ERUPTED ODONTOMA. A CASE REPORT
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ABSTRACT: Odontomas are benign tumors of odontogenic origin. They are considered to be hamartomas rather than true neoplasms. Odontomas, though not uncommon, rarely erupt into the oral cavity. A case of compound composite odontoma erupting into oral cavity is presented.

INTRODUCTION
Odontomas are mixed tumors of odontogenic origin, made up of epithelial and mesenchymal tissues. Even though the tissues involved in an odontoma seem to be normal, there is a lack of structural organization which has led to the inclusion of this dental anomaly under hamartomas. The incidence of odontomas vary according to race and is found to be very low in Asians as compared to Caucasians and Blacks. No sex predilection was found in many of the studies; however, most of the cases occurred in the age group of 11-20 years. Majority of the reported cases of compound and complex odontomas were associated with unerupted teeth, this being more common with complex odontomas.

Odontomas are often asymptomatic and are revealed on routine radiographic examination or during the search for a missing permanent tooth. This case features an erupted compound composite odontoma, a rarely reported condition.

CASE REPORT

A thirty year old female patient reported to the Department of Oral Diagnosis College of Dental Surgery Manipal with a complaint of buccally erupted tooth in the right maxillary premolar region causing mild pain. She was referring to an abnormally large sized tooth which was mobile. On further enquiry, it was divulged that the tooth she was pointing to erupted about ten years back and was asymptomatic ever since except for occasional trauma to the cheek.

On examination, patient had good oral hygiene and all the teeth were intact. In the maxillary arch, labial to the right first premolar, a large calcified mass of about 1 cm x 1.5 cm was evident. It showed multiple small tooth-like structures on its surface (fig 1). On palpation it turned to be slightly mobile. The gingiva around it was mildly inflamed. The first premolar was distally rotated. From the clinical appearance a provisional diagnosis of compound composite odontoma was made.

Intraoral periapical radiograph of premolar region (fig. 2) disclosed an irregular mass with varying degree of radiopacity with a thin radiolucent area surrounding it. Root-like structures were also evident in the radiograph. The lesion was extirpated surgically (fig. 3 a & b) and sent for histopathological examination. Microscopic examination (fig. 4) revealed various hard
Fig. 1: Compound odontoma seen in relation to the maxillary first premolar region.

Fig. 2 - Intraoral periapical view showing the odontoma.

Fig. 3a - Surgical specimen consisting of malformed tooth-like structures.

Fig. 3b - Separated denticles of varying size.
and soft tissues of tooth in normal relation to each other. Histopathological picture confirmed the clinical diagnosis.

**DISCUSSION**

Odontomas refer to the tumor of odontogenic origin, although many authorities consider it as a hamartomatous malformation rather than a neoplasm. In an odontoma the cells exhibit complete morphodifferentiation and form composites of dental apparatus.

According to Pindborg & Kramer's classification (WHO), two types of odontomas have been described, the compound composite odontomas and complex composite odontomas. Compound odontoma arises from different tissues to resemble small misshapen tooth-like configuration in their proper spatial relationship. Whereas Complex Composite Odontoma does not have any resemblance to normal tooth and appearing as irregular masses of hard tissue composed of disorganized combination of various tooth structures. Later one more category is added, the mixed odontomas, which is a combination of the above two types.

Though the etiology of odontomas are not well known, many factors are implicated such as infections, local trauma, systemic diseases and genetic mutations. In this case, since the normal set of teeth were present, the lesion might have developed from a supernumerary tooth germ. The etiological factor in the development is thought to be either trauma or genetic mutation. The most frequent location for compound odontoma is maxillary anterior region while that for complex odontoma is the mandibular posterior region. The present case is in accord with the findings of many authors as to the site and appearance of the lesion, however, unlike others, this odontoma erupted into the oral cavity causing minimal malocclusion.

Only very few cases of odontomas erupting into the oral cavity have been reported. Early detection and removal of odontomas avoids the possibility of malocclusion in the permanent dentition. The low recurrence rate warrants only simple surgical removal in toto.

**REFERENCES**

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Photo: Inauguration of the conference by Dr. Mrs. Shivaratana Savadi