The examination consists of a lateral cephalometric skull radiograph and an iCAT® cone-beam computed tomographic examination extending from the roofs of the orbits to the inferior border of the mandible. Axial and reconstructed sagittal and coronal sections are reviewed, as are corrected sagittal and coronal reconstructions through the temporomandibular joints.

The right and left mandibular condylar heads are seated minimally-posteriorly and laterally in the glenoid fossae in the closed mouth position. Therefore, the anterior and medial joint spaces are increased in width. These appearances are suggestive of antero-medially displaced disks. The contours and cortication of the right and left condylar heads, glenoid fossae and articular eminences are within the range of normal. No abnormalities of the bony components of the temporomandibular joints are appreciated.

The borders of the depicted paranasal sinuses are intact. There is a well-defined radiopaque entity that extends from the frontal sinus into the anterior ethmoid air cells on the right side. The radiopacity fills almost all of the base of the frontal sinus airspace and anterior ethmoid area. The entity is incompletely imaged, and the field of view fails to depict the most superior extent of the entity. The appearance is consistent with an osteoma.

There is bilateral maxillary sinus mucosal thickening. These appearances are consistent with sinusitis.

The generalized bone pattern and jaw morphology are within the range of normal.

**Interpretation:**

1. Right frontal and ethmoid osteoma.
2. Maxillary sinusitis.
3. No osseous abnormalities of the temporomandibular joints are appreciated.
4. Right and left mandibular condylar head positions are suggestive of antero-medially displaced disks.

Sincerely,

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