**Lucency**

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| Well  | Uni | Pericoronal | Dental follicle <5mmDentigerous cyst >5mmEruption cyst –child, blue clinically (soft tissue) **Odontogenic Keratocyst** -33% assoc. with tooth, post md **Calcifying Odentogenic Cyst** –33% assoc. with tooth, ant, mx=md **Unicystic ameloblastoma** –post md teens**Ameloblastic fibroma** –kids and teens, post md**Adenomatoid Odontogenic Tumor** -75% assoc. with tooth, ant mx teens female |
| Periapical | PA scar –post endo if h/o cortical plate destruction from infection**PA granuloma** –non-vital**PA cyst** –non-vital**Nasopalatine duct cyst****Odontogenic Keratocyst** **Langerhans cell histiocytosis****Central Giant Cell Granuloma**–ant md**PACD** –early, 40 yo AA females, vital |
| Other | **Nasopalatine duct cyst** –mx antStaphne bone defect –below md canalResidual cyst -history of extraction of non-vital toothLateral radicular cyst –non-vital tooth **Odontogenic Keratocyst** -Primordial cyst if cyst develops instead of a toothLateral periodontal cyst –md premolar**Calcifying Odentogenic Cyst** –anterior of mx or md **EG/Langerhans cell histiocytosis**–“punched out” RL**Central Giant Cell Granuloma** –anterior to first molar, md, >1/2 under 30yo**Traumatic Bone Cyst** –scallops up between roots, md, young**Central Ossifying Fibroma** –post md, pushes > resorbs roots, bows inferior border of md |
| Multilocu |  | **OKC (Odontogenic Keratocyst)** –“often”ignores teeth, post md”Botryoid type” Lateral Periodontal Cyst–md pm regionCentral Mucoepidermoid Carcinoma –senior pts**Ameloblastoma** –often resorbs teeth, post md**AF(Ameloblastic Fibroma)** –kids and teens, often post md**Odontogenic Myxoma** –often moves teeth, post md**CGCG (Central Giant Cell Granuloma)** –often ant to first molar in mdABC (Aneurysmal Bone cyst) –assoc with rapid swelling Central Hemangioma –young pts (10-20yo) |
| Multifocal |  | NBCC syndrome (Nevoid Basal Cell Carcinoma Syndrome) –teens, 75% get OKCs**Langerhans cell disease** –children, teens, also may see alveolar bone loss (floating teeth)Cherubism-children**FOD (Florid Cemento Osseous Dysplasia)** –(florid) early 40-50 yo AA women **Multiple myeloma** -senior men Hyperparathyroidism –senior women |
| Poor  |  |  | Osteomyelitis(acute)–signs/sx of infection**PA granuloma**-nonvital tooth**PA cyst** –nonvital toothBON-history of bisphos. Use, exposed boneHematopoietic bone marrow defect –post md, adult women**Tramatic Bone Cyst** (TBC) –scallops up between roots, md, young**Osteosarcoma** –often painful, 33 yo**Multiple myeloma**-seniors, late multifocal**Cementosarcoma** –more often painlessMetastatic tumors –pain, paresthesia, Srs., late multifocal**Ewings Sarcoma** - Children |

**Opacity**

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| Well | Uni/Multi |  | Torus –mdRetained root tip –pdl still visible Condensing osteitis–nonvital tooth, wide apical pdl**Idiopathic osteosclerosis**–post md, interradicularOsteoma |
|  | Multifocal |  | Osteopetrosis –all part of both jaws, uniformPaget’s –cotton wool, old white men, expansion **Idiopathic osteosclerosis****Fibrous dysplasia** –ground glass, teens, expansion**FOD (Florid Cementoosseous Dysplasia)** –50-60 AA Fem, no expansion, confined to alveolar bone**Gardner syndrome** –odontomas/supernumerary, osteomas, etc. in kids |
|  |  | Cotton Wool | **FOD (Florid)** –50-60 AA Fem, md esp, confined to alveolar bone (tooth bearing areas)**Paget’s** –seniors, men, mx esp, extends into body of jaws & beyond**Gardner syndrome** – osteomas, odontomas/supernumerary, impacted teeth |
| Poor |  |  | **OS**: pain, 33 yo, sunburst, swelling, widened pdl, spiking root resorption, max=md**CS**: pain less often,over 50 yo, sunburst, swelling,widened pdl, spiking root resorption, maxilla |
| Other |  | Sunburst | Intraosseous hemangioma/vascular malformation**OS****CS** |
|  |  | Onion-skin | Proliferative periostitis – children, non-vital**Ewings Sarcoma** – Children, pain, vital but may have sxs mimicking infection (fever, leukocytosis)**Langerhans cell histiocytosis** |
|  |  | Ground Glass | **Fibrous dysplasia**Hyperparathyroidism – loss of lamina dura, multilocuar multifocal radiolucency also seen |
|  |  | Soft tissue | Amalgam tattooOther foreign bodies – shotgun pelletsSialolith - Soft tissue radiopacity superimposed on bone **–** “Sialolithiasis” (salivary gland stone)PhlebolithsCalcified lymph nodes TonsillolithCalcifications in the skin – calcified acne |

**Mixed**

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| Well | Uni/Multi | **COC (Calcifying Odeontogenic Cyst, Gorlin Cyst)**–ant, mx=md, moves and resorbs rootsCEOT(Calcifying Epithelial Odontogenic Tumor) –post md, imp. tooth, calcif. around crown**Odontoma** –complex or compound**AFO (Ameloblastic Fibro Odontoma)** –children**AOT (Adenomatoid Odontogenic Tumor)** -ant mx teens female**Cemento-osseous dysplasia (PACD,Focal,Florid)**-(late) tooth bearing areas**Central Ossifying Fibloma** –moves and resorbs roots, bows mdOsteoblastoma –well-poorly defined RL with patchy RO , teens and young adults, painCementoblastoma –attached to root of tooth |
| Poor |  | **Osteomyelitis(chronic)-**pain**Metastatic carcinoma** –breast and prostate, pain, seniors**BONJ-**especially with sequestrum, painPossibly osteoblastoma**OS** -pain, 30’s, “moth eaten”, pdlwidened**CS** -pain less often, slightly older than os, “moth eaten”, pdlwidened |
|  | Multifocal | **BONJ**-varying stages of necrosis and sequestration**Paget’s** –seniors, men, mx esp, not just tooth bearing areas, expansion, inc alkaline phosphatase**FOD (Florid Cementoosseous Dysplasia)** –50 yo AA women, md esp, tooth bearing areas, no expansion |

**Other**

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| Widen PDL | Scleroderma – multiple quadrants**OS****CS** |
| Alverolar Bond Loss | Periodontal diseaseLocalized aggressive periodontitis – around puberty, incisor, 1st molar patternGeneralized aggressive periodontitis – 12-30 yo more generalized, plaque/calc heavy**Langerhans cell disease** –children/teens, may also have periapical/punched out radiolucencies, floating teethPapillon-Lefervre Syndrome – skin hyperkeratosis esp palmar-plantar, generalized periodontal bone loss in 1o and perm dentitions 🡪 floating teeth and early tooth loss |