DEPARTMENT OF ORAL SURGERY AND SURGICAL ORTHODONTIA

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COMPLEX COMPOSITE ODONTOMES—REPORT OF A CASE

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COMPLEX composite odontomes may be defined as calcified tooth tumors, their substance a conglomeration of enamel, dentine, and cementum. These tumors are the outcome of misplaced embryonic cells, permitting a perversion in growth of a part or the whole of a tooth germ or germs.

These tumors vary in size from that of a pea to a mass the size of a hen's egg. The surface is usually rough in character with deeply pitted areas.

Complex composite odontomes are usually found in the molar region. During growth they usually give no sign of any abnormal condition until they encroach upon nearby tissue, producing a sensation of fullness, tenderness, and radiating pain. On account of their growth being extremely slow, it may be years until the tumor is recognized. Occasionally this form of tumor makes its appearance through the gum tissue similar to an erupting tooth. If this happens, infection may invade the area surrounding the mass and develop a well-defined fistula. In time the tumor may loosen and drop out or be shelled out of its diseased bed.

A striking example of such a condition is best illustrated in the following case:

Patient, Albert H., age ten years, school boy, American born, white, and weight 70 pounds.

Complaint.—Pus oozing from palatal surface of upper left second bicuspid.

History.—On December 24, 1917, upper left deciduous tooth was extracted. One month later patient began to complain of pain in the region of left antrum. The jaw began to swell in region of upper left first molar. This was lanced by his dentist, but pain continued sufficiently to confine patient to bed for two weeks. Pus began to flow from a fistula which developed at the area where the tissue was lanced. This condition continued until April, when he was referred

to me. The condition of his mouth as to cleanliness was fair. There was a slight gingivo-pericementitis on the lingual surface of lower left first molar. $\frac{6,5,2,1}{6,2,1} \mid \frac{1,2}{1,2,4,5,6}$ erupted and in normal occlusion. The deciduous teeth remaining were $\frac{d,c}{d,c} \mid \frac{c}{c}$. The upper left jaw revealed a large mass 2 inches long and 2 inches wide, the mucous membrane covering the area was congested, the center

Fig. 1.

of which had sloughed, exposing a bony mass about the size of a five cent coin. There were no evidences of the eruption of $\frac{5,6}{5,6}$. His tonsils were enlarged and showed diseased crypts. The nasal channels were normal.

The x-ray revealed a large mass extending in the antrum, see Fig. 1.

Probable Diagnosis.—Odontoma.

•Patient was referred to hospital for operation.

Under ether anesthesia an incision was made over the mass about two inches

long. The mucoperiosteal flap was dissected free from its bony attachment. The outer bone plate, which was found to be somewhat diseased, was removed. The tumor was then shelled out of its bed (Fig. 2). The cavity was found to be diseased and foul smelling. The wound was swabbed with iodine and packed with iodoform gauze. Patient was put to bed in good condition.

Fig. 2.—A complex composite odontoma showing first permanent molar buried in tumor mass.

The packing was removed on the third day and after that the cavity was irrigated with boracic acid solution. On the eighth day the patient was discharged. He returned three months later for observation and the cavity was found to be closed.