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Practice Limited to Endodontics

## Cone Beam Computed Tomography Newsletter #2

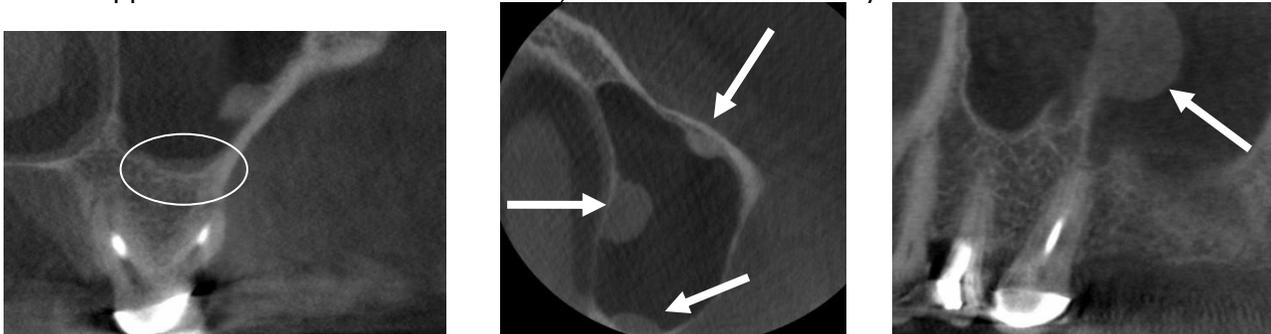
The three dimensional CBCT scan has quickly become an important component of endodontic diagnosis and treatment planning, often revealing pertinent information not evident with conventional radiography. In some cases a scan may contain information unrelated to the intended diagnostic focus, and yet it is still relevant to a patient's health. Accordingly, all scans should be examined in their entirety, and when anything unusual is present, they should be referred to a Maxillofacial Radiologist for an over-read.

### CBCT CASE



The patient (Fig 1) had tooth #14 treated endodontically six months ago and was then retreated shortly thereafter because of persisting symptoms. He has since continued to experience persistent sensitivity to lateral pressure, but reported no other symptoms. He was concerned because he had lost tooth #15 a few years earlier as a result of a mesio-distal fracture, and feared that might be the case again. The clinical examination revealed all signs and symptoms besides the sensitivity to lateral pressure to be within normal limits. The patient was advised to take a CBCT scan since it might be helpful in diagnosing his problem. Although

many cases may involve the presence of an untreated MB2 canal, this was not the case here. In fact, the scan showed that the MB2 had been treated and appeared to be well sealed. All other dental and supporting tissues appeared to be within normal limits, with no evidence of any lesions.



A more detailed examination of the scan, however, did reveal some unrelated abnormalities within the sinus area, a slight mucositis on the sinus floor (circle) and three distinct radiopaque lesions (white arrows) distributed along the sinus walls. While the presence of a mucositis is a common finding, the other lesions were unusual. Thus, the scan was referred to a Maxillofacial Radiologist, whose report indicated that these lesions were probable mucous retention cysts produced by chronic inflammation or allergy. No treatment is indicated for such lesions unless their continued growth occludes the sinus. As to the tooth symptoms, the patient was advised that no treatment should be done at this time and the tooth will be evaluated in six months.

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