



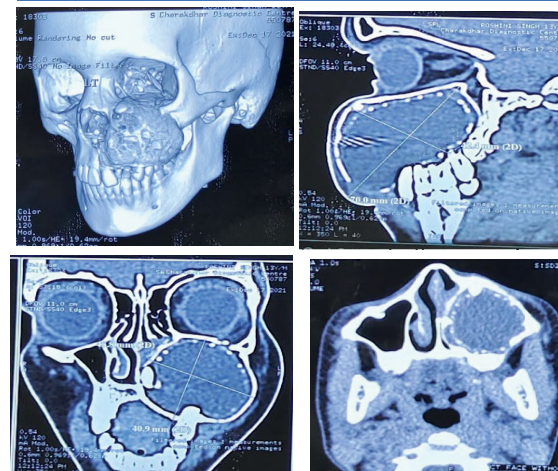
Case Report

➤ 13 YRS ,Female ,Complains of swelling in left side of face for 1 year.

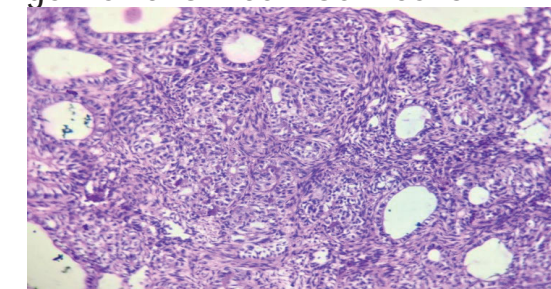
- Medical history-N/R
- Dental history-N/R
- h/o Present illness-
 - started as pea-sized swelling and increased gradually to present size.
 - not associated with pain , bleeding or any discharge.
 - No h/o any deleterious habit

- PROVISIONAL DIAGNOSIS-**
dentigerous cyst
- DIFFERENTIAL DIAGNOSIS-**
- Odontogenic keratocyst
 - Calcifying odontogenic cyst
 - Adenomatoid odontogenic tumour
 - Unicystic ameloblastoma
 - Calcifying epithelial OT
 - Ameloblastic fibroma
 - Ameloblastic –fibro odontoma

3)CT SCAN OF HEAD AND NECK



BIOPSY OF SURGICAL SPECIMEN-
Showed duct-like epithelial structures along with “classical” rosette pattern arrangement of tumour cells.



FINAL DIAGNOSIS- ADENOMATOID ODONTOGENIC TUMOR.
POST-OP AFTER 1 WEEK-

4)INCISIONAL BIOPSY

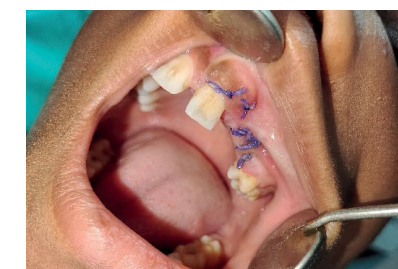
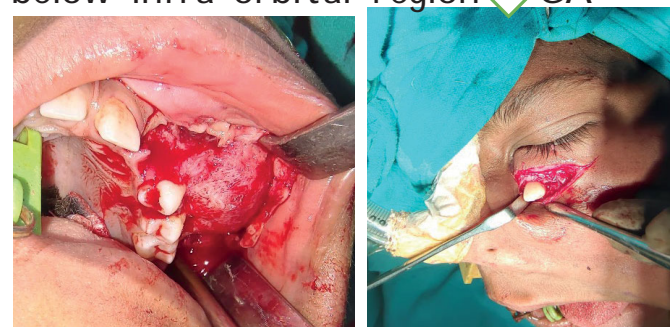


TREATMENT PLAN-

Enucleation and curettage

TREATMENT-

Enucleation and curettage along with extraction of 22 from near left lateral wall of nose and extra-oral removal of 23 from below infra-orbital region → GA



- First described by Ghosh in 1934 as ‘adamantinoma’.
- WHO in 1971 adopted the term ‘Adenomatoid Odontogenic Tumour’
- Defined as ‘a tumour of odontogenic epithelium with duct like structures and varying degree of inductive changes in connective tissue.
- Occurrence maxilla:mandible 2:1
- Most common in children and adolescences

- EXAMINATION-**
- NO ABNORMALITY PRESENT ON GENERAL EXAMINATION
 - ORAL EXAMINATION-



Gross facial asymmetry, diffused swelling ~6x6.5cm, smooth, firm to hard, nontender



Well defined swelling, smooth ~6x3.5cm, from 62 to 26, Retained and mobile 62, 63

INVESTIGATIONS

- 1) ASPIRATION- STRAW COLOURED FLUID
- 2) PANAROMIC RADIOGRAPH- well-defined unilocular radiolucency on left side of maxilla with impacted permanent canine below orbital floor and permanent lateral incisor near wall of nose

