

Giant Tumor Calculus

We would like to report an interesting case of a giant dental calculus found in the mandibular anterior region of a 65-year-old male patient. It was impairing his oral functional movements. The patient had consulted us for mobility of teeth in the mandibular anterior region. He gave a history of chewing tobacco and rarely used to brush his teeth. There was a fixed prosthesis in the mandibular anterior region which was fabricated 20 years back. 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 mandibular right canine to the mandibular left canine which mimicked a neoplastic lesion [Figure 1]. The mass had caused the entire prosthesis to tilt labially due to which there was a lack of labial sealing, and the occlusion was hampered. He also had a social difficulty in eating and talking. Moreover, the patient would not brush that area as the prosthesis was mobile and he was of afraid that it may exfoliate. The other teeth were periodontally involved, and the absence of oral care was evident. Even though the lesion was of a 20-year duration the patient had not sought any dental evaluation due to his financial instability. An orthopantamogram was advised which revealed a fixed prosthesis in the maxillary and mandibular anterior region. In the mandibular region, the prosthesis had a huge mass attached at the base which had caused resorption of the underlying bone [Figure 2]. With a clinical diagnosis of a giant calculus, the mobile prosthesis was extracted. After extraction, it was noticed that the entire prosthesis was covered with calculus [Figure 3]. Following this treatment, a complete healing was observed. Giant calculus has been described previously to 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 not aware of proper brushing techniques. In our practice, this is probably an extreme case of poor oral hygiene.

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Conflicts of interest

There are no conflicts of interest.

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Figure 1: Brownish mass mimicking a neoplastic lesion.



Figure 2: Orthopantamogram showing a radio-opaque mass in the mandibular anterior region.



Figure 3: Extracted fixed prosthesis specimen.

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Letter to Editor

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