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Case Report

Mandibular Tori Necessitate its Removal: A Case Report

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Abstract

Torus mandibular is a bony outgrowth located on the lingual side of the mandible, in the canine or premolar region. Situated above the insertion area of the mylohyoid muscle. It is a benign mass, usually found as two asymptomatic bilateral tori. We are presenting a case of 55 years old man that was removed as it was interfering somewhat with his tongue movement during speech and swallowing.

Keywords: *Mandible; Tori; Lingual; Swallowing; Mass; Speak; Benign Removal; Full Denture; Osseous; Exostosis*

Introduction

Mandibular tori are somewhat uncommon, affecting about 27 out of every 1,000 adults in the United States. Mandibular tori are much less common than palatal tori. In addition, about 80% of people with mandibular tori have these growths on both sides of their mouth.

A child might be born with a notable one to continue with its growth gradually over time. This phenomenon might support the idea that consider that the place of its present is a center of growth.

In a study to determine the prevalence of tori edentulous patients, and sex variation, 338 patients were involved and clinically examined in the Prosthodontic Clinic in the Department of Restorative Dentistry at Jordan University of Science and Technology.

Taking into consideration the present of a Tori, then its location in the maxilla and the mandible, its., extent, were recorded related to the age and sex of patients [1].

It was found as a result to this investigation that tori were in13.9%. 29.8% (14/47), could be considered as torus palatines and that of torus mandibularis was significantly higher to show that a percent of 42.6% (20/47) was in this jaw. And the study shows that the two types of tori in the upper and lower jaws were associated with each other in 27.7% of cases (13/47).

To answer the question: "Is there an association between any specific signs and symptoms of bruxism and the presence of tori?".

Observational studies, which studied the relation between the present of the tori and that signs of bruxism such as (teeth grinding, jaw clenching, tooth wear hypertrophy of the muscles of mastication, and also the facial pain, or muscles fatigue). That study has found that: the presence of abnormal tooth wear might be associated with tori, mainly torus mandibularis. The same study could not find sufficient

evidence to relate or not relate the association of tori and other signs and/or symptoms of bruxism. This way the presence of Tori might be a helpful sign in confirming the case of bruxism in a few patients [2].

Case Report

A 55-year-old man was referred by his dentist to the outpatient clinic of Damascus dental school, to have a soled masses in his mandible removed. He had no medical concerns. These masses were causing him some difficulties speaking, swallowing, and showing the hard food.

The bony lesions first appeared more than 20 years ago with no symptoms.

They kept slowly growing until the past 2 years to the point that he was unable to eat without kind of discomfort and/or pain. That forces him some time to limit his diet to the soft food. He was referred to our clinic by his family dentist for evaluation and treatment.

His oral exam shows a bilateral hard bony multiple like masses.

Visible along the lingual aspect of his lower jaw covered with a very thin layer of tissue (Figure 1).

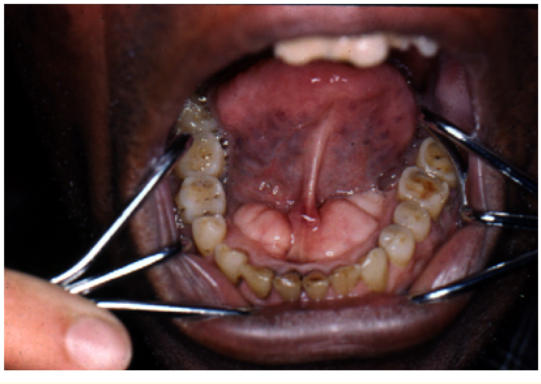

Figure 1

X-rays shows an image of exostosis superimposed over the normal bony structure of the mandible (Figure 2 and 3).

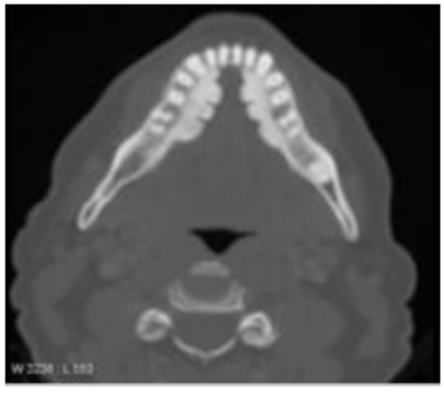

Figure 2

Figure 3

The patient was scheduled for surgery, removal of mandibular bilateral tori.

Under nasal endotracheal general anesthesia and through a lingual incision and carful dissection, a full bilateral mucoperiosteal flap was raised from the lingual side of the lower left side of the first molar to the right first molar. The masses were exposed and surgically removed with chisel and mallet and the flap was sutured back (Figure 4 and 5).

The patient was on soft and liquid diet for two weeks. One-week post-surgery stiches were removed. The patient was called after 10 days for a follow-up the area was healed normally.

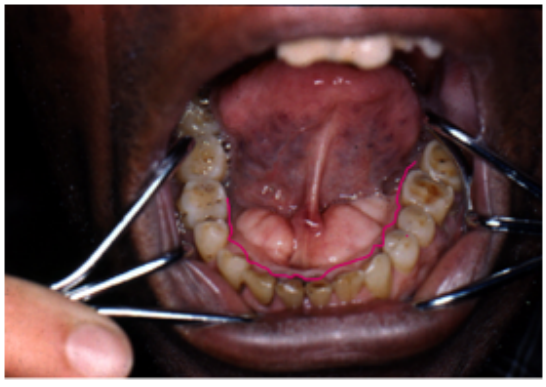

Figure 4

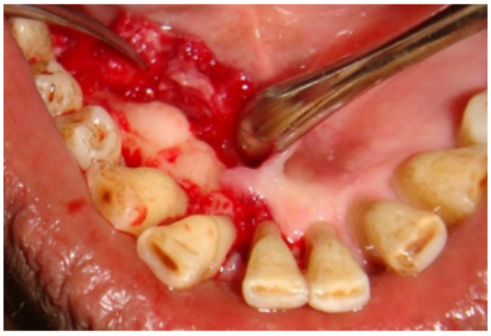

Figure 5

Discussion

The cause of mandibular torus has not been clearly determined, occlusal stress such as bruxism and teeth clenching have been noted to be involved in the development of the condition [3]. Some reports have suggested that genetic predisposition to mandibular torus may be inherited in a dominant manner. Few authors suggest that a center of growth might be present in this area of the mandible, that might continue after the age of birth. Further, occlusal stress such as bruxism and teeth clenching have been noted to be involved in the development of the condition. Occasionally chance of the presents of the mandibular tori is decreased in the old ages.

Conclusion

Whatever the etiology of the mandibular tori would be, being benign and asymptomatic lesion, and tolerated well by the affected person, it would not be necessary removing it unless when it starts giving the patient a kind of discomfort of irritation and pain. The main indication for its removal would be the application of full denture of any kind.

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