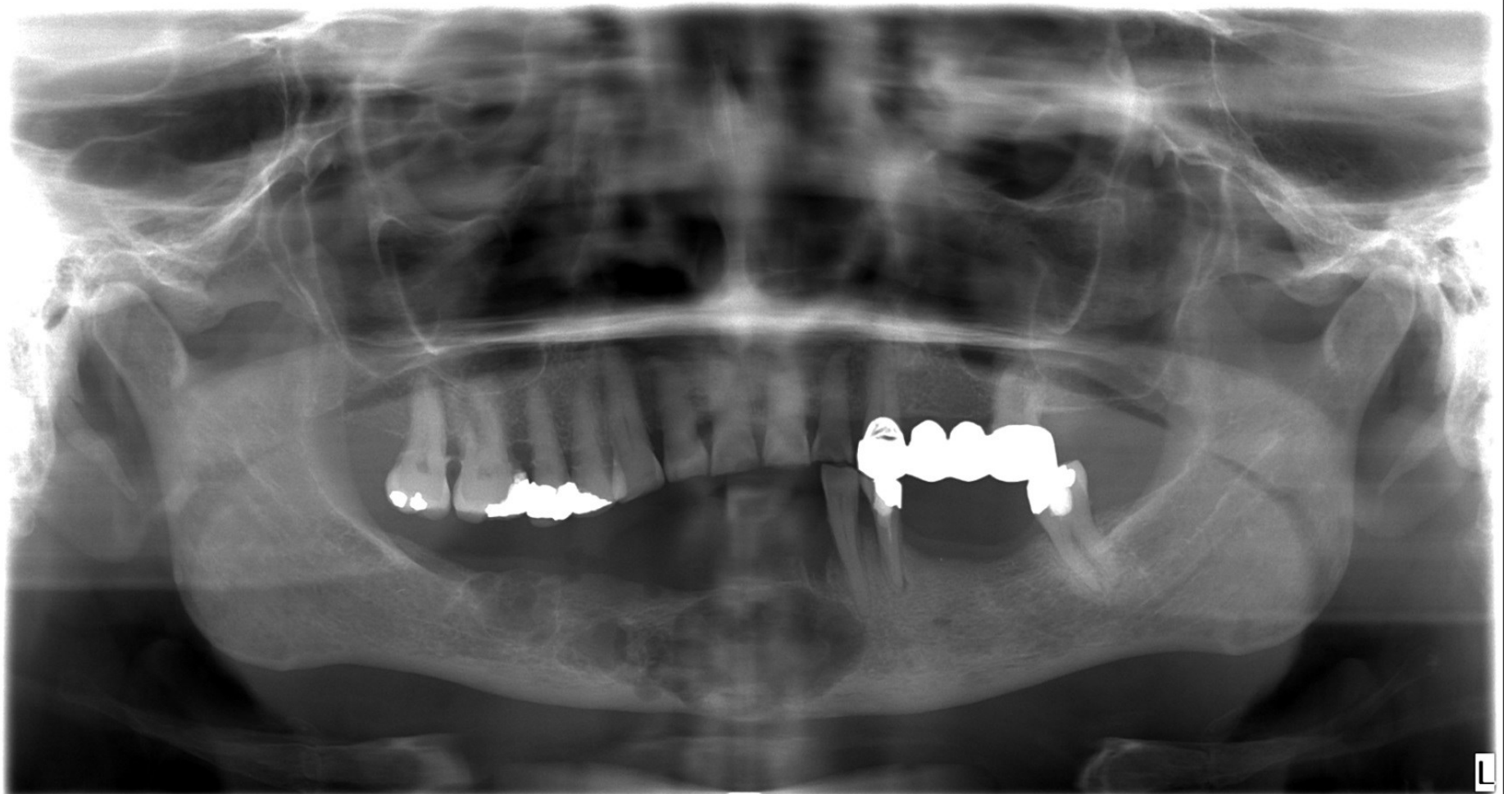


# female 61

- in june this year she woke up with limited mouth opening
- Gradual normalization of the mouth opening condition
- pain persists, at night waking up from sleep



female 40\* - pain of lower jaw



# Histology: Ameloblastoma

- is a rare, benign tumor of odontogenic epithelium
- m/w 1:1
- in a region of caudal molars (80%)
- long-term relaps = radical resection
- variable histological image – many of variants
- RTG
  - multilocular
  - multicystic
  - bubble transparency with septum around
  - compacta thin out
- slow growth, painless
- oedema, facial asymetry



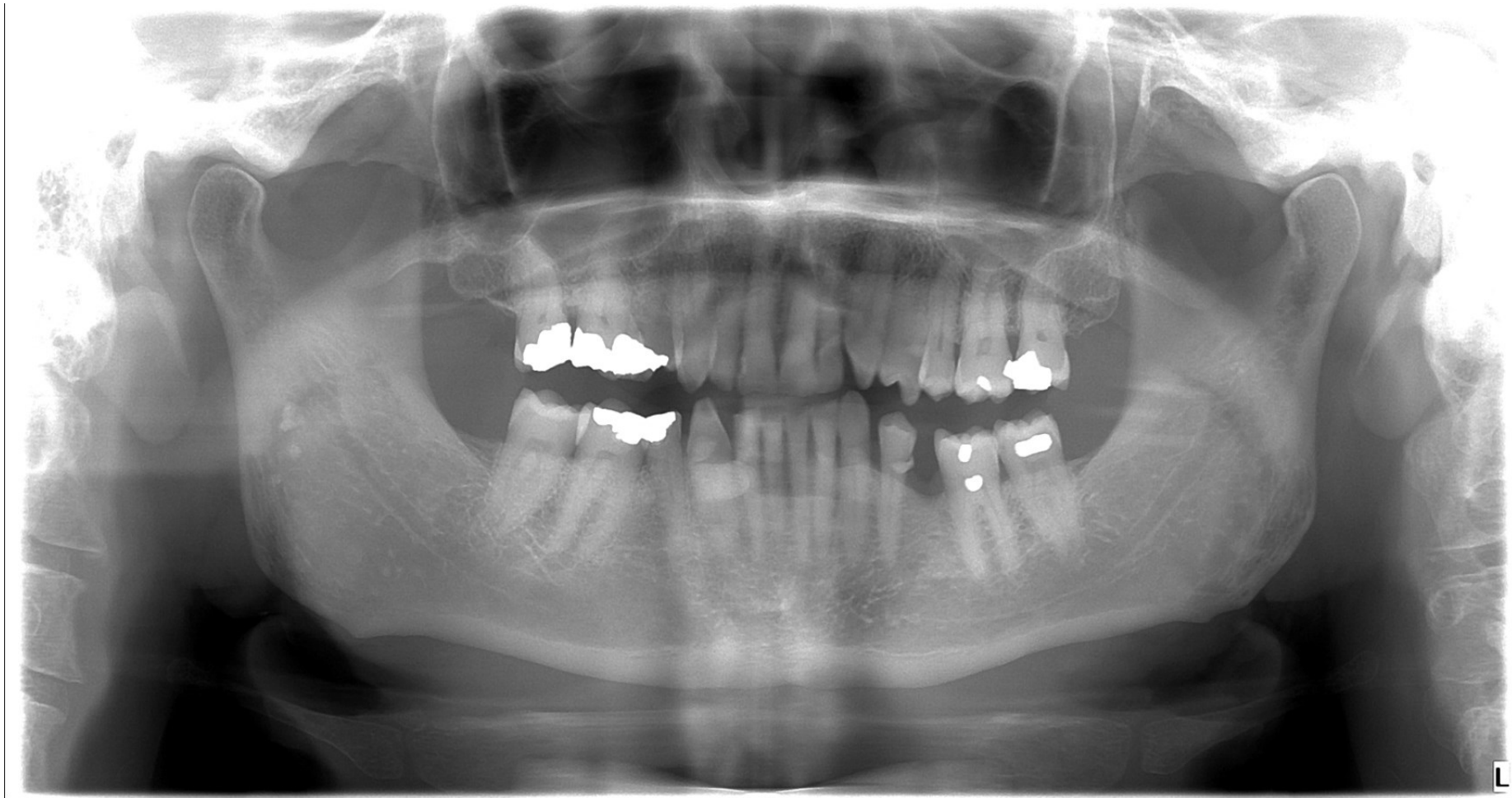
Male 38\* - without problems, OPG in prevention



# Follicular cyst

- They arise spontaneously in the crown area from a supernumerary or regular tooth due to irritation
- They fit on the cemento - enamel border and surround the entire crown

Male 58\* – without problems, OPG  
within prevention



- Flebolits or sialolithiasis behind the lower jaw angle

# male 67\*

Sent to dentist for edema of right side of lower jaw to incision. The swelling lasts about 4 days. About 9 months ago there was tooth extraction. Further treated by a dentist for pain, however, pain did not stop after extraction.



- residual teeth in III. quadrant of lower jaw and in the upper jaw - caries
- Osteolysis and sclerotic changes of lower jaw.
- Osteomyelitis with absces

female 67\* – fall from the bike



No trauma



# Male 89\* – OPG within prevention



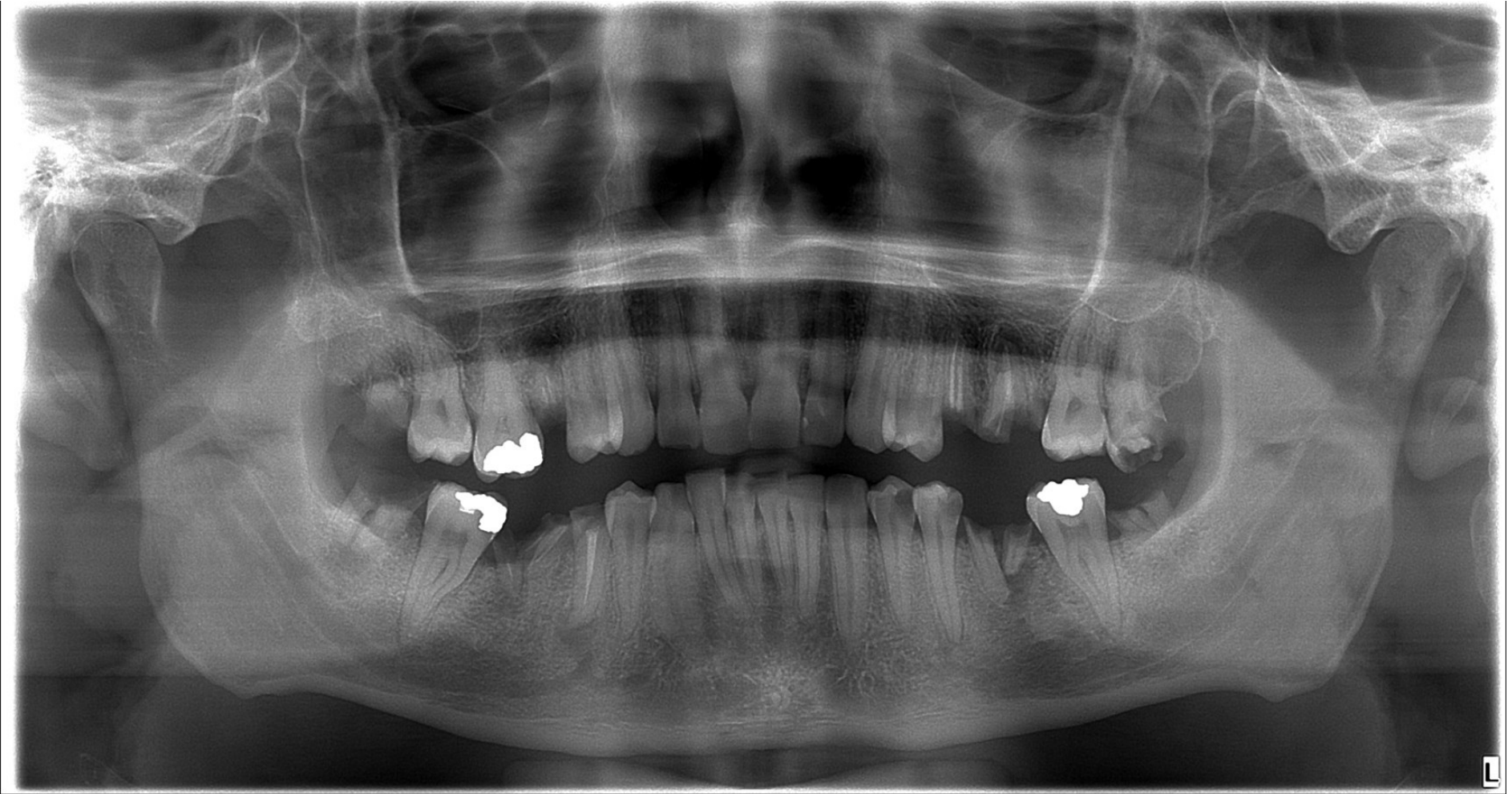
- **Histology:** Keratocyst
- **Keratocyst** is a benign but locally aggressive developmental cystic neoplasm. It most often affects the posterior mandible

Male 90\*



- Sialolithiasis in Wartin duct.
- Sialoadenitis purulenta

Male 87\* – headache



Sinusitis maxillaris, numerous focuses  
in the oral cavity



Female 94\* –  
pain in lower right area



# Pain of ATM - female 70\*

