



ASYMPTOMATIC BUT NOT UNSEEN: TWO CASES OF INCIDENTAL ENOSTOSIS AND TONSILLOLITHS

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ABSTRACT

Introduction: Routine dental radiographs frequently reveal incidental findings unrelated to the patient's primary problem. Identifying and correctly interpreting these data is critical to avoiding misdiagnoses and unneeded treatment. This article discusses two cases in which Enostosis and Tonsillolith were identified coincidentally during radiographic examinations. **Case Presentation:** Case 1: A 32-year-old female reported with pain in lower left back region of jaw since one month and missing tooth in lower right back region of jaw since 6 months. OPG revealed a solitary radiopacity in the edentulous region of 46, exhibiting characteristics of Enostosis. The lesion was documented and the patient was encouraged to return regularly for monitoring. The Enostosis did not require treatment as it was asymptomatic. Case 2: A 28-year-old male reported with pain in upper left back region of jaw due partially erupted third molar (28). The extraction of the symptomatic 28 was planned. During the OPG examination, discrete soft tissue radiopacities medial to the left mandibular ramus were discovered incidentally, indicating tonsilloliths. The patient reported no tonsillar-related symptoms. The Tonsilloliths were asymptomatic and did not require active treatment; however, observation and routine monitoring were recommended. **Discussion:** Both lesions were incidental, asymptomatic, and non-progressive. Correct identification prevented unnecessary treatment. **Conclusion:** Incidental findings such as Enostosis and Tonsilloliths, although benign, must be diagnosed, documented, and monitored to ensure proper patient management and avoid over treatment.

KEYWORDS : Enostosis, Tonsilloliths, Incidental Findings, Radiopacities**INTRODUCTION**

Dental radiographs are crucial diagnostic tools in modern dentistry, but they can also reveal accidental findings, which can mimic serious pathology and lead to misinterpretation, over-diagnosis, or unnecessary treatment if not correctly identified. Enostosis, also known as idiopathic osteosclerosis, is a localized radiopaque lesion typically found incidentally during radiographic examinations. It is characterized by its non-expansile, asymptomatic nature and lack of associated cortical changes [1,2].

Tonsilloliths, or tonsil stones, are dystrophic calcifications within the tonsillar crypts. They are often asymptomatic and discovered accidentally during routine dental imaging, with potential clinical symptoms including halitosis, dysphagia, and foreign body sensation[3,4]. This report presents two cases of incidental radiopaque lesions discovered on panoramic radiographs, emphasizing their radiographic features, differential diagnosis, and conservative management.

Case Report 1: Enostosis

A 32-year-old female reported with pain in lower left back region of jaw since one month and missing tooth in lower right back region of jaw since 6 months. Her past dental history revealed extraction with 46, 6 months back due to severe periodontitis. On examination, tooth (36) was non-vital, and edentulous ridge showed no expansion with no abnormalities, the gingival tissues were within normal limits. Clinical diagnosis given was Chronic Irreversible pulpitis with 36 and partially edentulous ridge with 46. [Figure 1. Intraoral Photograph Highlighting Dental Caries with 36 and missing tooth with 46]. An orthopantomogram (OPG) revealed a well-defined, homogeneous radiopacity (2*1.5 cms approx.) in the edentulous region of 46. The lesion was round to oval, without a corticated border. [Figure 2: Panoramic Radiograph Revealing Enostosis in the Right Mandibular Edentulous Area]. No clinical oedema, enlargement, or mucosal abnormalities were found in the area. The lesion exhibited the typical features of Enostosis, including non-expansion, continuous radiopacity, and the lack of a radiolucent margin. Enostosis was

identified based on radiographic features, history and the absence of clinical symptoms.

Radiographic Interpretation

Radiopaque, non-expansile, homogenous lesion without cortical disruption—indicative of idiopathic osteosclerosis.

Treatment and Follow-up

The patient underwent non-surgical root canal therapy for tooth 36. The benign Enostosis was not treated, and no surgical removal or pharmacologic treatment was necessary and fixed partial denture was planned. Regular radiological monitoring was advised to ensure the lesion remained stable, if not a cone-beam computed tomography (CBCT) scan may be required to determine bone quality and volume. (5,6).

Case Report 2: Tonsillolith

A 28-year-old male reported with pain in the upper left back region of his jaw that had persisted for three months. An intraoral examination revealed partially erupted (tooth 28) and with diagnosis of pericoronitis. [Figure 3: Intraoral Photograph Showing Normal Palate and Oropharynx]. An OPG was obtained to determine the degree of the impaction and accompanying pathology. In addition, the radiograph revealed a multiple discrete, well-defined, irregular radiopacities (0.1 cms approx.) in the region medial to the left mandibular ramus, near the oropharynx. It was indicative of Tonsilloliths based on location. [Figure 4. Panoramic Radiograph Showing Tonsilloliths in the Left Tonsillar Region]. Upon further examination, the patient denied having a sore throat, dysphagia, or halitosis. There were no previous cases of recurrent tonsillitis or tonsillar surgery.

Radiographic Interpretation

Discrete radiopacities medial to mandibular ramus, superimposed over the oropharyngeal region—indicative of a tonsilloliths.

Treatment and Follow-up

A third molar was surgically extracted due to recurrent chronic

pericoronitis, and the patient was educated about the calcification's nature and its treatment options. Tonsillolith are often treated conservatively; however, in symptomatic situations (for example, halitosis or recurrent tonsillitis), treatment options include manual surgical; removal, curettage, or even tonsillectomy for recurring or large stones (7,8). The patient was advised to schedule regular dental and medical check-ups and report any throat-related issues. Active interventional radiography was unnecessary.

DISCUSSION

The incidental detection of radiopacities such as Enostosis and Tonsillolith emphasizes the diagnostic usefulness of panoramic imaging. Although these diagnosis are typically benign and do not require treatment, appropriate identification is required to distinguish them from diseases that may necessitate intervention.

Enostosis is a bone development anomaly characterized by increased bone density in the medullary region. These lesions are non-expansile, without cortical perforation or soft tissue involvement, and are typically detected during routine radiography examinations (1,9). Common locations include the posterior mandible and the premolar area. Enostosis can occur next to the roots of essential teeth or in edentulous areas, as seen in the current case.

Treatment is usually not necessary, and intervention is only used when Enostosis interferes with surgical planning or causes difficulties such as restricting orthodontic tooth movement or implant placement. In rare situations, biopsy or advanced imaging may be undertaken to rule out other bone abnormalities, such as osteoblastoma, osteoma, or cement blastoma. (10,11).

Tonsilloliths form because of prolonged inflammation and debris deposition in the tonsillar crypts, which causes dystrophic calcification. These lesions are visible in roughly 20% of panoramic radiographs taken for dental purposes (12). The stones are usually tiny and numerous, positioned medial to the mandibular ramus and superimposed over the oropharyngeal region.

Treatment of asymptomatic Tonsillolith is not necessary, as in the present case. For symptomatic lesions, conservative measures such as irrigation, saltwater gargles, or curettage may suffice. In recurrent or large Tonsillolith, especially those associated with chronic tonsillitis, tonsillectomy remains the definitive treatment (13,14).

Proper differential diagnosis is critical. Radiopaque lesions in the mandibular ramus region may be sialoliths (placed anteriorly in the submandibular duct), pleboliths (related with vascular lesions), or calcified lymph nodes (with lobulated outlines and infection history). (15).

CONCLUSION

Panoramic radiographs can reveal incidental findings, such as Enostosis and Tonsillolith, which should be recognized to avoid unnecessary procedures or misinterpretation. Proper management involves patient education, documentation, and regular monitoring, resulting in holistic patient care and effective treatment planning through comprehensive radiograph interpretation.



Figure 1. Intraoral Photograph Highlighting Dental Caries with 36 and Missing Tooth with 46

The intraoral image shows dental caries on occlusal surface of 36 and missing tooth with 46, but the mucosa appears healthy without signs of swelling or infection or expansion.

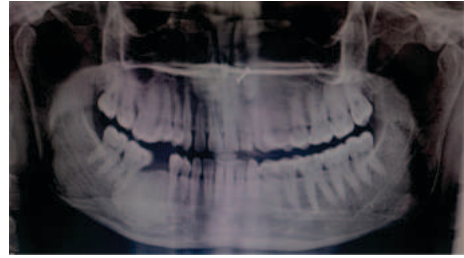


Figure 2: Panoramic Radiograph Revealing Enostosis in the Edentulous Area with 46.

The panoramic radiograph shows a radiopaque lesion in the right mandibular edentulous area, consistent with Enostosis, which is well-defined, non-expansile, and asymptomatic without any associated pathology.



Figure 3: Intraoral Photograph Showing Normal Palate and Oropharynx

The image provides a clear view of the oral cavity, revealing the hard and soft palate, uvula, and oropharynx, without any significant abnormalities or pathological lesions.



Figure 4. Panoramic Radiograph Showing Tonsilloliths in the left Tonsillar Region

The panoramic radiograph reveals discrete radiopaque masses in the left tonsillar area, indicating Tonsilloliths, which is diagnosed as an incidental, asymptomatic findings

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