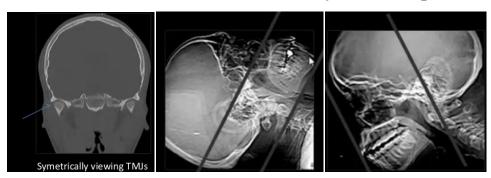
JAW IMAGING

IMAGING MODALITY	VALUE
X – Ray	Basal
Panorama	Better evaluation of Bone & Tooth
CT	Coronal & Axial scan + CT panorama & 3D
	3D only important in Trauma
MRI	Beast soft tissue differentiation
	Not commonly Needs in JAW



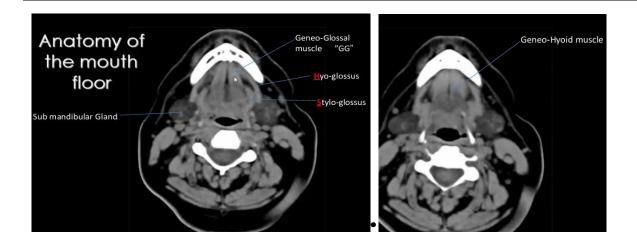
• CT PROTOCOL:

- Axial & Coronal – 3 mm slice - soft & bone - Symmetrical position





• ANATOMY

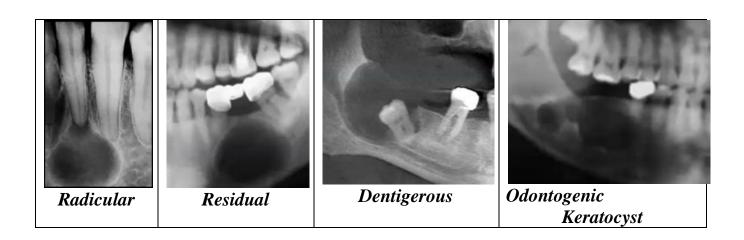


• MANDIBULAR LESIONS

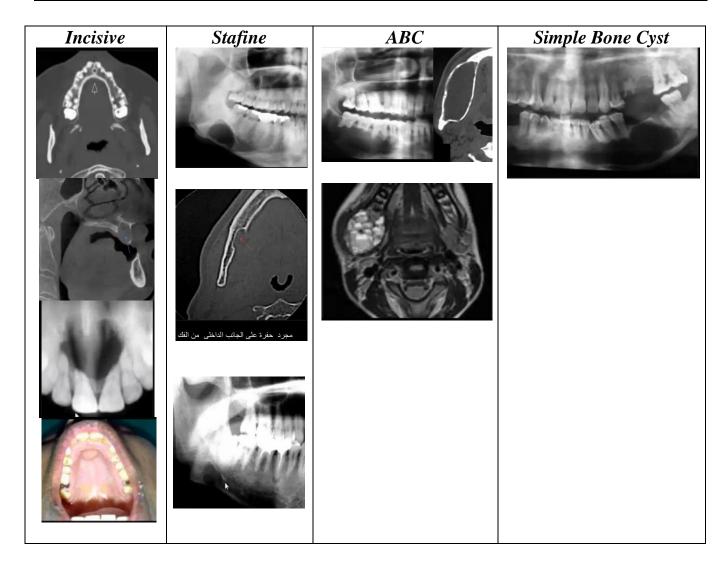
- CYSTS
- TUMORS
- Others

MANDIBULAR LESIONS					
CYSTS		TUMORS			OTHERS
ODONTOGENIC Related to a tooth	NON - ODONTOGENIC	Benign		Malignant	
mostly Diseased	Not related to tooth	Odont.	Non		
Radicular	Simple	= Lytic Ameloblastoma Myxoma	Osteoma		
Residual	ABC		Chondromas		
Dentigerous	Stafine	= Sclerotic Cementoma odontoma	Giant Cell		
Odontogenic Keratocyst	Incisive	Mixed			

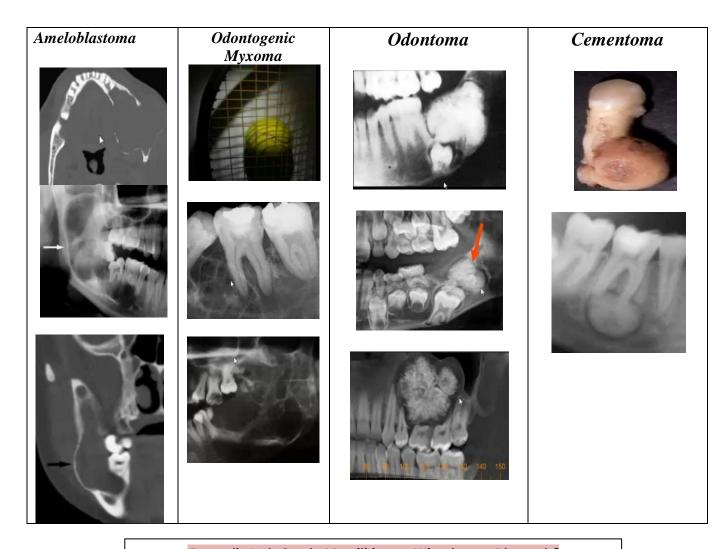
ODONTOGENIC CYSTS Related to a tooth - mostly Diseased				
	Incidence	Age	Site	Discretion
Radicular	Commonest 65%	30:50y	Cyst at root of caries tooth	Rounded – unilocular - <10mm
Residual			Cyst related to <u>removed tooth</u>	
Dentigerous	Common	Young adult	Around crown of un-erupted tooth	Painless – usually 3 rd molar Root mostly outside cyst
Odontogenic Keratocyst	11%	20 :40 th	Mostly to impacted tooth	Multilocular ,Cheesy Material - @ ramus & angle
Calcifying Odontogenic				



Non ODONTOGENIC CYSTS Not Related to a tooth				
Incisive	Commonest	M>F	At Incisive canal	
	Non odont.		Lucent cyst between incisors	
Stafine			Not True Cyst	
y			Just Medial Bone defect	
Simple	Rare		Lucent Lobulated Cyst	
~ <i>F</i> · ·			D.D.Odontogen.Keratocyst	
ABC			Lytic - Expansile	
			MRI fluid-fluid levels	



ODONTOGENIC BENIGN TUMORS Lytic – Sclerotic - MIXED				
	Incidence	Age		Discretion
Ameloblastoma	Commonest	30:50y	80 % Ramus	Hard-painless-loss teeth
''Adamantinoma"	Bening tumor		Mandible 5 : 1 Maxilla	Unilocular-Expansile-lytic
Odontogenic			Tenis Racket Apperance	Slow – Expansile – Lytic
Myxoma				Multi locular septated
Odontoma		2nd	50% with impacted tooth	1:3cm - Painless
		Decade		Benign, may local aggressive
				Lucent with central calcification
Cementoma	Rare		Mostly 1 st molar	Well defined
			Attached to root	Opaque mass – surrounded hallow



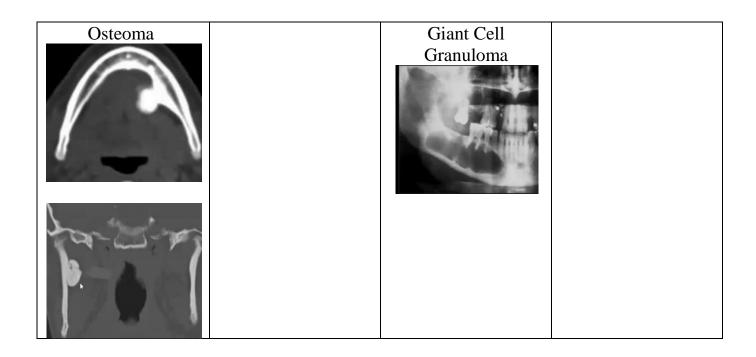
Expansile Lytic Cyst in Mandible What is your Diagnosis?

Adamantinoma or Odontogenic Keratocyst

Answer

Adamantinoma i.e. "Ameloblastoma As it much more common

NON ODONTOGENIC BENIGN TUMORS				
	Incidence	Age		Discretion
Osteoma				Ball of Bone
Chondromas				+ Matrix calcification
Giant Cell		$2^{\text{nd}}:3^{\text{rd}}$	D.D.	Lucent
		Decade	Ameloblastome	Small unilocular,
			Odontogenic Keratocyst	then enlarge multilocular



MALIGNANT JAW TUMORS

- Malignant Criteria:
 - o Cortical destruction
 - o Peri-osteal reaction
 - Extraosseous extension
 - o Mets.
- Malignant Tumors of Jaw:
 - Osteosarcomas
 - Chondrosarcomas
 - Malignant ameloblastoma "rare 1%"
 - Mets "mandible is common site of mets"

Osteosarcomas "sun rays peri-osteal reaction"

