

Odontogenous Tumors

Ameloblastoma

Benign odontogenic epithelial neoplasm, it behaves as slowly growing expansion radiolucent tumor, occurs commonly in posterior regions of mandible has tendency of reoccur if not removed all. 80% in mandible at angle, adults mostly, unicystic or multilocular soap bubbles. Corticated margin homogenous radiolucency. Cortical expansion common, displace tooth crown and resorb adjacent tooth roots, polycystic and peripheral invade surrounding structures Treatment: excision with margin

Adenomatoid Odontogenic Tumor

Benign epithelial odontogenic tumor appearing radiologically as well-circumscribed radiolucent/opaque lesion usually surrounding the crown of an impacted tooth in young adult/adolescent, characterised histology by columnar cell organised in a duct like configuration interspersed with spindle-shaped cells and amyloid like deposition that gradually undergoes dystrophic calcification, also called Ameloblastic adenomatoid tumor Unilocular well delineated margin, homogenous radiolucency but later calcified floccules. Cortical expansion may displace rather than resorb adjacent teeth

Ameloblastic Fibroma

Benign mixed odontogenic tumor characterised by neoplastic proliferation of both epithelial and mesenchymal components of tooth bud without the production of dental hard tissues, presents clinically as slow growing painless radiolucency, occurs most commonly in mandible of children and adolescent Unilocular/ crenulated/ multilocular, well-delineated and corticated homogenous radiolucency cortical expansion, displacement of tooth

Odontoma

tumor of odontogenic origin, hamartoma composed of enamel, dentine and cementum and pulp tissue that may not be arranged in tooth form Compound- multiple small teeth denticle in a fibrous sac multiple small denticle on radiograph Complex- congeal irregular mass of dental hard tissue, intense capacity with radiolucent encapsulated

Calcifying Epithelial Odontogenic Tumor

Seen in adults and very rare, unilocular/crenulated/multilocular, well/poorly delineated margin, homogenous radiolucency initially, later calcified floccules may cortical expansion may cause displacement/eruption

Ameloblastic Fibroma

Benign mixed odontogenic tumor characterised by neoplastic proliferation of both epithelial and mesenchymal components of the bud without the production of dental hard tissues, presents clinically as slow growing painless radiolucency, occurs most commonly in mandible of children or adolescent Unilocular/crenulated/multilocular well delineated and corticated, homogenous radiolucency, cortical expansion (late) displacement of tooth

Ameloblastic Odontoma

Seen in midline of mandible multiloculated of mixed radioopaque/radiolucent content, demarcated calcified

Cementoblastoma

Benign odontogenic tumor of functional cementoblasts appears a mixed radiolucent/radioopaque lesion attached to a tooth root, well demarcated

Ossifying Fibroma

Cementoossifying Fibroma

Odontogenic Myxoma

Osteoblastoma

