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Two Cases of Unusually Heavy Odontolithiasis—One Causing Trismus

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To the editor:

Although dental calculus is commonly encountered in dental patients, it rarely presents in quantities as large as in the following cases.

Case 1

A 56-year-old woman was seen at the Oral Medicine and Radiology Clinic, Arab Medical University, Benghazi, Libya, with a painful lower right molar tooth. The nomadic woman had borne the chronic dull ache for approximately a year. Intraoral examination revealed a grossly carious lower right first molar. The tongue appeared unusually raised, and it protruded in the oral cavity. The entire lingual surface of

all the right mandibular teeth was covered with massive deposits of calculus. The oral hygiene practices of these nomadic people normally leave much to be desired: The painful molar had not permitted chewing of food in the right segment, let alone cleaning the mouth. An occlusal radiograph (Fig 1) was taken to record the presence of the calculus. The periodontist and oral surgeon then treated the patient.

Case 2

A general practitioner referred a 45-year-old woman to the Department of Oral Medicine and Radiology, College of Dental Sciences, Dharwad, India. This patient presented with a progressive difficulty in mouth opening experienced acutely over a 1-month period. The trismus was not accompanied by pain. The undernourished woman had no external facial abnormalities and did not report any evidence of trauma. Limited intraoral examination through the 2 mm to 3 mm of mouth opening revealed little information of value. A panoramic radiograph was exposed with the hope of finding some explanation for the trismus (Fig 2). A 1.5-cm × 2-cm radiopaque space-occupying mass was seen distal to the right maxillary tuberosity. Careful examination revealed it to be extraosseous and closely adapted to the right maxillary third molar tooth, extending posteriorly. A diagnosis of an unusually large mass of dental calculus was made. Progressive mineralization and increase in size of the deposit interfered with the movement of the coronoid process, resulting in decreased mouth opening. A sickle scaler was introduced through the buccal vestibule in an attempt to dislodge the mass of calculus, while the handle of a mouth mirror was introduced into the oral cavity proper through the limited mouth opening to prevent aspiration. Surprisingly, the calculus was easily dislodged and normal mouth opening was immediately restored. We would like to stress the importance of including dental calculus in the radiographic differential diagnosis of radiopaque lesions in and around oral structures.

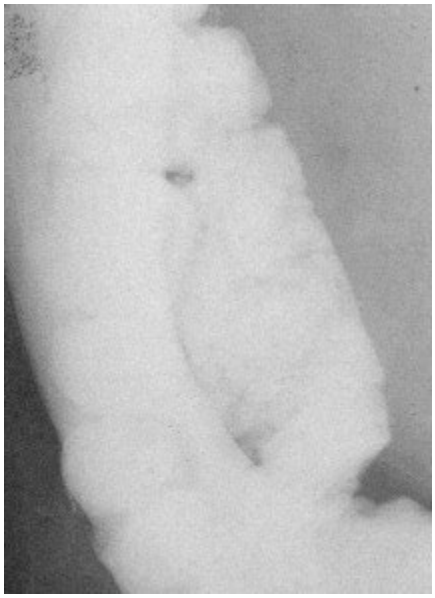

Fig. 1. Heavy deposits of calculus along lingual surface of right mandible.

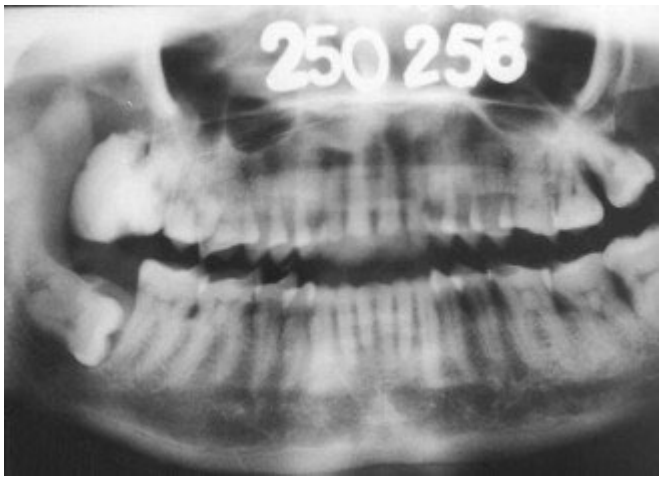

Fig. 2. Large mass of calculus distal to right maxillary third molar tooth.