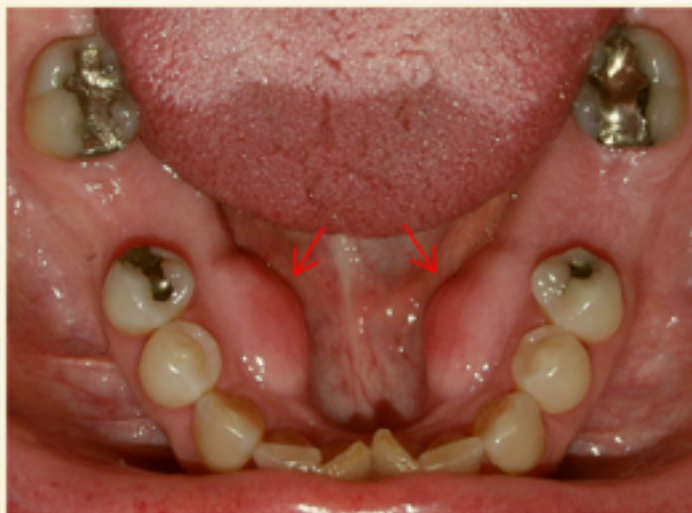


# EXOSTOSES & TORI



*Torus  
mandibularis*



*Torus  
palatinus*



Buccal exostosis

# EXOSTOSES & TORI

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- **exostoses** and **tori** are nodular protuberances of calcified bone and are designated according to their anatomical location
- painless non-malignant surface growth of bone
- possible hereditary etiology, which may be associated with environmental factors such as occlusal trauma and bruxism/grinding (tori)
- tend to appear in early adolescence and may very slowly increase in size with time



# EXOSTOSES & TORI

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- higher incidence in Asian and Eskimo populations
- more males than females develop torus
- radiopaque appearance in the x-ray
- may increase patient concern about poor esthetics, interfering with radiographic film placement and analysis, as well as restorative and periodontal therapy
- must be noted in the patient record!

## EXOSTOSIS

- usually present on the facial surface of the alveolar process of the maxillary arch
- also occur on the mandibular facial aspect, but less frequently

- usually present bilaterally along the facial surface
- most common to appear in the premolar region

- bony nodular masses found less frequently than tori

## TORI

- present on the lingual aspect of the mandibular and maxillary arches
- two most common types of intramural osseous overgrowths

- TP (torus palatinus) is commonly seen on the midline of the hard palate
- TM (torus mandibularis) is found around canine to premolar region

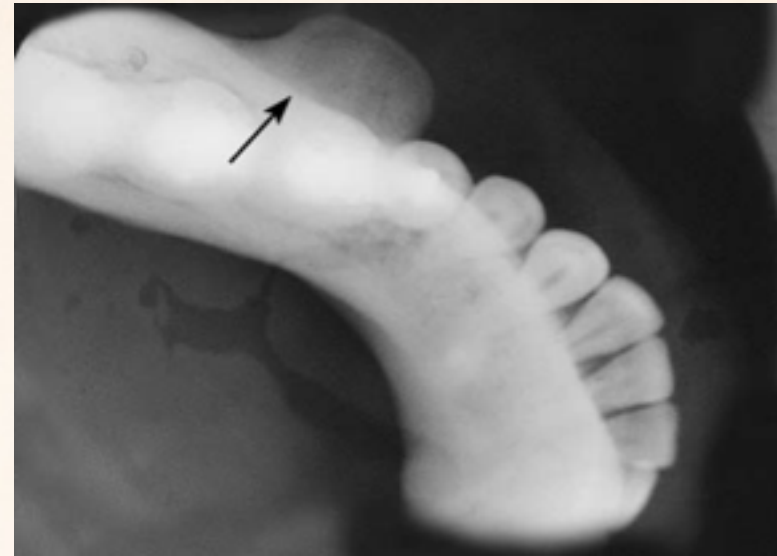
- can present surface clefting, appear lobulated or nodular, or even contact each other over the midline



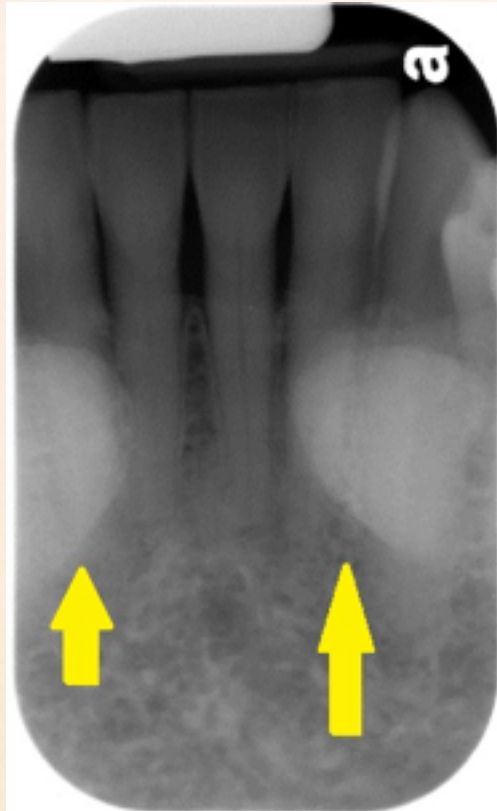
# RADIOGRAPHIC FINDINGS



MANDIBULAR TORI



BUCCAL EXOSTOSIS



MANDIBULAR TORI



PALATINE TORUS

# CLINICAL CONSIDERATIONS

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**Exostoses and tori** may interfere with speech, oral hygiene procedures, radiographic film placement and analysis, as well as prosthesis therapy



# CLINICAL CONSIDERATIONS

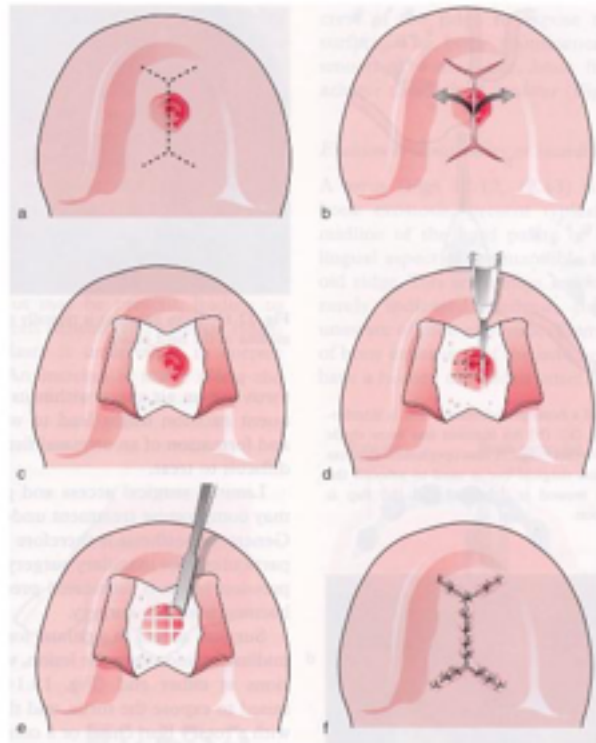
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Treatment (surgical removal) is required when...

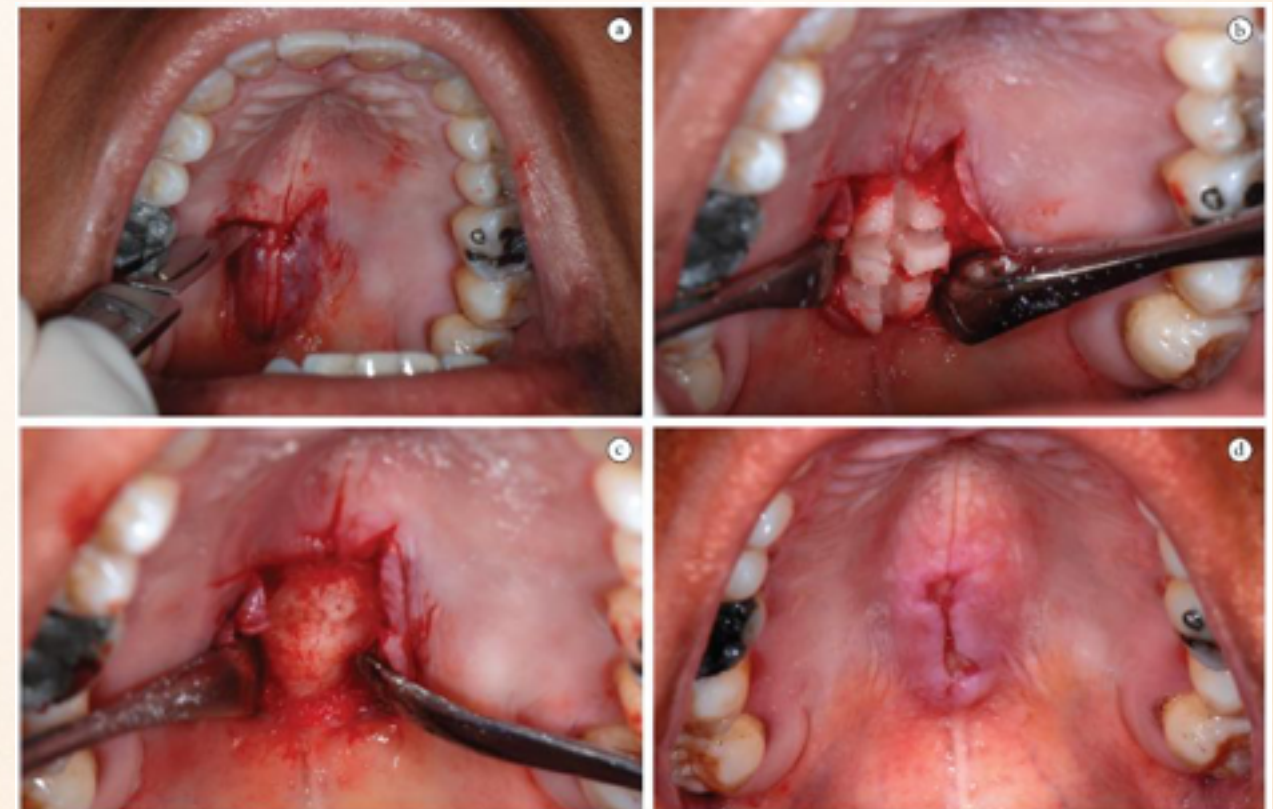
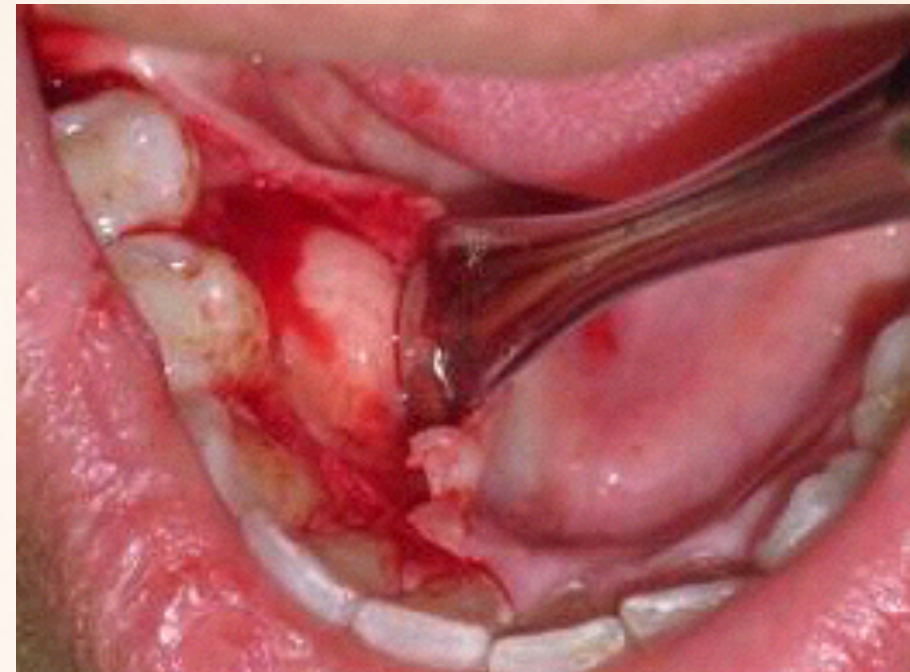
- it interferes with function or denture placement
- area suffers from recurring traumatic surface ulceration
- contributing to a periodontal condition



# SURGICAL TECHNIQUE



**Removal of Palatal Torus** (a),(b) A midline incision is made across the bony mass with lateral extensions anteriorly and posteriorly. (c) The mucoperiosteal flaps are reflected to expose the bony mass. (d) A bur is used to divide the torus into small pieces. (e) A chisel is used to elevate the small fragments of bone from the hard palate. (f) The wound is debrided and the bone is smoothed with a bur, then sutures are placed to close the wound.



- procedure done by a maxillary surgeon under local anesthetic
- removal of the thin gum flap covering the bone
- use of rotatory chisel to smooth the excess growth
- suture done with dissolvable stitches
- recovery time lasts a few weeks
- painkillers are also prescribed



# ROLE OF THE DENTAL TEAM

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- inform the patient of the benign characteristics of the bone growths
- be cautious while taking radiographs and impressions
- document their occurrence in the patient's chart, with possible referral to oral surgeon if the growth is causing discomfort or interfering with periodontal health
- reinforce oral hygiene instructions in the affected areas
- management of TMD (temporo-mandibular disorders)





Rio de Janeiro, Brazil

**THANK YOU!**