# II. Odontogenic Tumors



# Epithelial

Epithelial Odontogenic Tumors

Adenomatoid odontogenic tumor

#### Ameloblastoma

epithelial odontogenic tumor

Calcifying

#### Ameloblastoma



#### • This a true neoplasm of odontogenic epithelium

• It is an aggressive neoplasm the arises from the remnants of the dental lamina and dental organ( odontogenic epithelium)

- Benign, locally aggressive odontogenic tumor. Usually it slowly grows as painless swelling of the affected site.
- It can occur at any age.
- Localized invasion into the surrounding bone.
- 80-95% in the mandible (posterior body, ramus region). In the maxilla mostly in the premolar-molar region.



## Ameloblastoma

- Unilocular (small lesions). Multilocular (large discrete areas or honeycomb appearance)
- Smooth, well-defined, well-corticated margins
- Adjacent teeth are often displaced and resorbed.
- It causes extensive bone expansion.
- Incomplete removal can result in recurrence.





### Odontoma

 It is a tumor that is radiogrphically and histologically characterized by the production of mature enamel, dentin, cementum and pulp tiss

• Relatively Common lesion





#### Udontom

- It usually occurs in young patients.
- Usually asymptomatic.
- Failure of eruption of a permanent tooth may be the first presenting symptom. It is commonly found occlusal to the involved tooth.



## Odontoma

Well defined

- Two types: complex and compound odontoma
- Complex odontoma is composed of haphazardly arranged dental hard and soft tissues.
- Compound odontoma is composed of many small "denticles".
- internal aspect is very radiopaque in comparison to bone.







#### Ameloblastic fibroma



• These are benign mixed OD ASEC fibronic contogenic tumors .

 They are characterized by neoplastic proliferation of maturing and early functional ameloblasts as well as the primitive mesnchymel components of the dental papilla



- Benign Rare. Occurs in children and adolescents.
- Most common site:
- Often associated with an
- Well defined, well corticated. Small lesions are monolocular. Large lesions are multilocular.
- It may cause displacement of adjacent teeth. Large lesions cause buccal/lingual expansion.



### Ameloblastic fibro- odontoma



This is an extremely rare lesion. It consists of elements of ameloblastic fibroma with small segments of enamel and dentin.

## Adenomatoid odontogenic tumoi

#### Features

- Benign. Relatively rare.
- It occurs in young patients (70% of cases in patients younger than 20 years).
- Most common site: anterior maxilla.
- Often surrounds an entire unerupted tooth (most commonly the canine).
- Usually well defined, well corticated. Some tumors are foully radiolucent; others show evidence of internal classification.





# Adenomatoid Odontogenic Tumor ("Adenoameloblastoma")

 These are uncommon, nonaggressive tumors of odontoginc epthilum.





### Odontogenic myxoma (myxofibroma)

• They are benign, intraosseous neoplasms that arise from the mesenchymal portion of the dental papilla.



#### dontogenic myxoma (myxofibioma)

- <u>Features</u>
- It represents approximately 3 6% of all odontogenic tumors. It is painless and grows slowly.
- It can occur at any age but most commonly in the second and third decades of life.
- More often affect the mandible (molar/premolar region).



#### • <u>Features</u>

- Typically multilocular (internal septa- strings of a tennis racket or honeycomb appearance).
- Large lesions can have the sun ray appearance of an osteosarcoma.
- Often well-defined.
- Adjacent teeth can be displaced but rarely resorbed. It causes less bone expansion than in other benign tumors.



### Cementoblastoma

• This is a slow growing mesenchymal neoplasms composed principally of cementum.



### Cementoblastoma

#### • <u>Features</u>

- Benign neoplasm. Most commonly in the second and third decade.
- Site: usually mandibular premolar and molar regions.
- Attached to the root of the affected tooth. Tooth displacement, resorption are common.
- Pain in 50% of the cases, swelling.
- When radiopaque is usually surrounded by a thin radiolucent halo.





# Radiographic Features

- Location:
- Periphery: well defined RO with RL hallo surrounding the calcified mass.
- Internal structure: mixed RL-RO leseions may be amorphous
- Effect on surrounding tissues: expansion, external root resorption

