DEPARTMENT OF DENTAL AND ORAL RADIOGRAPHY

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It is the object of this department to publish each month original articles on dental and oral radiography. The editors earnestly request the cooperation of the profession and will gladly consider for publication papers on this subject of interest to the dental profession. Articles with illustrations especially solicited.

SOME RADIOGRAPHIC ANOMALIES

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THE anomalies as illustrated and described may prove interesting. It is to be regretted these particular abnormalities do not show up more clearly. Case 1 came into my office with an acute conjunctivitis of the left eye. A prominent eye man ordered x-rays of the teeth and the third molar was extracted. After three days no appreciable change was seen in the condition of the eye. On reviewing the x-rays, which were brought in, I ordered the cleaning up of the edentulous area adjacent to this molar.

Fig. 1.—Infraorbital foramen.

You will note that there is an area over the buccal root of the molar which was extracted. This was diagnosed as an abscess. After cleaning out the designated area, the condition immediately improved. The question now, from the point of radiographic interpretation, is, "Should the third molar have been extracted because of the area at the apex of the buccal root?"

Close scrutiny will show that the peridental membrane shows no increase in size at this point. The peridental lamella or linea dura is intact and in close relationship throughout. Therefore, said area can not be pathologic. We note that the molar shadow is thrown over the apices of this molar and the only anatomic orifice radiographically possible with this relationship, is the infra-orbital foramen.

Radiographic diagnosis: Infraorbital foramen; of course it is surmised in this particular case that the rarity of this anatomic shadow of radiograms in the molar regions, was responsible for the extraction of the tooth.

Fig. 2.—Anterior palatine foramen.

Case 2.—There is an area of radiolucence over the right central rather dimly shown. This central was, however, not extracted, due to the timely advice of one of the Board of Directors who was called in hasty consultation. It was his opinion that this was the anterior palatine foramen. On being presented to me, I agreed that such was the case.