

Study: Maxillofacial CBCT

Patient: Sample Orthodontics Report

Referring Doctor:

Practice Address:

Study Date:

Date of Birth:

Sex:

History: Congenitally missing teeth

Indications: Initial orthodontic evaluation

Study Details

- Large field of view CBCT extending from the level of the frontal bone to C5.

General Report

- Bilateral nonalveolar clefts are seen extending from the maxillary labial cortical plate superiorly through the floor of the nasal fossa and posteriorly to the anterior one-third of the hard palate. There appears to be soft tissue fill in this region. The appearance is consistent with the known history of bilateral CL/P and surgical repair.
- B, C, H, I, and L: Physiologic root resorption and attrition noted.
- 2, 7-10, 15, and four premolars (one in each quadrant) are missing.
- The third molar tooth buds have not developed.
- 3, 14, 19, and 30 appear dysmorphic, giving appearance of taurodontism. 19 and 30 are mesially positioned and occlude with the maxillary deciduous second molars.
- The two maxillary premolars, 6 and 11, are mesio-angularly inclined.
 - o The roots of the maxillary premolars are in very close proximity to the MB roots of 3 and 14 respectively.
- 18 and 31 are lingually inclined.
- Maxillary hypoplasia and significant reverse overjet noted.
- Reduced superoinferior dimension of the body of the mandible.
- Flat mandibular plane angle. There appears to be an anterior deep bite.
- Right posterior crossbite noted.

TMJs

- In the apparent closed mouth position, the left mandibular condyle is mildly posteriorly and inferiorly positioned within the glenoid fossa. The right mandibular condyle appears relatively well centered in the glenoid fossa.

Sinuses

- Aplastic left frontal sinus.
- Hypoplastic right frontal sinus and sphenoid sinuses.
- Mucosal thickening in the sphenoid sinuses with soft tissue obstruction of the ostia.

Airway

- Mild adenoidal hyperplasia.
- *Upper Airway Analysis*: Minimum cross-sectional area of the upper airway space is $\sim 204.1 \text{ mm}^2$ at the level of the adenoids, which is within the range of normal.

IMPRESSION:

- History of repaired bilateral cleft lip and palate.
- Oligodontia.
- 3, 14, 19, and 30: Taurodontism.
- Skeletal class III malocclusion, maxillary hypoplasia, and reverse overjet.
- The radiographic findings are highly suggestive of ectodermal dysplasia clefting syndrome.
- Referral to a physician for genetic testing is advised.

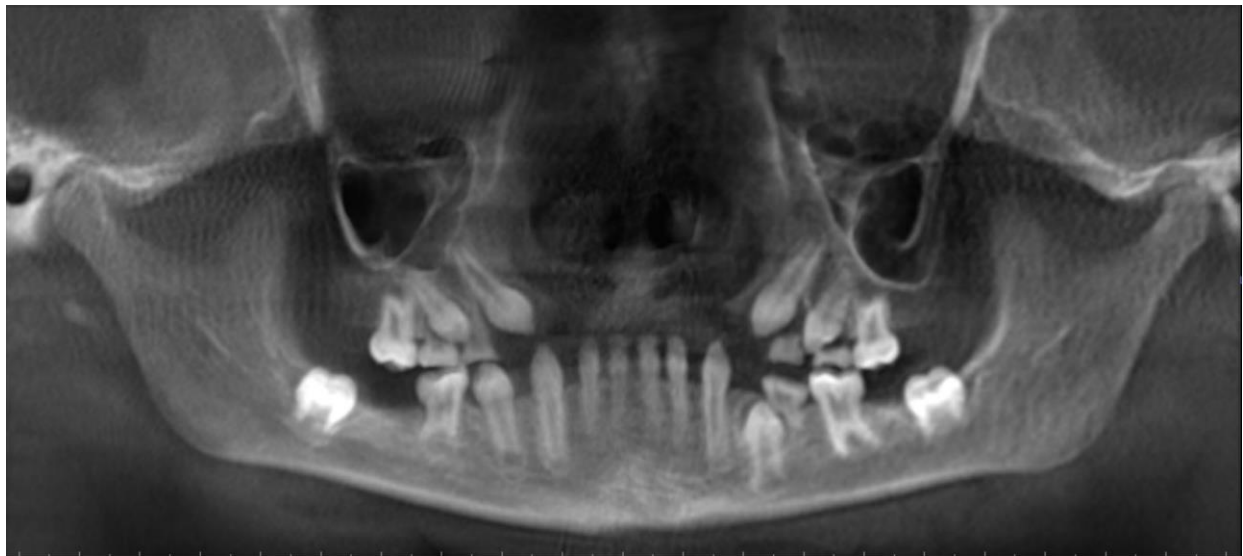
Brian P. Jardina

Brian P. Jardina, DMD

Oral and Maxillofacial Radiologist

Verified Date:

Disclaimer: Please note that measurements should not be made from any attached images. The provided images are only representative slices.



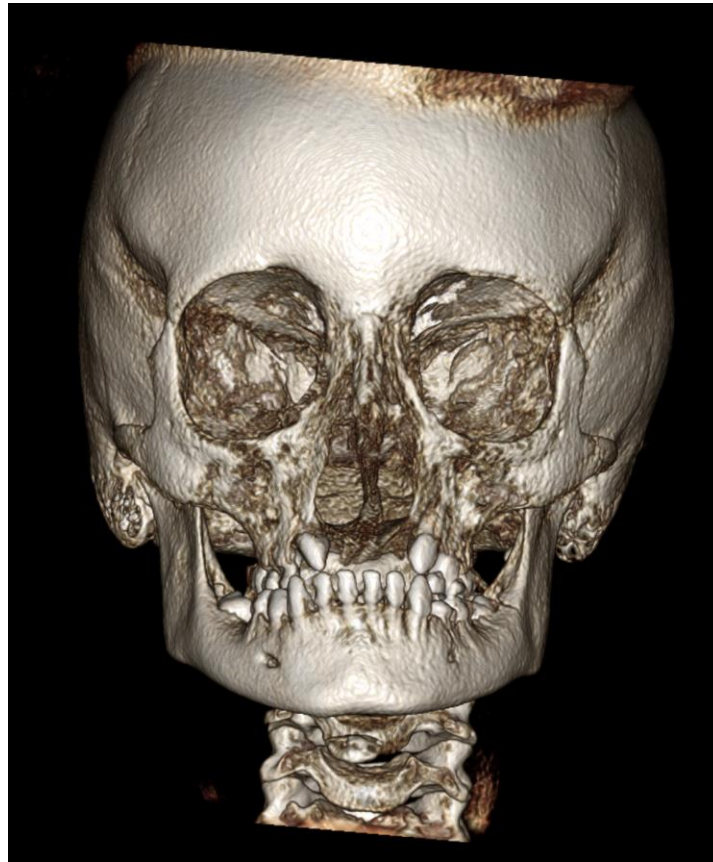
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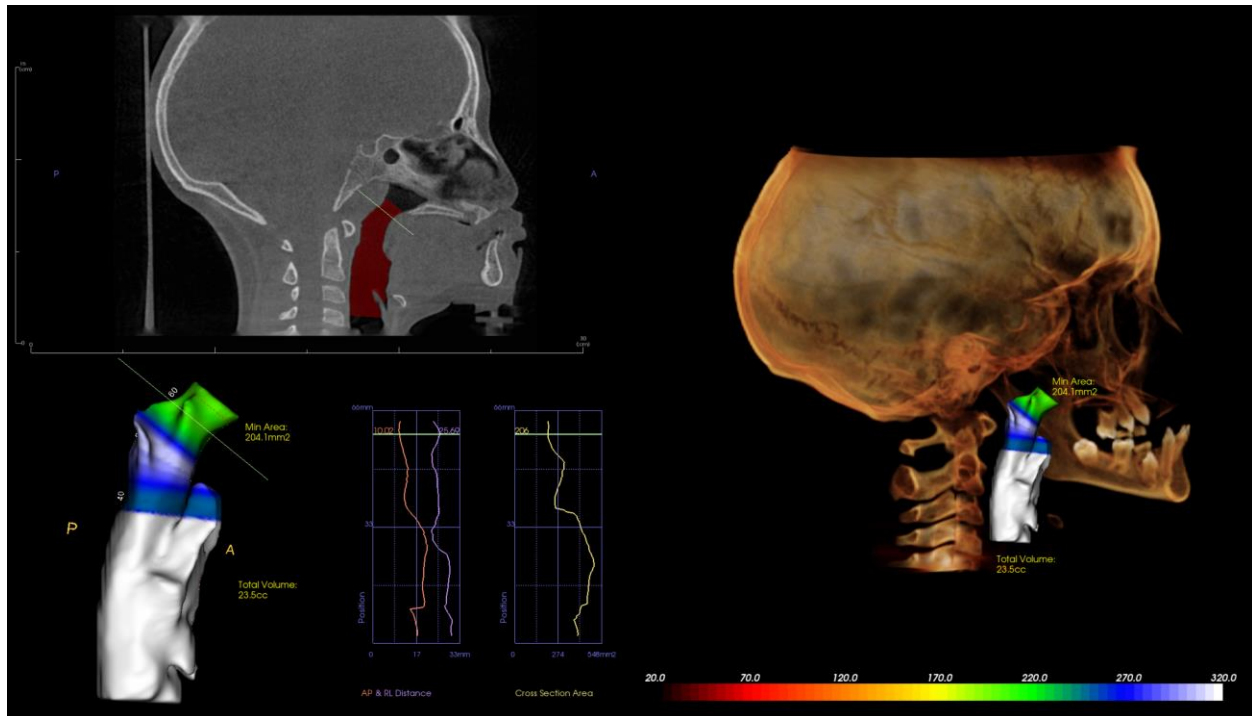
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Volume rendering – right lateral view.



Volume rendering – frontal view.



Airway analysis.