

The Nagging Growth of the Jaw- A Case of Mandibular Tori

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Case Report

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Abstract

Mandibular Tori are bony growth in the mandible along the surface nearest to the tongue. The location of mandibular tori is most commonly seen in the Premolar region and above the attachment of the mylohyoid muscle's to the mandible. These are non-neoplastic, developmental and reactive in origin. Here we present a case of incidental detected bilateral mandibular tori in men.

Keywords: Tori; Torus; Exostosis

Introduction

Exostosis, termed torus mandibularis (commonly called mandibular tori), is a common clinical finding. Most are asymptomatic, benign bony outgrowths that slowly grow over the patient's lifetime. These are bony exophytic growths that are present on the lingual aspect of the mandible, opposite to the bicuspid and above the location of the mylohyoid muscle's attachment to the mandible. They consist of dense, cortical bone and are avascular in nature [1,2]. They are commonly seen in early midlife and tend to grow with age. Prevalence of mandibular tori is 6-7% of the population. The etiology of Exostosis is multi factorial including genetic and functional influences. Typically bilateral forming a hard, rounded swellings which vary in size, from few millimeters to few centimeters in diameter and commonly seen in male [3].

Case Report

A 40 year old medically fit male patient presented to our dental OPD with chief complaint of yellow deposits on the teeth surface since 1 year. Patient also gives history of

nodular growth in lingual side of mandible below the tongue since birth which is non-progressive and not associated with pain, ulceration or bleeding. There were no other complaints present (Figure1). Patient visited earlier to the dentist for filling of the teeth in relation to 46, 47 and for prosthesis treatment in relation to 37.

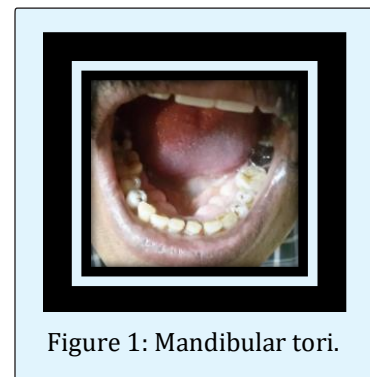


Figure 1: Mandibular tori.

On Clinical examination, multiple bony nodules were evident in the lingual region below tongue extending from Canine to first molar bilaterally, in relation to 33-36 and

43-46 which was hard on palpation and non tender with normal mucosa covering growth. Patient was advised for Occlusal Radiograph which revealed radiopaque mass extending bilaterally from 33 to 36 and 43 to 46 (Figure 2). A provisional diagnosis of mandibular tori was given. Based on Clinical history and a Radiological examination the final diagnosis of Mandibular tori was given.

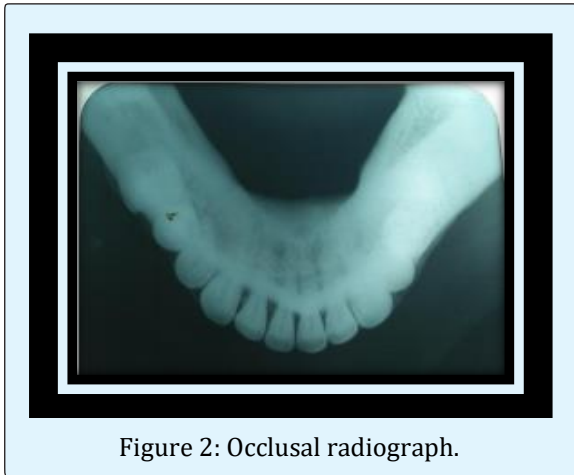


Figure 2: Occlusal radiograph.

Discussion

Mandibular growth is a bony growth which is commonly seen in early adult life and males are frequently affected than females. Most commonly associated with bruxism. It is not cancerous, nor painful or sore. The prevalence of mandibular tori ranges from 5-40%. Commonly seen in different shapes: nodular, spindle like, lobular or irregular. These bony protuberance are non-pathological and usually do not produce any symptoms. These are hard on palpation and radiographically shows radio opacity on this area due to the bone's density [4,5]. Ulcers can be seen on the area of the tori due to trauma. It can complicate the fabrication of dentures. In our reported case tori is nodular in shape which is seen in males and seen bilaterally in the region of the premolars and not associated with bruxism. Mandibular tori are usually a clinical finding with no treatment necessary until there is complain of pain, speech defect. If removal of the tori is needed, surgery can

be done to reduce the amount of bone, but the tori may reform in cases where nearby teeth still receive local stresses [6,7].

Conclusion

Torus Mandibularis asymptomatic and does not have malignant transformation potential and so does not usually require any surgical treatment, but only re-assurance. In some situations these tori may need to be surgically removed when they are causing interference in the fabrication of prosthesis or function.

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