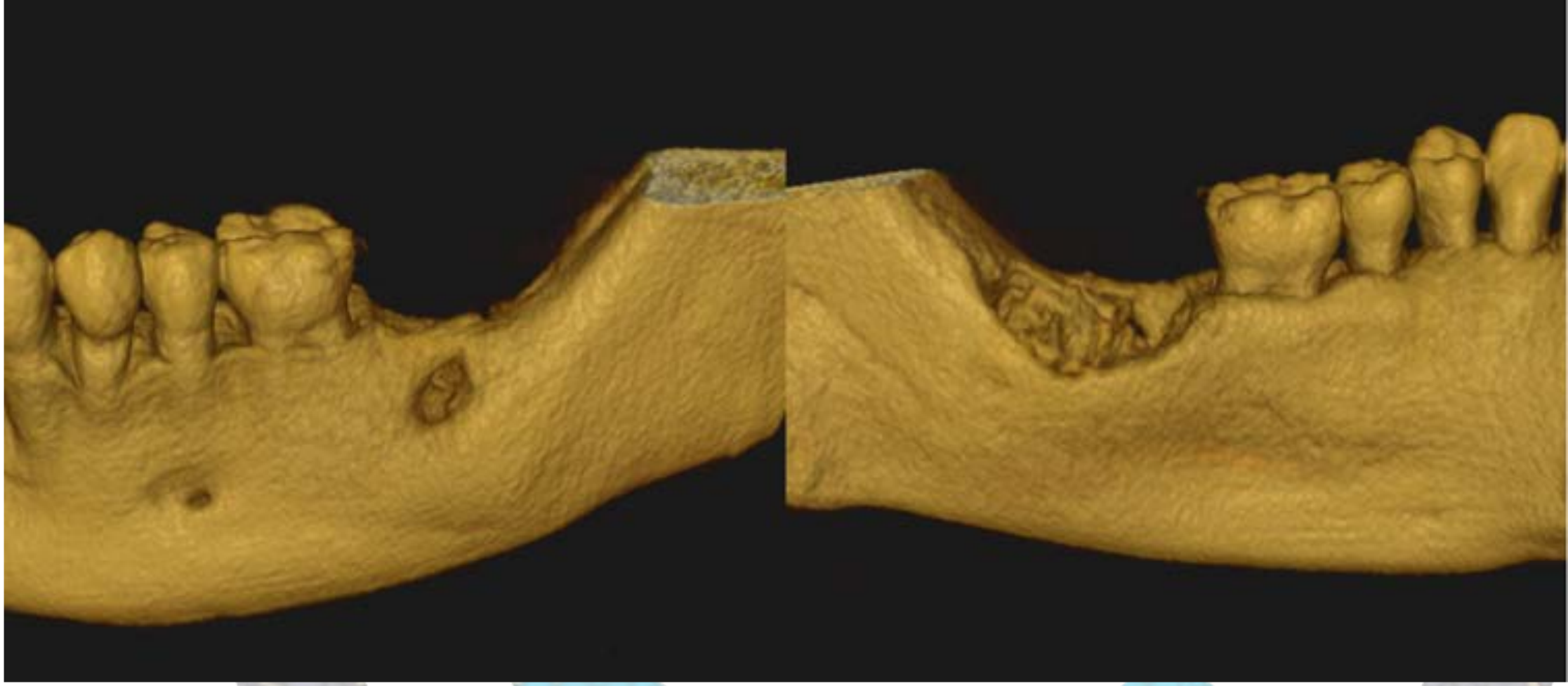
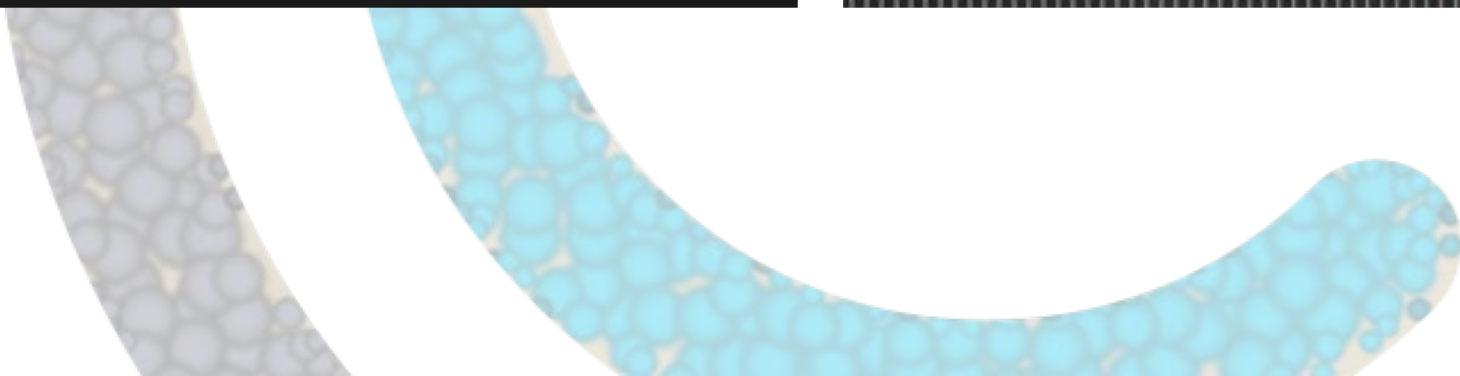
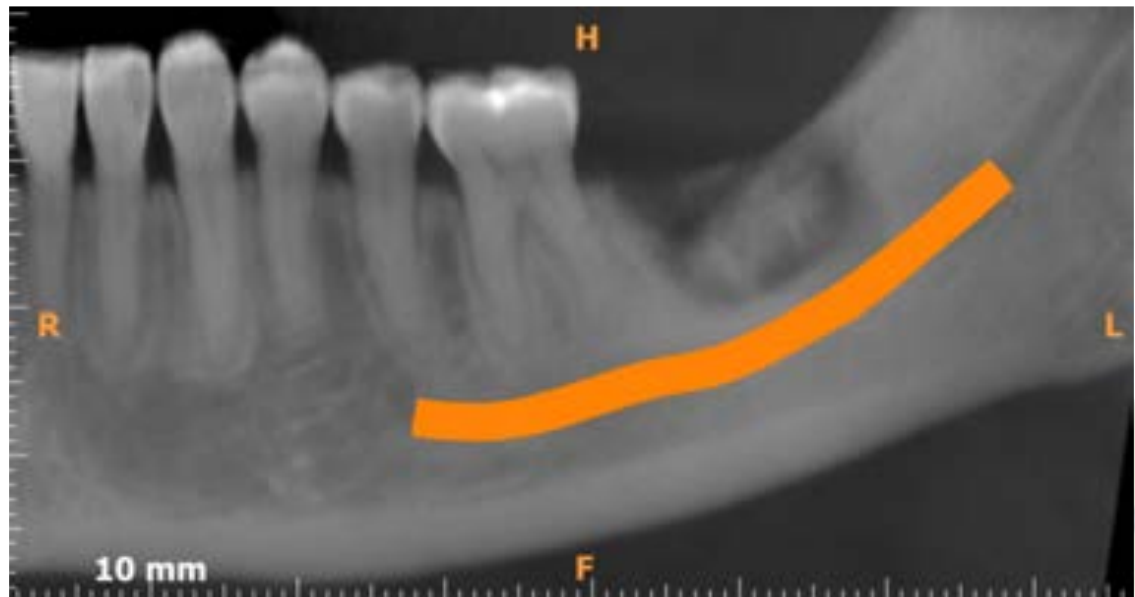
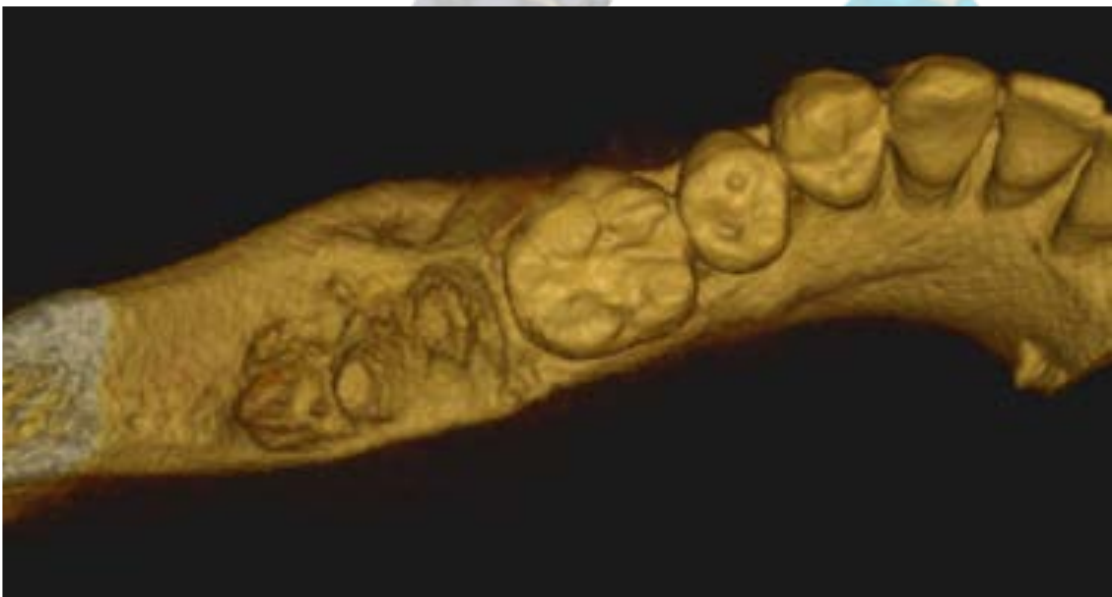
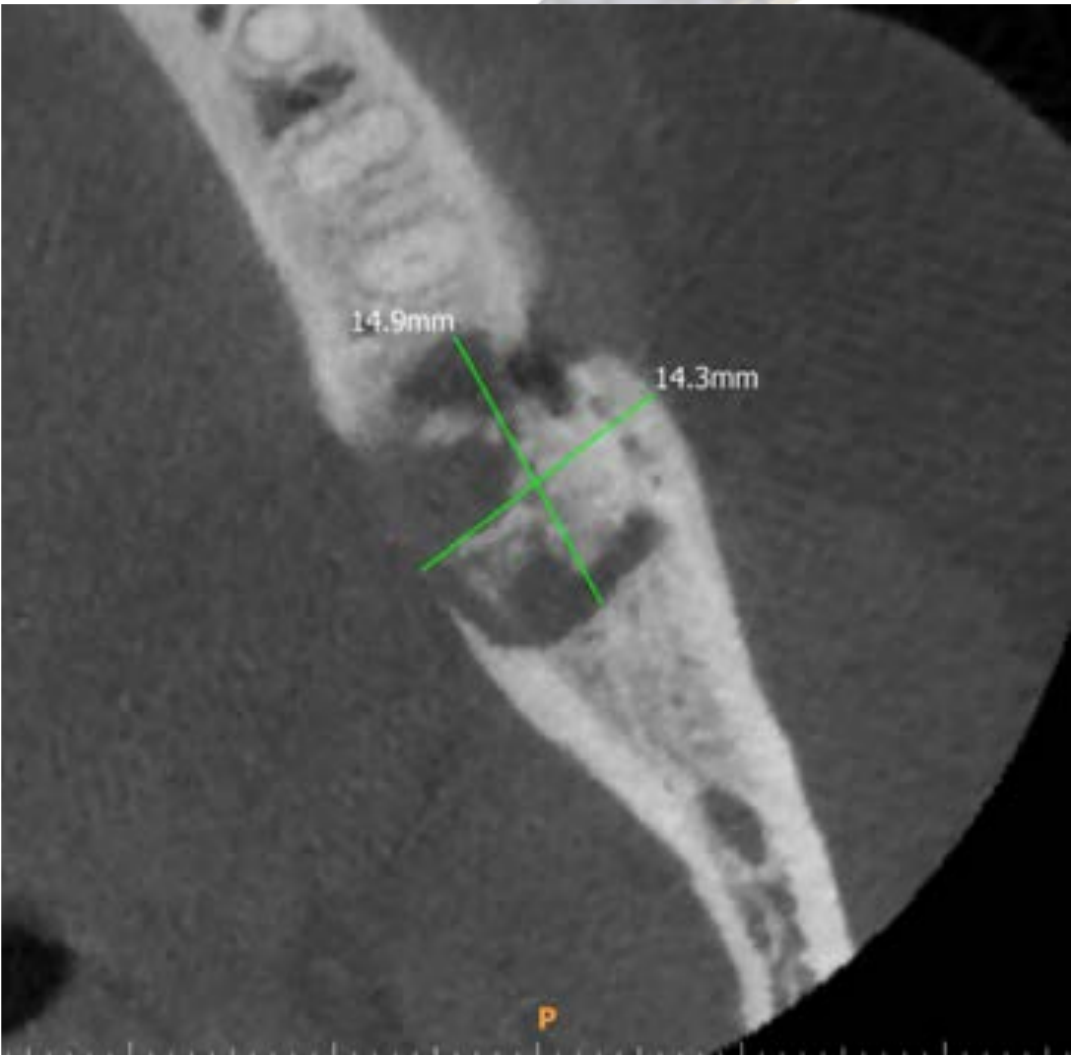


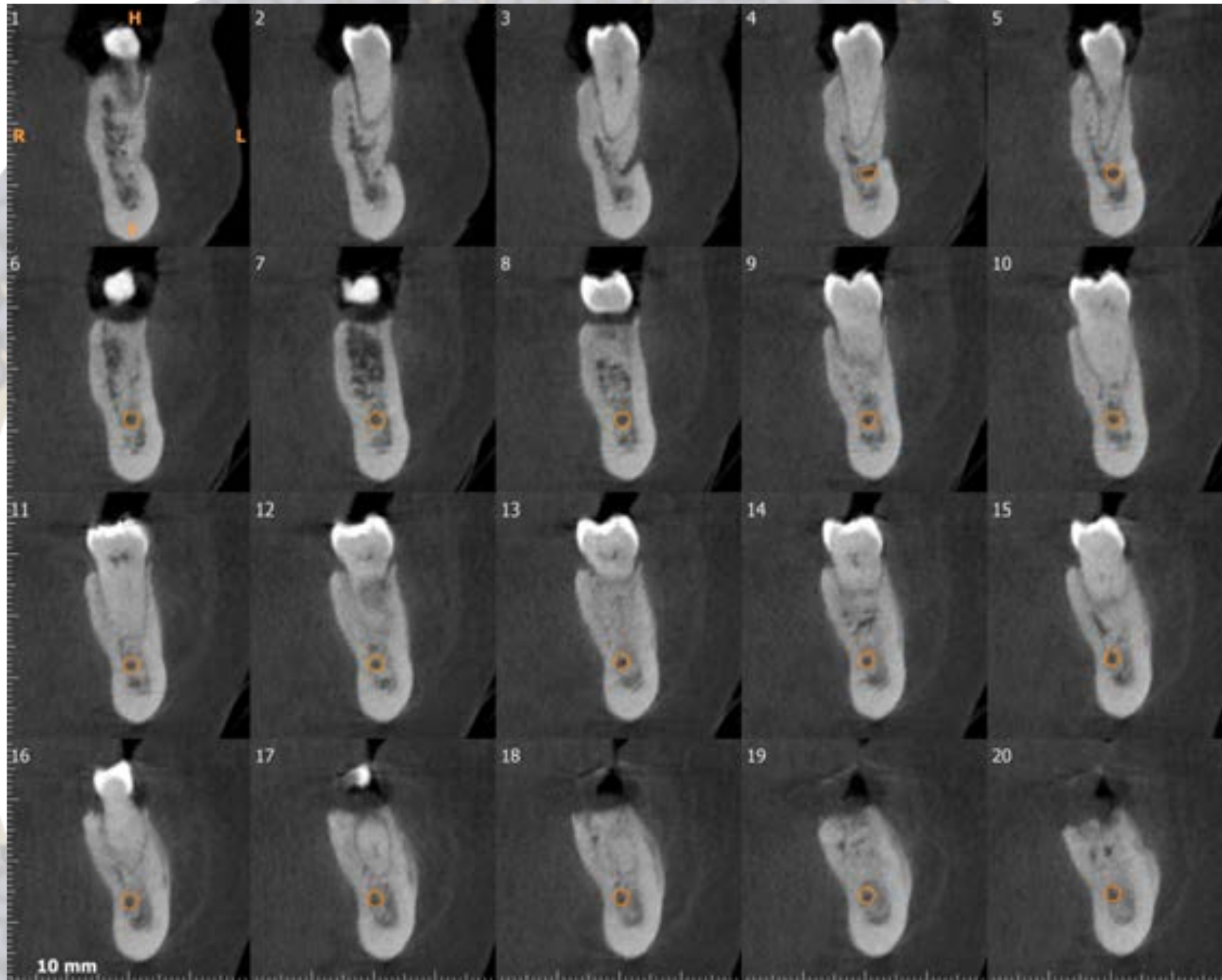
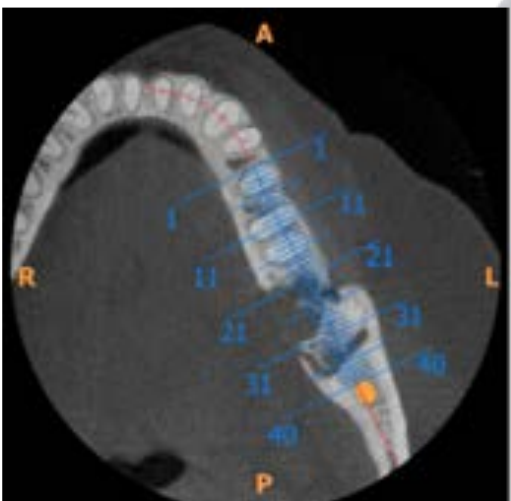
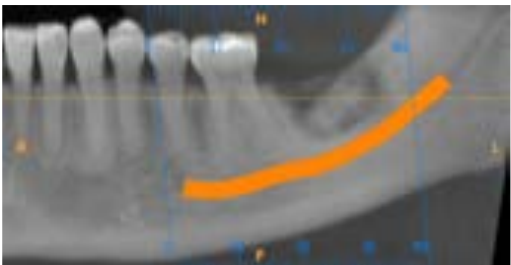


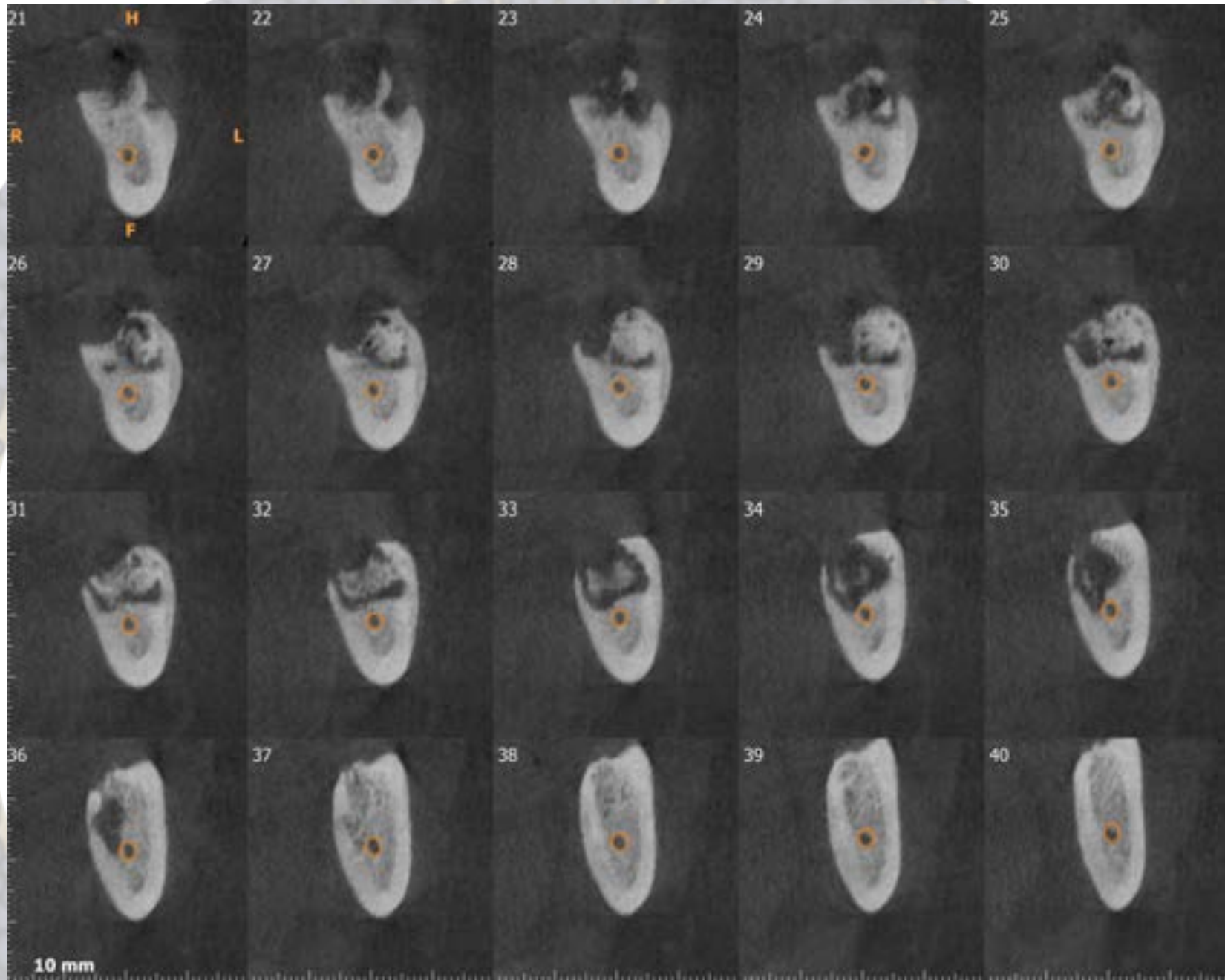
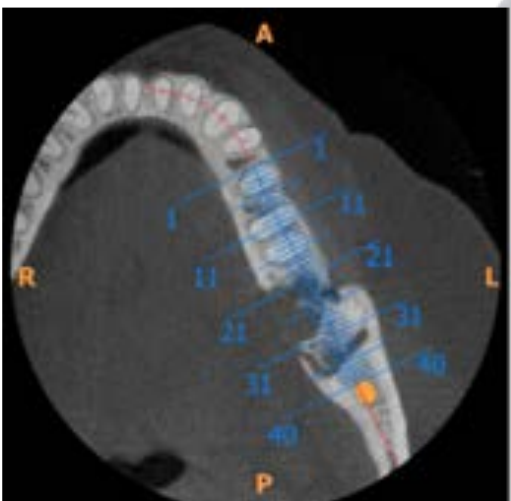
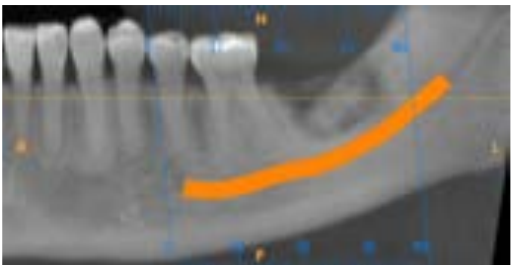
Caso Clínico
Osteoquimionerosis
Dra. Araceli Martínez Miravé
Barcelona, Abril 2019

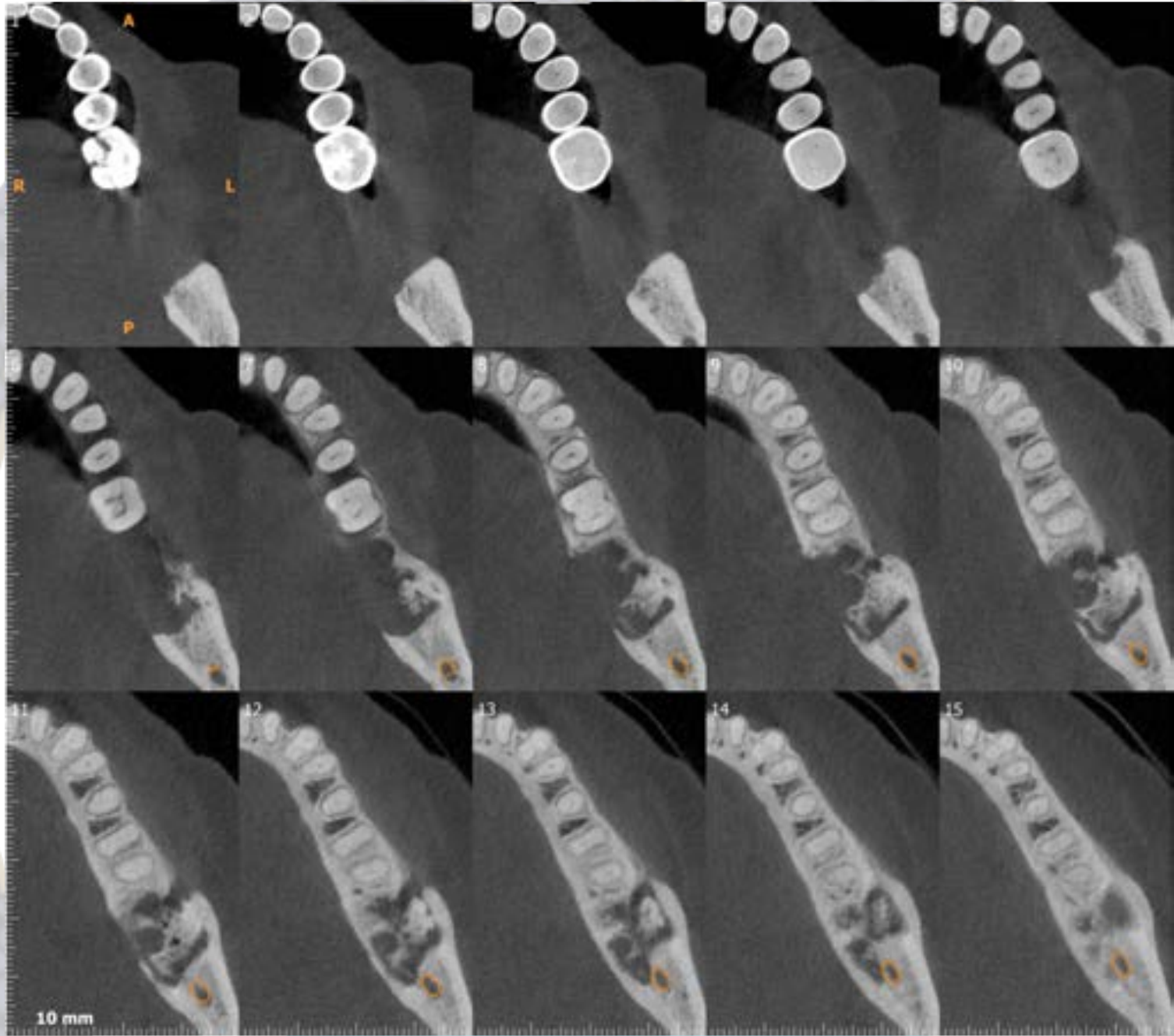
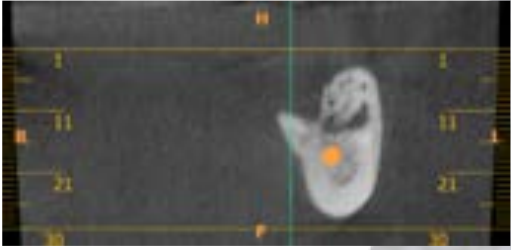
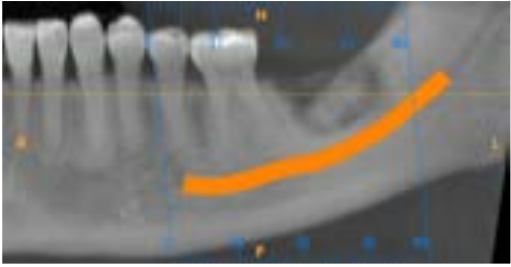


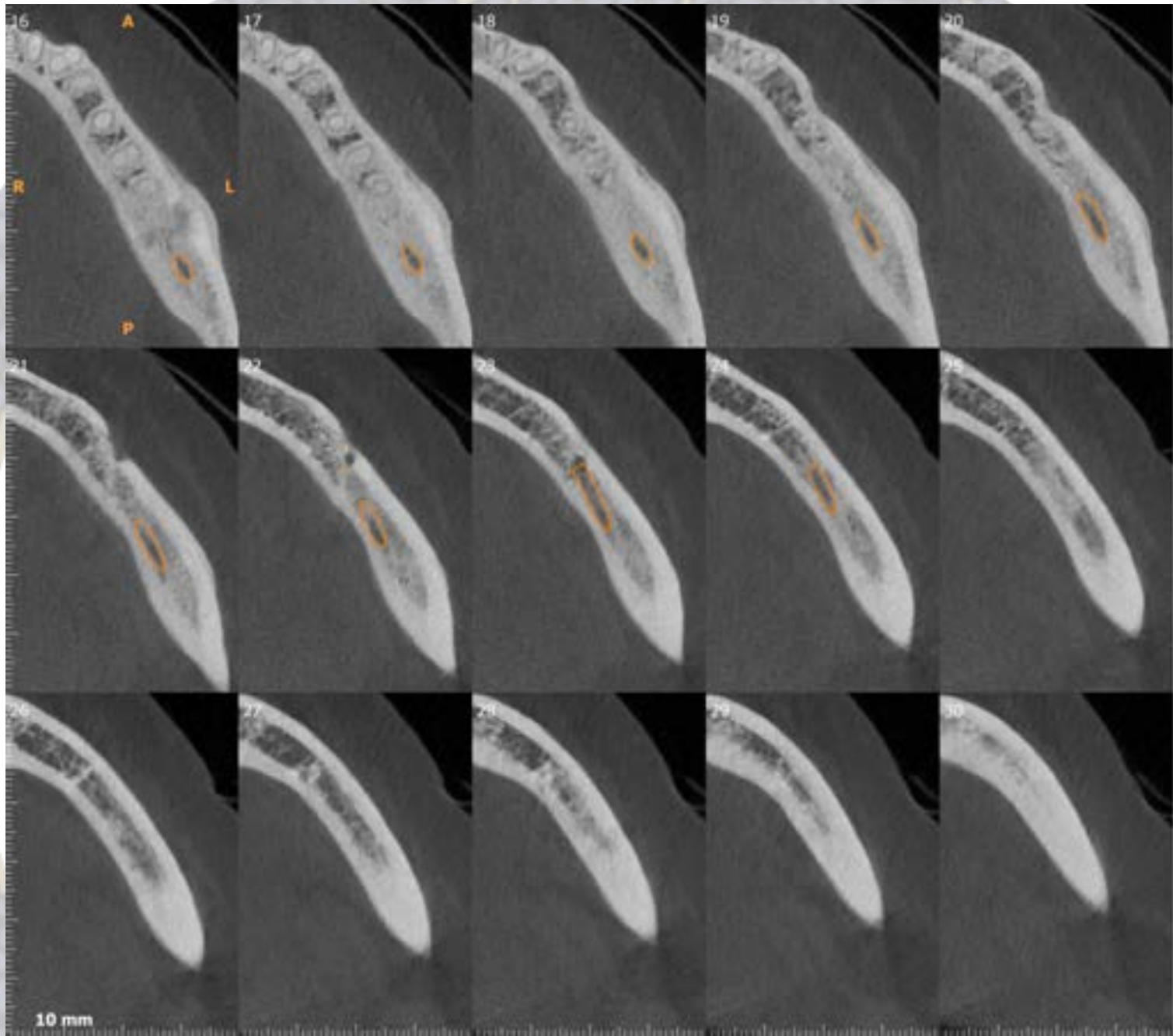
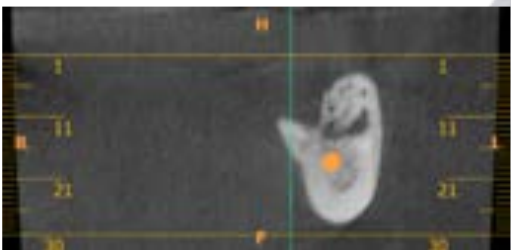
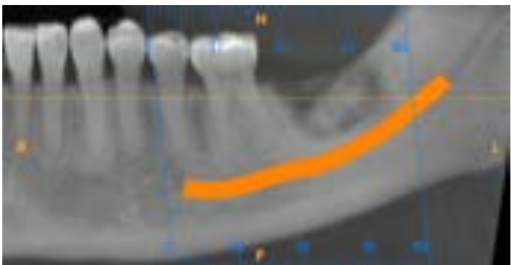


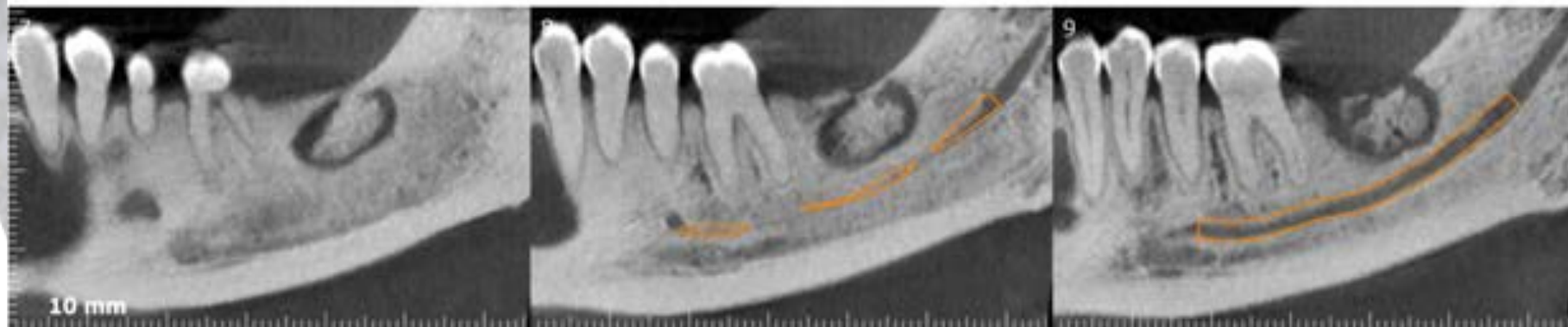
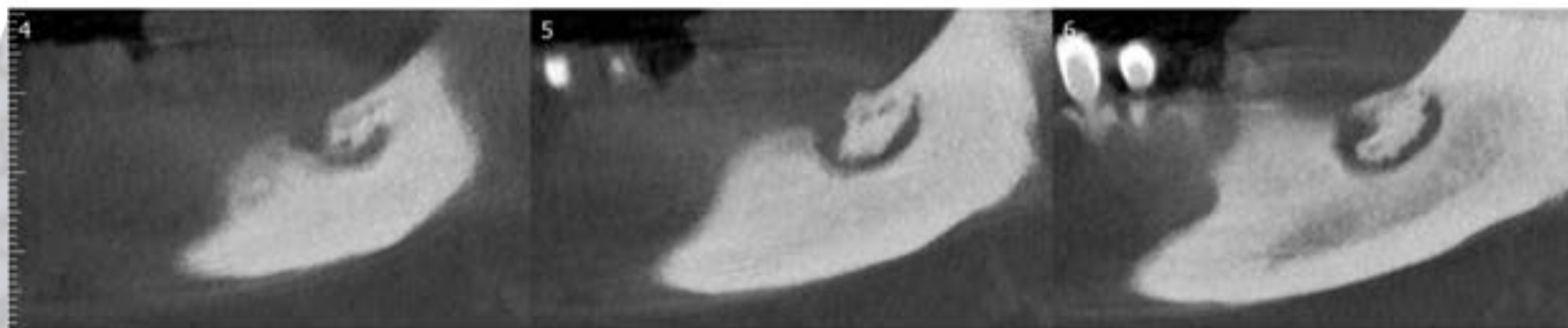
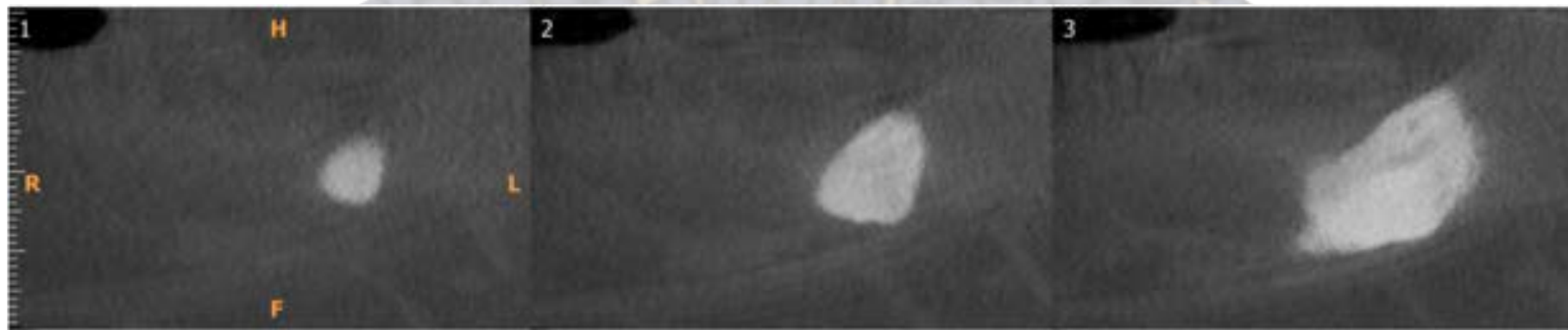
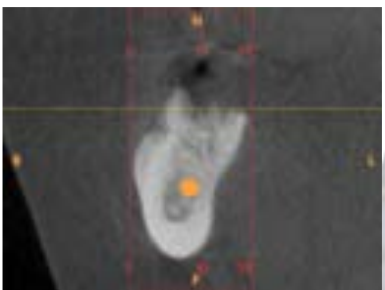
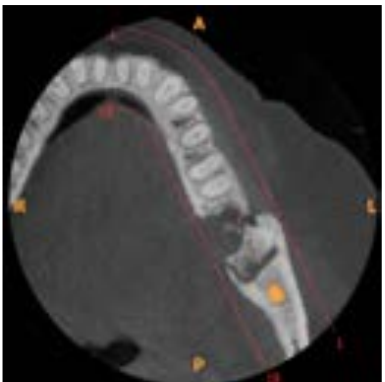












Conclusiones

En el sector edéntulo del molar 37 se observa lesión de contorno difuso y sin forma definida, de radiodensidad mixta, con áreas radiolúcidas y áreas hiperdensas; No se observa cierre de la cortical crestal; se observa discontinuidad en la cortical vestibular y presencia de áreas hiperdensas compatibles con secuestros óseos; la lesión alcanza el techo del conducto dentario inferior izquierdo (cortes ortorradales 21-36, axiales 6-14 y panorámicos 4-15).

Las dimensiones aproximadas de la lesión son:

- diámetro mesio-distal 14.9mm
- diámetro cráneo-caudal 8.4mm
- diámetro vestíbulo-lingual 14.3mm

La radiodensidad del hueso circundante es mayor a la esperada en relación al sexo y la edad del paciente, compatible con hueso esclerótico por ingesta de bifosfonatos.

Las características radiográficas de la lesión sugieren osteoquimionerosis.