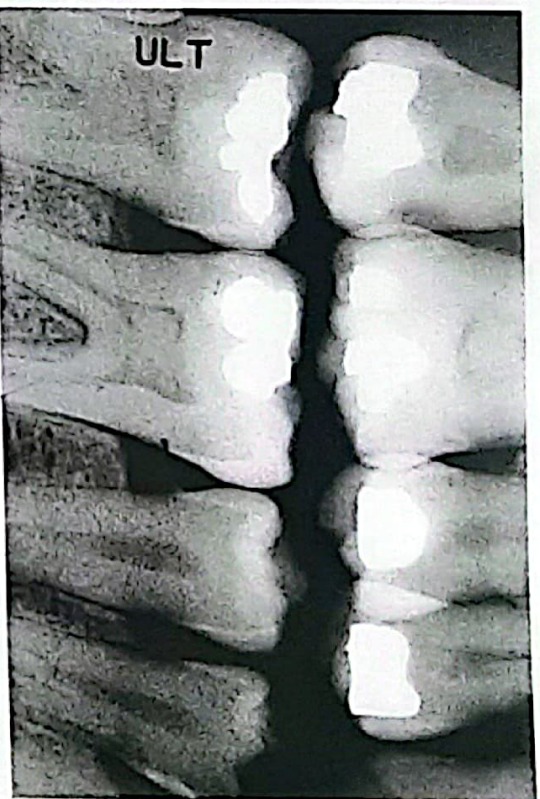


■ **Figure 3.1**
Pulp Stones
 Molar teeth exhibiting radiopacities within their pulp chambers.



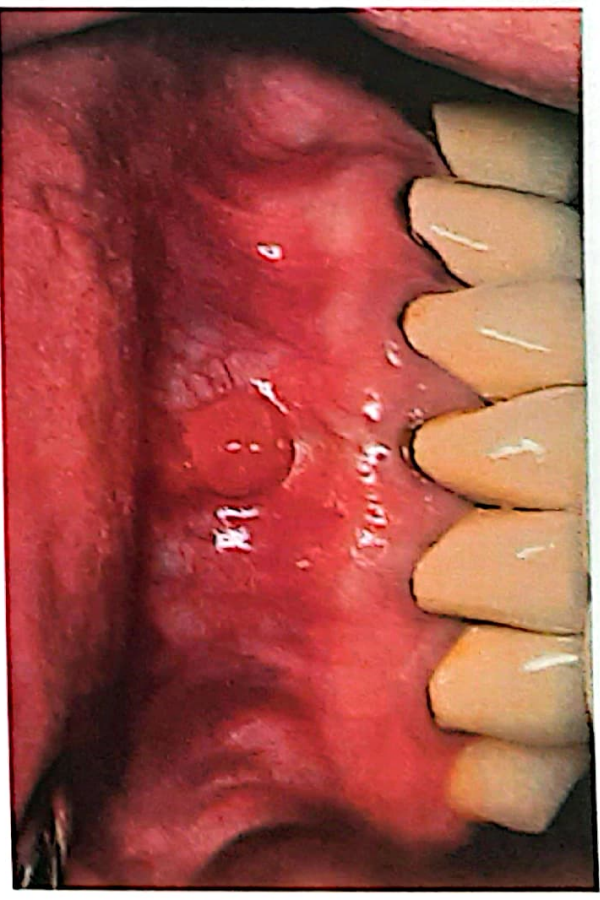
■ **Figure 3.2**
Hyperplastic Pulpitis
 This mandibular molar has a large pulpal exposure with hyperplastic granulation tissue extruding from the pulp chamber. (Courtesy Dr. David Davidson.)



■ **Figure 3.3**
Palatal Abscess
 (A) Suppurative swelling of the palate resulting from odontogenic infection. (B) Source of infection appeared to be a nonvital maxillary lateral incisor with a periapical radiolucency; several other infected maxillary teeth in this patient may have contributed to abscess formation as well.

■ **Figure 3.4**
Parulis

Exophytic, yellowish mass of granulation tissue on the alveolar mucosa at the opening of a sinus tract.



■ **Figure 3.5**

Cutaneous Sinus

This patient had an underlying mandibular odontogenic infection that led to formation of a sinus tract, terminating on the skin surface as an erythematous nodule.



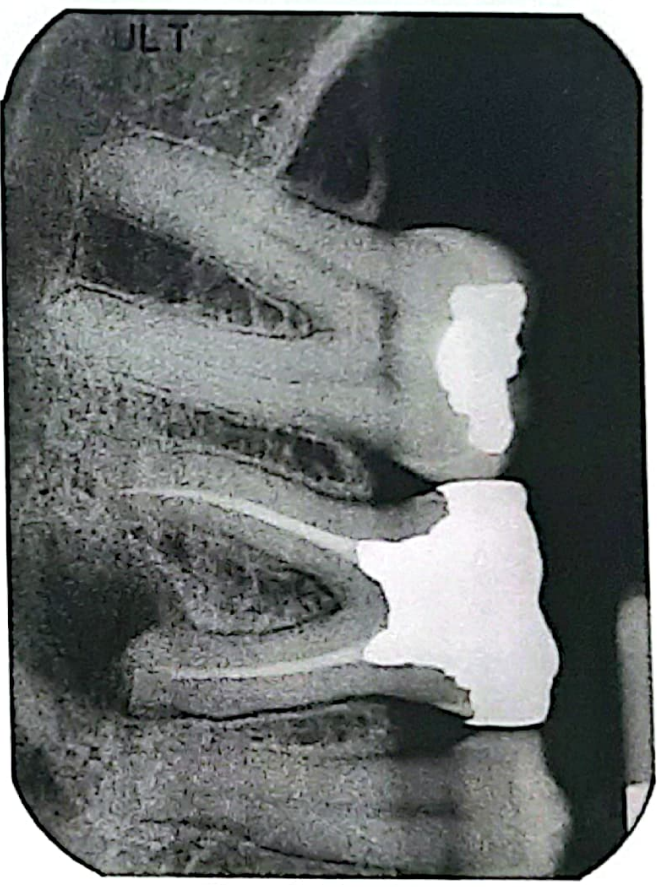
■ **Figure 3.6**

Cutaneous Sinus

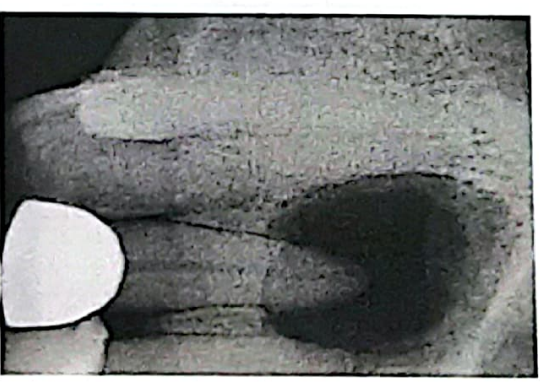
The skin overlying the inferior border of the mandible is a common site for cutaneous sinus formation. In this case, the opening of the sinus tract appeared as a dimple.



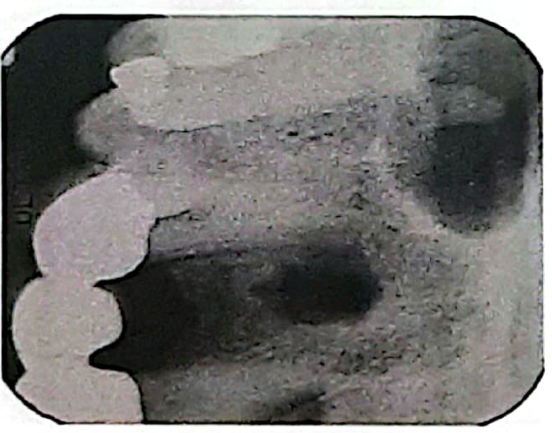
■ **Figure 3.7**
Periapical Granuloma
 Periapical radiolucency associated with the mesial root apex of an endodontically treated mandibular molar. There is loss of the lamina dura in the area of the lesion. (Courtesy Dr. Michael Piepenbring.)



■ **Figure 3.8**
Periapical Granuloma
 Well-defined radiolucency at the apex of a maxillary lateral incisor.

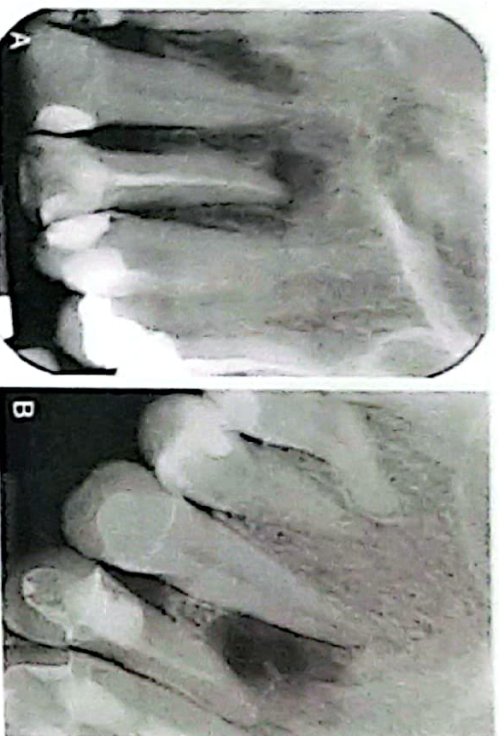


■ **Figure 3.9**
Periapical Scar
 Radiolucency representing scar tissue that formed after extraction of a maxillary lateral incisor with periapical inflammatory disease. Loss of both the buccal and lingual cortical plates can predispose to scar formation.



■ **Figure 3.10**
Periapical Cyst

(A) Radiolucency associated with the apex of a maxillary lateral incisor that had been treated endodontically (Courtesy Dr. Michael Peepenberg.) (B) The term *lateral radicular cyst* may be used for an inflammatory cyst that forms between the roots of teeth, as seen in this example between the roots of the maxillary lateral incisor and canine. (Courtesy Dr. William Darlap.)



■ **Figure 3.11**

Periapical Cyst

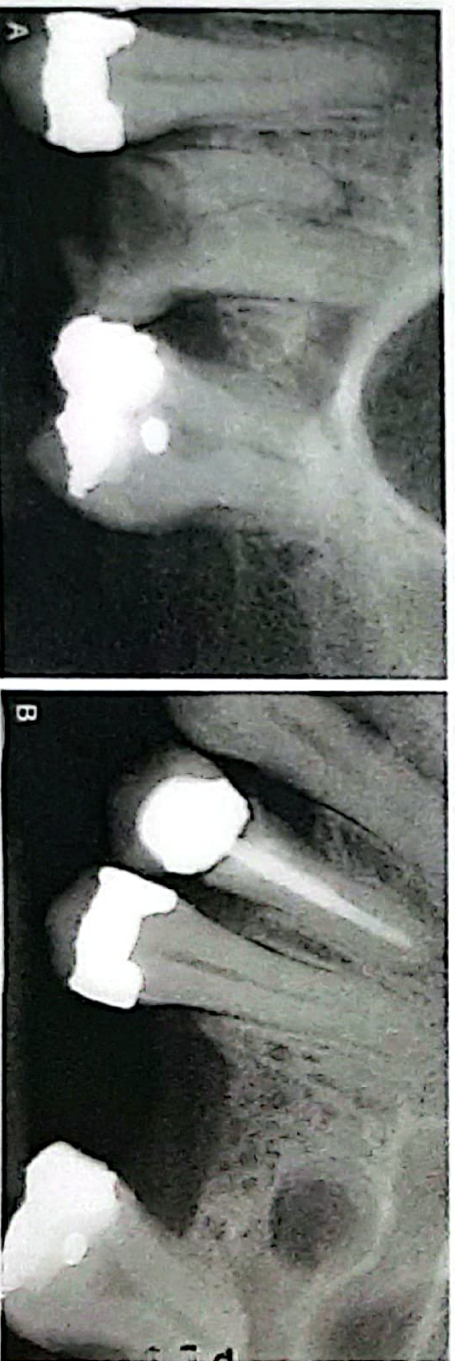
This radiolucency is an especially large periapical cyst involving much of the mandible. (Courtesy Dr. Jay Sikes.)



■ **Figure 3.12**

Residual Periapical Cyst

(A) Grossly carious molar with a periapical radiolucency adjacent to the floor of the maxillary sinus. (B) Although the tooth has been extracted, a well-circumscribed residual periapical cyst can still be seen beneath the sinus.



■ Figure 3.13
Ludwig Angina

(A) Prominent submental and neck swelling with associated erythema. (B) Swelling resolved after treatment, including incision and drainage (drain shown here), eliminating the underlying source of infection, intravenous antibiotics, fluid management, and nutritional support.



■ Figure 3.14
Acute Osteomyelitis With Sequestra

Ill-defined radiolucency with associated opacities in the mandible.

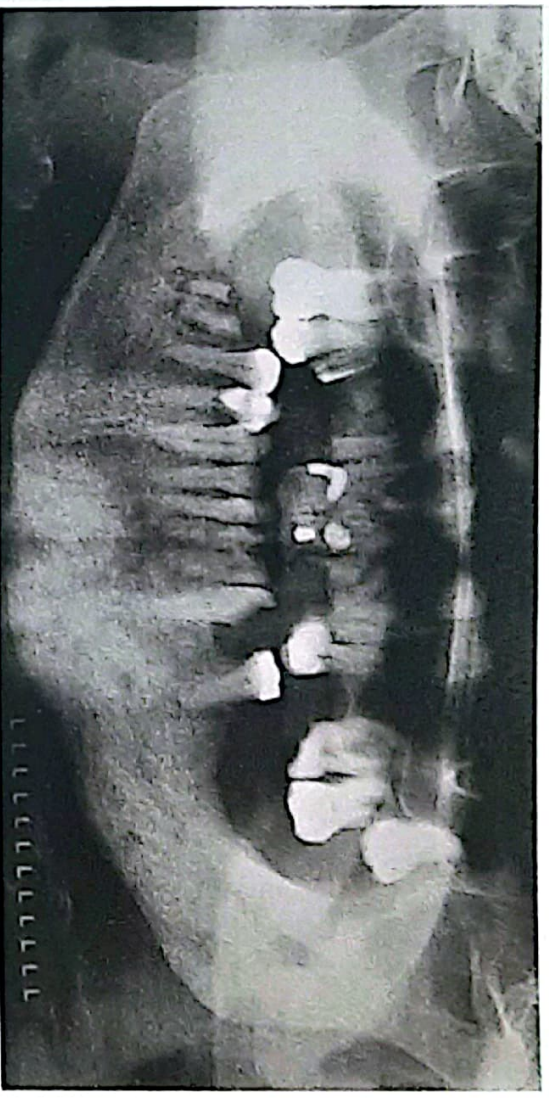


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■ Figure 3.15
Chronic Osteomyelitis

Ill-defined radiolucency in the posterior mandible after tooth extraction.





■ Figure 3.16

Sclerosing Osteomyelitis

Diffuse opacification of the anterior and left posterior mandible.

■ Figure 3.17

Condensing Osteitis

Periapical opacification in association with a nonvital mandibular first molar.



Handwritten note: condensing osteitis

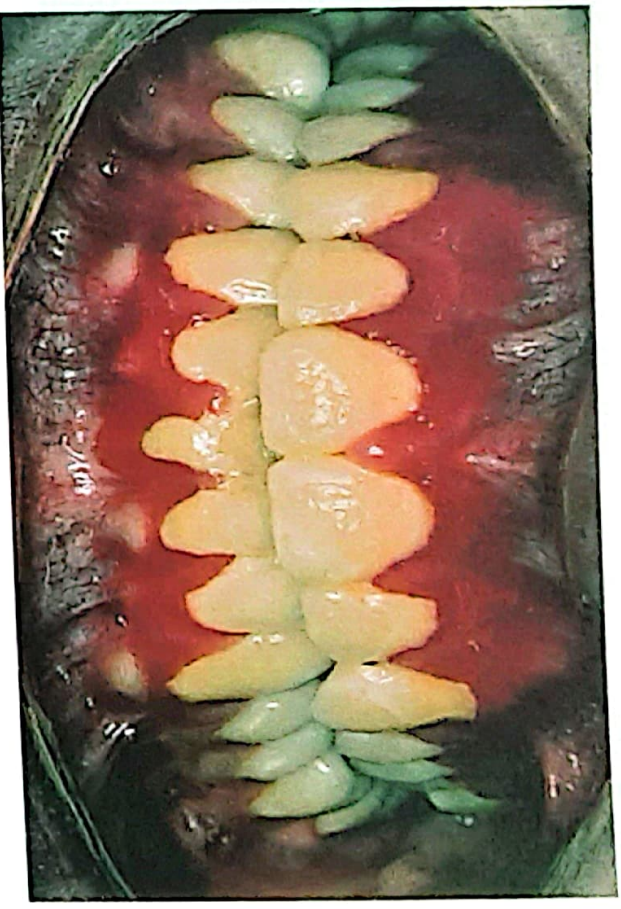
■ Figure 3.18

Proliferative Periostitis

New periosteal bone formation (arrow) along the inferior border of the right posterior mandible. The underlying inflammatory stimulus was infection of the right mandibular first molar.



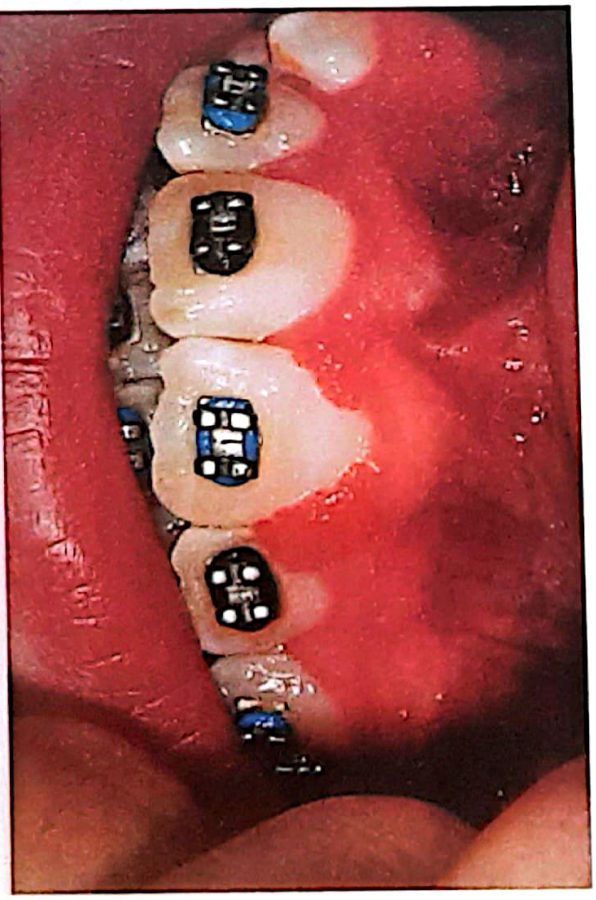
■ **Figure 4.1**
Gingivitis
Diffuse inflammation of the maxillary and mandibular gingivae



■ **Figure 4.2**
Gingivitis
Inflammation of the marginal gingiva.



■ **Figure 4.3**
Localized Juvenile Spongiotic Gingival
Hyperplasia
Bright red alteration of the anterior maxillary gingiva
in a young patient who was receiving orthodontic
treatment. (Courtesy Dr. Drane Oliphant.)

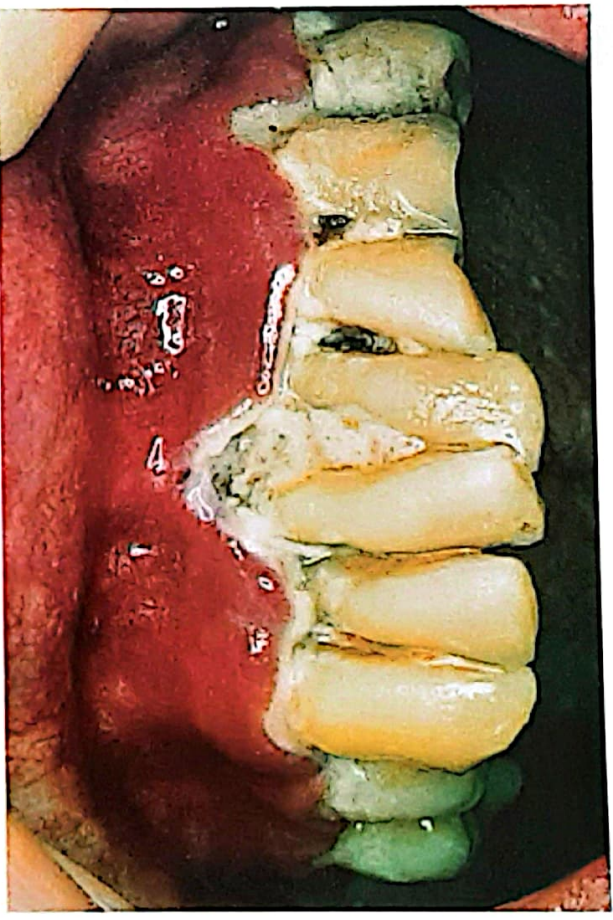


■ **Figure 4.4**
Necrotizing Ulcerative Gingivitis
Inflamed, hemorrhagic gingiva with blunting of the interdental papillae.

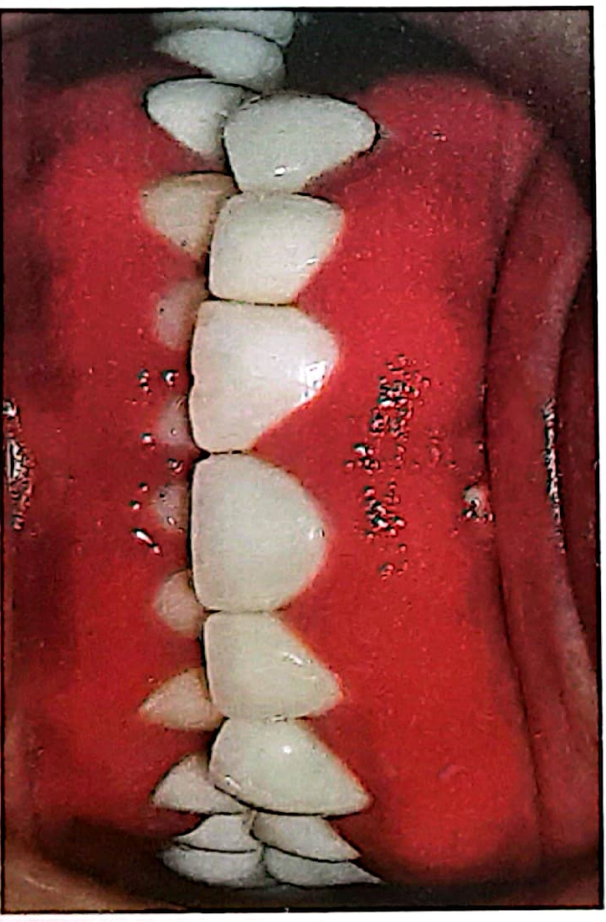


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■ **Figure 4.5**
Necrotizing Ulcerative Gingivitis
Extensive inflammation and necrosis of the mandibular gingiva.



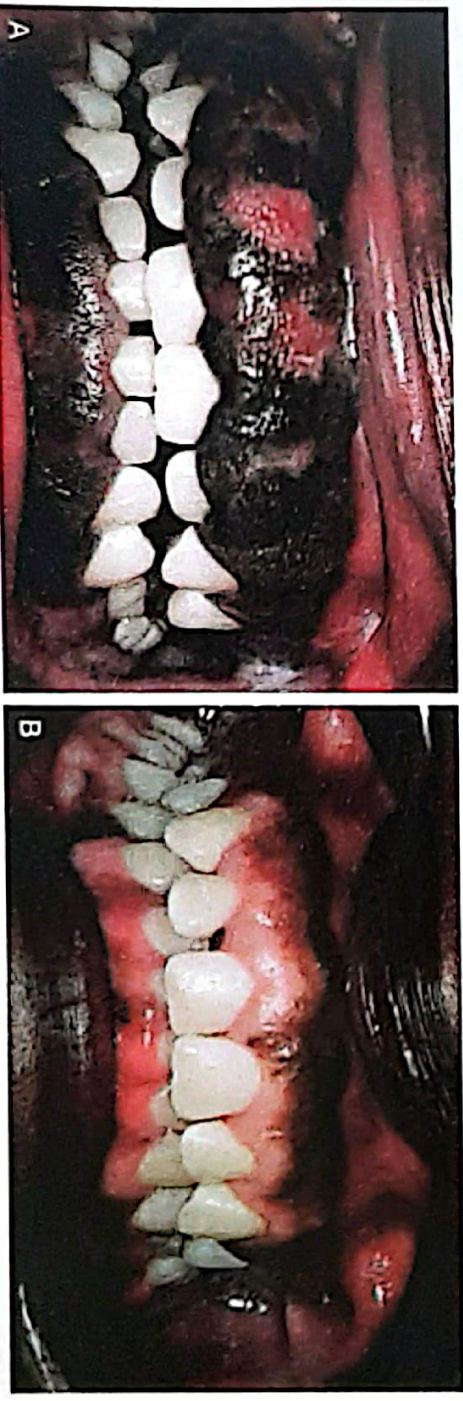
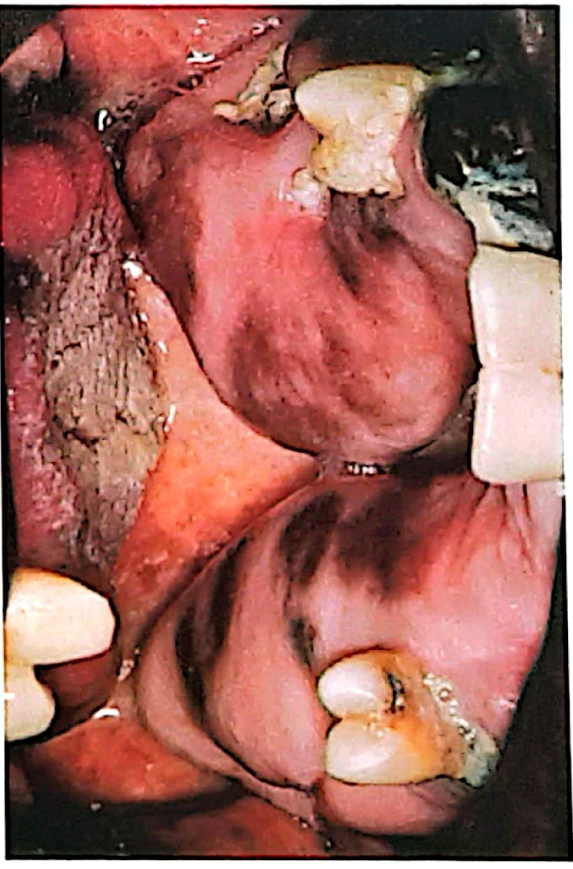
■ **Figure 4.6**
Plasma Cell Gingivitis
Diffuse, bright red swelling of the free and attached gingivae in both arches (Courtesy Dr. Michael Quinn.)



■ **Figure 4.7**
Foreign Body Gingivitis
 localized, erythematous swelling of the marginal gingiva in response to foreign material. (Courtesy Dr. Neal Lemmerman.)



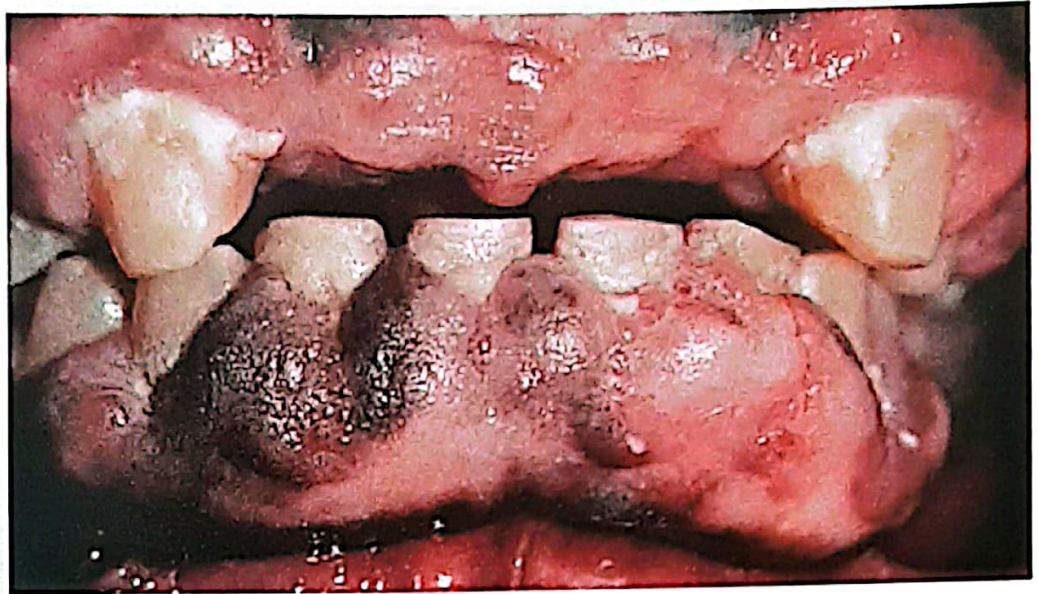
■ **Figure 4.8**
Gingival Fibromatosis
 Marked enlargement of the maxillary gingiva.



■ **Figure 4.9**
Gingival Fibromatosis
 (A) Diffuse enlargement of the maxillary and mandibular gingivae, with partial coverage of the tooth crowns. (B) Same patient in image A after professional plaque/calculus removal and gingivectomy. (Courtesy Dr. Lynn Wallace.)

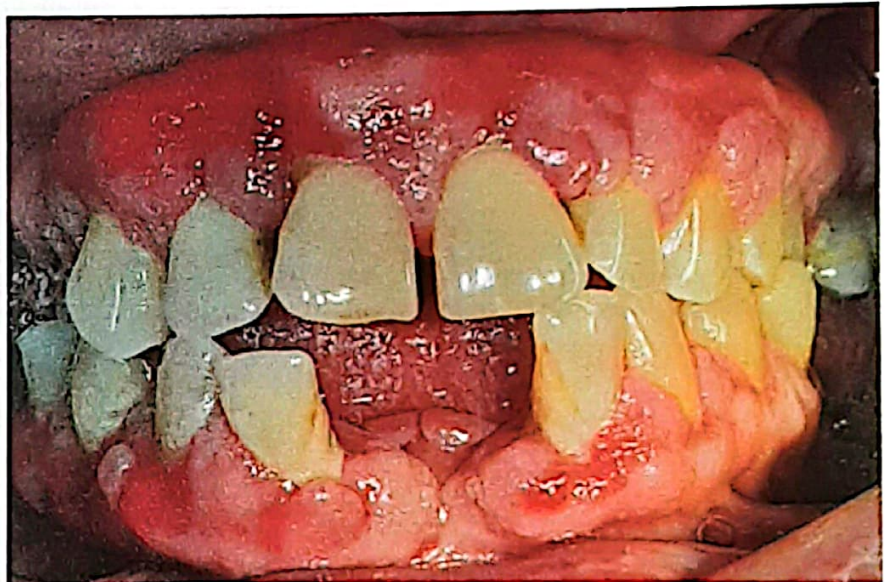
■ **Figure 4.10**
Drug-Induced Gingival Overgrowth

Diffuse, fibrotic gingival enlargement with partial coverage of the tooth crowns in a patient taking phenytoin for seizures.



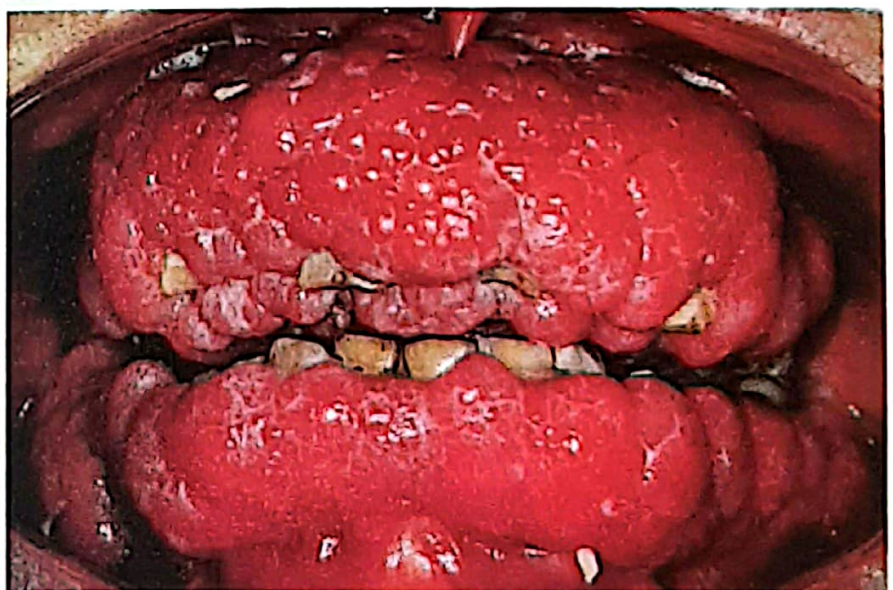
■ **Figure 4.11**
Drug-Induced Gingival Overgrowth

Fibrotic and erythematous enlargement of the gingivae with areas of nodularity in a patient taking amlodipine (a calcium channel blocker).



■ **Figure 4.12**
Drug-Induced Gingival Overgrowth

Dramatic overgrowth of the maxillary and mandibular gingivae in a renal transplant patient who was taking both cyclosporine and amlodipine. The mucosal surface appears pebbly in many areas. (With appreciation to Dr. Graham Lee.)



■ **Figure 4.13**

Periodontitis

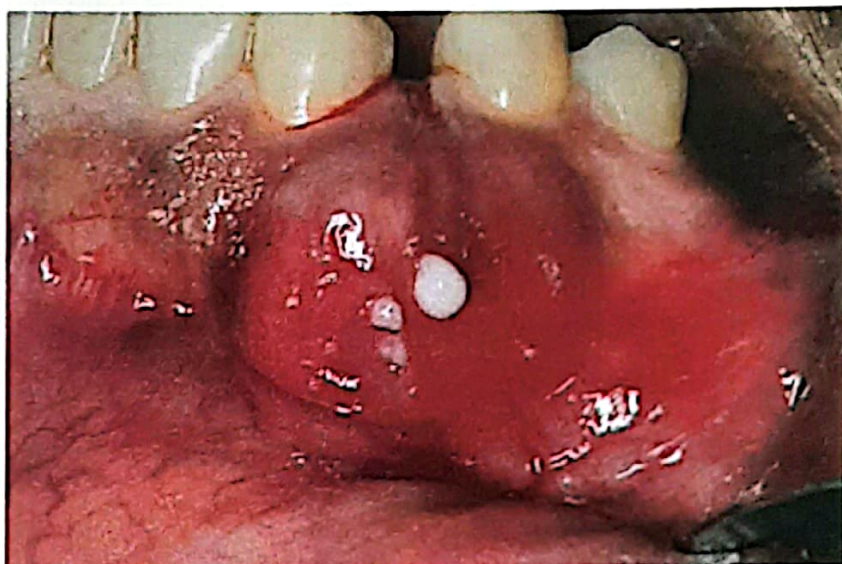
Severe bone loss in association with a mandibular molar.



■ **Figure 4.14**

Periodontal Abscess

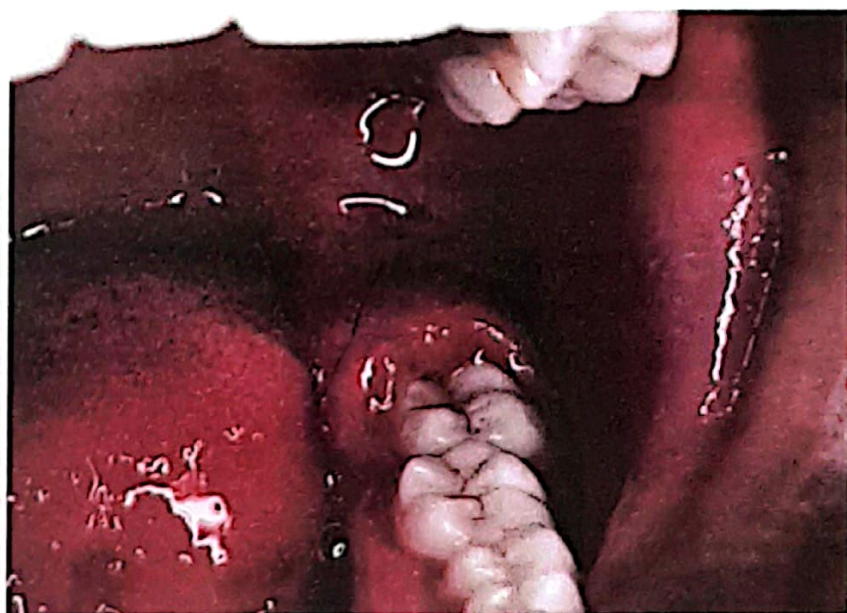
Erythematous, nodular swelling with purulent drainage.
(With appreciation to Dr. Kevin Riker.)



■ **Figure 4.15**

Pericoronitis

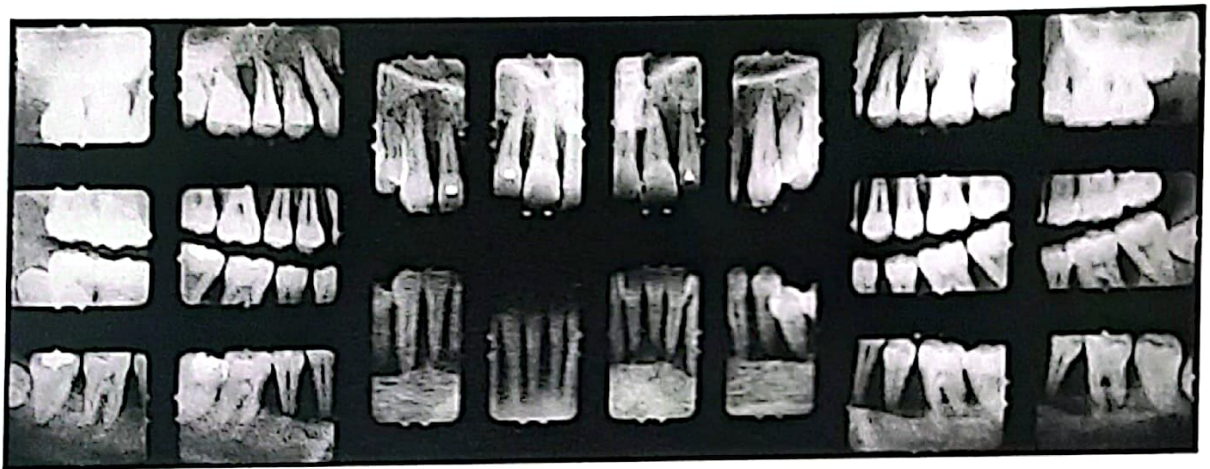
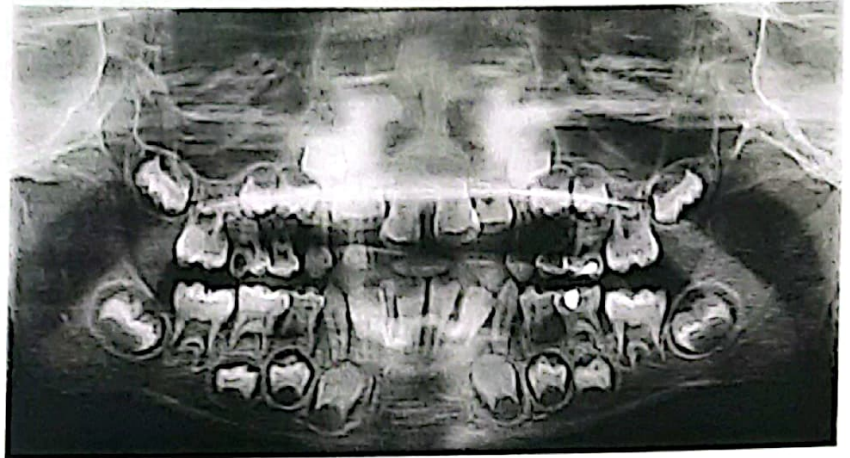
Erythematous swelling of the soft tissue on the distal-occlusal aspect of an incompletely erupted mandibular third molar.



■ **Figure 4.16**

Aggressive Periodontitis

Loss of bone support in the molar and incisor regions of a young patient. (Courtesy Dr. Erwin Turner.)



■ **Figure 4.17**

Papillon-Lefèvre Syndrome

Severe, generalized bone loss, with some teeth appearing to "float in air." (Courtesy Dr. Román Carlos.)

■ **Figure 4.18**

Papillon-Lefèvre Syndrome

Plantar keratosis of both feet. (Courtesy Dr. Román Carlos.)

