ERUPTED COMPLEX ODONTOME WITH AN IMPACTED MAXILLARY SECOND MOLAR: A UNIQUE CASE REPORT

1Dr. Bilahari, N*, 2Dr. Vikas Elias Kuruvilla, 3Dr.Anoop Kumar, 4Dr.Suresh K V

1Department of Oral Medicine and Radiology, St. Gregorios Dental College, Chelad, India.
2Department of Oral and Maxillofacial Surgery, PSM College of Dental Sciences & Research, Akkidavu, Thrishur District, India.
3Department of Oral and Maxillofacial Pathology, PSM College of Dental Sciences & Research, Akkidavu, Thrishur District, India.
4Department of Oral Medicine and Radiology, Segi University.

*Corresponding Author: Dr. Bilahari. N
Department of Oral Medicine and Radiology, St. Gregorios Dental College, Chelad, India.

ABSTRACT
Odontomas are the most common benign, slow-growing and non aggressive odontogenic tumors of the jaws. Basically compound and complex odontomes occurring in anterior maxillary and posterior mandibular region are the common variants. The eruption of an odontoma is uncommon and very few cases are reported in the literature. This paper reports a case of an erupted complex odontoma with an impacted permanent tooth in upper posterior jaw which is an unlikely site for the same.

KEYWORDS: complex/compound odontoma, hamartomas, maxillary posterior.

INTRODUCTION
Based on World Health Organization (WHO) 2005 classification of odontogenic tumors, there are two types of odontoma, compound and complex odontomas[1]. According to the site of occurrence, Odontomas have also been classified as central odontoma, peripheral odontoma and erupted odontoma.[2,3] Here we are reporting an unusual case of an erupted complex odontoma in posterior maxilla.

CASE
A 25-year-old female reported an unusual mass distal to left maxillary first molar. The mass was non-tender and hard in consistency. Second molar was seen missing. Cortical expansion was observed in the region. IOPA and OPG showed presence of a radiopaque area distal to the maxillary left molar above the alveolar bone level measuring 3cm in diameter.

A denser radiopacity was noted beneath the area which resembled tooth and suggested an impacted second molar. Complex Odontoma with impacted second molar was given as diagnosis. Surgical removal of the mass along with the impacted tooth was done. Healing was satisfactory.(figure 1)

DISCUSSION
Rarely an odontoma erupt into the oral cavity. According to the review done in 2009, only 20 cases of erupted odontomas have been reported.[1] Hence to our knowledge only less than 25 cases of erupted odontomas have been reported so far. Our case was an erupted intraosseous odontoma in place of a missing upper second molar which is unlikely site for a complex odontoma.

Radiographically three different developmental stages can be identified depending on the degree of odontoma calcification. In the first stage the lesion appears radiolucent due to the lack of calcification, intermediate stage is characterized by partial calcification; and in the final stage the odontoma appears radio-opaque which is surrounded by a radiolucent halo.[4] Our case was consistent with the third stage.

Treatment of Odontomas involve surgical excision. However the management approach for impacted teeth associated to odontomes varies. The treatment options comprise surgical extraction, fenestration and posterior orthodontic traction, or simple observation with periodic clinical and radiological controls, to evaluate the course of these teeth.[1]
Figure legend

Figure 1: Clinical, radiographic and surgically excised erupted odontome in 27 region

REFERENCES