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Occurrence of Mandibular Tori in adults –A Case report

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ABSTRACT

Torus mandibularis is a nontender, bony outgrowth located on the lingual side of the mandible, in the canine or premolar region, above the attachment of the mylohyoid muscle¹. Most of the times tori were unnoticed up to adulthood or lifelong. Torus mandibularis is usually asymptomatic and discovered incidentally. If noticed also, majority of tori does not need any surgical intervention and may be left untreated unless discomfort arises i.e., ulceration, articulation disorder or problems inserting dentures⁶. Mandibular tori predominantly present near the premolars and above the location of the mylohyoid muscle's attachment to the mandible². Mandibular tori are more common in Asian and Inuit populations, and slightly more common in males⁴. In 90% of cases, tori involves bilaterally and symmetrical³. The growth of torus mandibularis is very slow and may stop spontaneously⁵. Mandibular tori though a developmental anomaly, can occur in late adulthood period also. In this article, a case report of late adulthood developed mandibular tori was discussed.

Keywords: Torus, mandibularis, dentures

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INTRODUCTION

A 44 year old male patient gives history of multiple sudden grown swelling in the inner side of lower jaw since 1 month. On examination 3 swelling in lower right lingual region and 2 swelling in lower left lingual region which were visible and tuberos, arranged in a linear row pattern.



Figure 1 : Clinical Image of Bilateral Mandibular Tori

The size of swelling were 3-8 mm in diameter, larger swelling measured diameter of 8 mm. A second row of 2 swellings were identified by palpation in lower right lingual region below to the above 3 swellings.

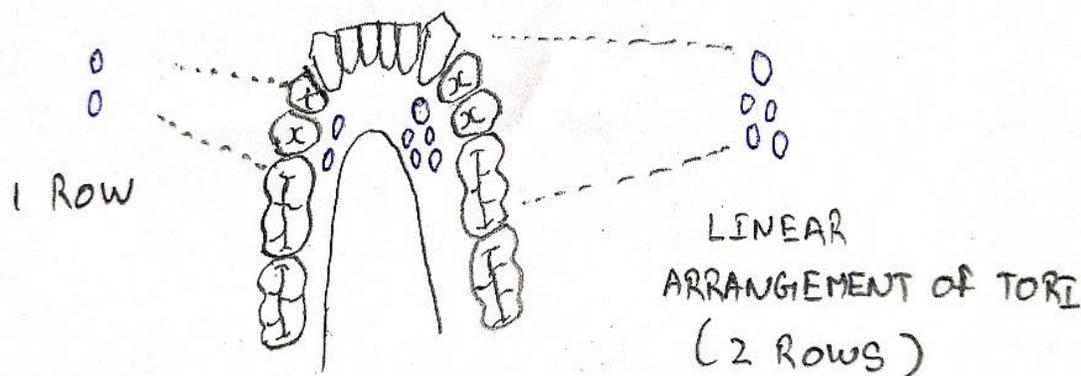


Figure 2 : Representation image of Bilateral Mandibular Tori arranged in linear pattern

The swellings were non tender, rigid consistent and immovable. Swellings were predominantly located near premolar region of both sides. No evidence of dental caries.

Radiography:

Occlusal Radiograph and Orthopantamography (OPG) reveals no pathological evidence, rather than multiple radio-opaque representations



Figure 3 : Occlusal radiograph shows no pathology

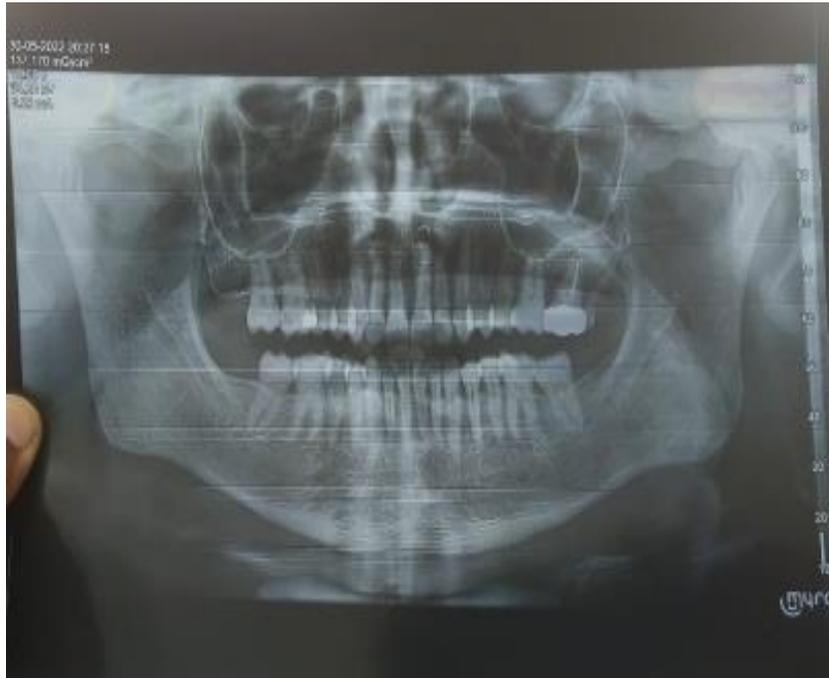


Figure 4 : OPG Radiograph shows no pathology

Differential Diagnosis:

Since it developed spontaneously, other underlying pathology was doubted for peripheral ossifying fibroma, osteoma, osteochondroma, osteoid osteoma, osteoblastoma and osteosarcoma ^a.

DISCUSSION:

Though Tori was considered to be developmental and most common in first or second decades of

life (i.e., early adulthood) b, it can also develops in late adulthood period also. Development of Tori in adulthood may be caused due to local stress factors and other environmental factors ⁷.

CONCLUSION:

Asymptomatic and smaller sized tori may left untreated. If patient feels disturbed due to tongue movements and increase in size, surgical management necessitated.

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