

Giant calculus

Sir,

We would like to report an interesting case of a giant dental calculus found on the maxilla, which was leading to a facial swelling and was impairing the oral functional movements. The patient was a 50-year-old female patient who consulted us for a growth in the maxillary right posterior region. She gave a history of chewing tobacco and used to brush her teeth with mishri (a form of smokeless tobacco used by women of rural India to clean their teeth). It was also noted in history that the lesion had been growing progressively for the past 15 years and the patient had not sought any dental treatment prior to this. General hematological examination along with blood pressure tests were within normal range. Intra-oral examination revealed a brownish mass, hard in consistency extending from the maxillary right first premolar to the maxillary right first molar, which mimicked a neoplastic lesion [Figure 1]. The patient gave a history of not eating from that side for the past 15 years. Moreover, she would not brush that area as the maxillary right first molar was mobile and she was of afraid that it would exfoliate. The other teeth had generalized severe periodontal disease, and the absence of oral care was evident. With a clinical diagnosis of a giant calculus, the mobile tooth was extracted. After extraction, it was noticed that the tooth was entirely covered with calculus [Figure 2]. Following this treatment, a complete healing was observed. Giant calculus has been previously described and could be associated with poorly controlled type 2 diabetes.^[1-3] It has been observed that people in rural India are relatively less concerned about their oral hygiene, and many of them are habitual users of mishri. In our practice, this is probably an extreme case of poor oral hygiene. Indeed, 'tumoral presentation' can lead to misdiagnosis.

Treville Pereira, Subraj Shetty, Svylyv Pereira¹

Department of Oral and Maxillofacial Pathology and Microbiology, Dr. D. Y. Patil Dental College and Hospital, Nerul, ¹Maruti Mount View, Section 8-B, C.B.D. Belapur, Navi Mumbai, Maharashtra, India

Address for correspondence:

Dr. Treville Pereira,
Department of Oral and Maxillofacial Pathology and Microbiology,
Dr. D. Y. Patil Dental College and Hospital, Sector 7,
Nerul, Navi Mumbai - 400 706, Maharashtra, India.
E-mail: trevillepereira@gmail.com

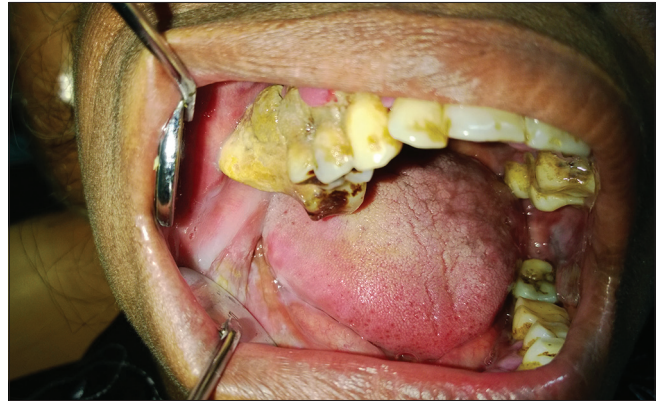


Figure 1: Brownish mass mimicking a neoplastic lesion

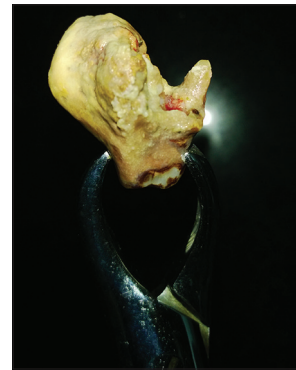


Figure 2: Extracted tooth specimen

REFERENCES

1. Ortega KL, Luiz AC, Martins FM. Calculus or tumour? Br Dent J 2008;205:582.
2. Minoru M, Akinori I, Hitomi S, Yumiko O, Shun'ichiro N. A case of a giant dental calculus suspected to be a neoplastic lesion. Jpn J Oral Maxillofac Surg 2004;50:442-5.
3. Woodmansey K, Severine A, Lembariti BS. Giant calculus: Review and report of a case. Gen Dent 2013;61:e14-6.

Access this article online

Quick Response Code:



Website:
www.ejgd.org

DOI:
10.4103/2278-9626.134857