

**Patient:** Ms. Jane Doe  
**DOB:** 5/21/1967 **Age:** 41

**Gender:** Female

**Clinician:** Dr. Sample

**Street:** 123 Main St, Suite 111

**City:** Anytown

**Country:** USA

**E-Mail:**

**Telephone:**

**Clinical Info:** Left mandibular expansion; unknown duration; no other clinical or medical history provided

**Request Date:** 3/25/2008

**Service:** Second Look

**Authorized By:**

**Serial #: 1**      **Report Type:** Pathology CBCT

**Reference #:** Dr. Sample, referring practitioner

**ICD-9 Diagnosis Codes:**

213.1 – Benign neoplasm of bone; mandible

Dear Dr. Sample:

Thank you for referring Ms. Jane Doe for second opinion interpretive evaluation of CBCT images of the specified maxillofacial region. While all axial, sagittal and coronal sectional images were reviewed, the volumetric dataset was formatted to provide appropriate images in PDF format for distribution and are enclosed to assist you in the assessment of this case. Thank you for this opportunity to assist you with your patient's diagnostic imaging needs.

### Radiologic Findings

**TECHNICAL NOTE:** The XoranCat data set scan was performed on 3/19/2008 at intermediate resolution (0.3mm) and custom FOV (9 cm).

**GENERAL FINDINGS:** The scan demonstrates an adult with mostly dentate maxilla and mandible except for teeth #3,5,12,14 and 15 in the maxilla and #18-19, 30 and #31 in the mandible. There is supra-eruption of maxillary molar teeth. The remaining teeth are minimally restored. There is evidence of moderate generalized alveolar bone loss, however there is no overt periapical pathology evident. Tooth #8 has a root canal filling. No other anomalies are present of the dentition of the maxillofacial skeleton.

**SPECIFIC FINDINGS:** There is unilocular, well defined scalloped radiolucent lesion with buccal, inferior border and lingual expansion of left body of mandible without affect on the anterior tooth occlusion and without evident cortical perforations. The lesion extends from canine region anteriorly to molar region and surrounds the mandibular canal and mental canals. In fact the expansion appears to be uniformly centered around the left inferior alveolar canal, which remains intact. Centrally the lesion is essentially radiolucent however peripherally there is sclerosis of the internal trabecular. The radiolucent features present with tortuous boundaries and crenulations. The sclerosis extends anteriorly to the midline and posteriorly to the retromolar region, suggestive of a wide zone of transition and osseous involvement further anterior and posterior than is suggested by the expansion. The 3D rendering of the cross-section appears to show tortuous vascular-like channels consistent with a cavernous hemangioma. There is a lack of symmetry to the cross-section of the oropharynx, suggesting associated lingual soft tissue enlargement of the lateral pharyngeal region on the left side.

**INCIDENTAL FINDINGS:** All other osseous structures of the maxillofacial skeleton are clear.

### Radiologic Impression



1. The appearance of the lesion consistent with a regional neurovascular lesion within bone – most probably a cavernous hemangioma originating in association with the mandibular canal. A second possibility is an intrabony neurofibroma. In any event it is probably a phakomatosis. There are approximately 70 intraosseous hemangiomas of mandible in literature reported to date.

2. **RECOMMENDATION:** Verification of the nature and extent of this intraosseous lesion and the potential for lingual soft tissue involvement is highly recommended. Angiography or contrast enhanced MDCT is therefore recommended. Bone biopsy is definitely contraindicated due to the high risk of bleeding. Implant surgery is **absolutely contraindicated** until definitive establishment of a diagnosis.

If you have any further questions about this interpretation of these images, please do not hesitate to contact Diagnostic Maxillo-Facial Imaging – University Associates. Thank you for this opportunity to assist you with your patient's diagnostic imaging needs.

X

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Signed/Date

Dr. Radiologist, DDS, MSc, MRCD, DMSc

