61. ODONTOMA – CLINICAL, IMAGING AND HISTOPATHOLOGICAL CORRELATIONS AND THERAPEUTIC IMPLICATIONS.

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Introduction. The most common mixed odontogenic tumor is the odontoma. It is described as a benign tumor that occurs in children, most frequently in the maxilla, resulting from the abnormal proliferation of epithelial and connective tissue elements involved in odontogenesis. There are two types of odontoma: complex and compound. The complex odontoma is located in the mandible, at the level of the premolars and molars, and consists of masses of dentin, enamel, and cementum arranged in a disorganized manner within connective tissue. The compound odontoma occurs more frequently in the maxilla, in the incisor-canine region, and is composed of mature dental structures organized as small teeth or dental fragments separated by connective tissue, with the number ranging from 3–4 to several hundred. Odontomas grow slowly but can cause jaw deformation, disruption of dentition, and dental impactions.

Case presentation. A 15-year-old female patient presented to the SRL "OMNI DENT" clinic with complaints of the presence of a painless intraoral swelling in the right mandibular region, associated with delayed eruption of the permanent tooth 44. Following clinical and paraclinical examinations, as well as radiological investigations using OPG and CBCT, the diagnosis of complex odontoma in the right mandible with impaction of tooth 44 was established. Topographic changes of the vestibular cortical plate caused by the chronic mechanical pressure exerted by the benign odontogenic formation were identified, characterized by local bone expansion and thinning of the vestibular cortex.

Discussions. The complex mandibular odontoma on the right side, associated with impaction of tooth 44, caused local topographic changes and displacement of adjacent structures. Treatment consisted of complete excision of the odontoma and odontectomy of tooth 44, preventing complications such as cyst formation, infection, or damage to neighboring teeth. The bone defect was reconstructed using the synthetic biomaterial "Colapol KP-3 LM", promoting osteoconduction and bone regeneration, allowing the subsequent continuation of orthodontic, prosthetic, or implantological treatment.

Conclusions. Mandibular complex odontoma may cause dental impactions and local topographic changes, requiring surgical treatment. Complete excision of the lesion, associated with odontectomy and reconstruction of the bone defect using a synthetic biomaterial, ensures a favorable postoperative outcome and good bone regeneration.

Keywords. Odontoma, Complex Odontoma, Compound Odontoma, Mandible, Maxilla, Tooth Eruption.

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