COLUMBIA UNIVERSITY
MAXILLOFACIAL IMAGING ASSOCIATES

i-dontics™

ORAL & MAXILLOFACIAL RADIOLOGIC CONSULTATION

Patient name:		**Date:**	01/20/2008
Examination:	Cone-beam CT Maxilla/Mandible	**Imaging Center:**	*i-dontics*
Indication:	Dental implants	**Imaging Center contact:**	(212)838-8298
Referred by:	Dr. Glick	**Scanner:**	I-CAT

Reconstructed images included axial, coronal, sagittal, panoramic and multiple (2 mm in slice thickness) cross-sectional images throughout the maxilla and mandible. If the TMJs were included in the scan, sagittal and coronal images of the (R) and (L) TMJs (1 mm in slice thickness) were also reconstructed. I-CAT viewing software was used for image reconstruction and image evaluation.

Findings

Maxilla: Teeth # 1, 15, 16 are missing. Existing maxillary dentition is heavily restored; the restorations included crowns, endodontic treatments etc, mainly in the posterior teeth.
The area of interest may include the left posterior maxilla (#15).
Moderate to severe atrophy the edentulous alveolar bone is noted in the area of interest.
The useful height of the alveolar bone is further compromised due to pneumatization of the left maxillary sinus. Please note that the shape of the crest of the of the alveolar ridge changes dramatically from #tooth 14 to further posterior sites affecting the height of the alveolar bone.

Mandible: Tooth #30 is missing. The existing mandibular dentition is heavily restored especially the posterior teeth; the restorations included crowns, amalgam restorations etc.
A radiolucent template with an opaque marker indicating the area of interest (#30) was present in the patient's mouth during the scan.
A recent post extraction socket is also noted in area of interest.
The edentulous alveolar bone in area of interest demonstrates mild only atrophy. The integrity of the cortical plates is maintained in the region of the post-extraction socket; moreover, adequate bone height and width is noted.
Teeth #17 and 32 are impacted into the bone and both demonstrate a vertical type of axial impaction. The roots of both teeth are in very close proximity with the respective mandibular canals.

PLEASE NOTE: *Complete evaluation of the integrity of restorations and periodontal status may not be possible with cone beam CT technology; more-over, presence of metallic and beam hardening artifacts may further compromise assessment of fine and detailed diagnostic tasks as integrity of restorative works, RC voids, periodontal defects etc.*

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Para-nasal sinuses/Nose: The nasal cavity and the right and left maxillary sinuses are partially only visualized in this scan. Extensive presence of inflammatory tissue is noted in the left maxillary sinus; in fact inflammatory tissue is almost entirely occupying the maxillary sinus and appears that it is blocking the left maxillary sinus ostium (draining site).

Neck/Cervical spine: The patient's neck and cervical spine are partially only visualized in this scan. Bilateral calcifications towards the postero-lateral wall of the airway of the airway are noted, at the level of C-3-C4. Their appearance and location are suggestive of bilateral carotid artery calcifications; however other type of dystrophic calcifications in the patient's neck cannot be ruled out.

Temporo-mandibular joints: Flattening of the mandibular condyle and glenoid fossa and sclerotic changes in the glenoid fossae, presence of osteophyte towards the anterior-superior aspect of both condyles and last, subchondral cysts and erosive lesions are noted in both right and left condylar heads. All these findings are consistent with advanced degenerative changes in the osseous structures of the right and left temporomandibular joints. Loss of joint space is also noted.

Impression

1. Mild only atrophy the edentulous alveolar bone in the area of interest (#30).
2. Left maxillary sinus inflammation locking the draining sinus ostium.
3. Bilateral carotid artery calcifications versus other type of dystrophic calcification.
4. Osseous structures of the right and left TMJ demonstrate advanced degenerative changes

Recommend the patient's physician to be informed regarding the sinus findings and possible carotid artery calcifications for further investigation and treatment.
Recommend a complete TMJ workup if TMJ symptoms are present and regular (6 mo) FU with CBCT scans in order to assess the progression of the degenerative changes.

PLEASE NOTE: *The information contained herein is based upon the provided radiographic images and is for consultation purposes only. As with all imaging, Cone beam CT has diagnostic limitations. Diagnosis, medical advice and treatment, is the sole responsibility of the treating physician or dentist.*

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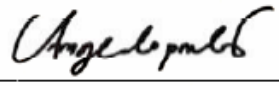

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