Is it as dangerous as it looks?

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Che Ibrahim NH, Md Shukri N. Is it as dangerous as it looks? *Malays Fam Physician.* 2017;12(1);35–36.

Keywords:
Torus palatinus, hard palate, hard palate tumour

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Abstract

A common bony protrusion that occurs over the hard palate is sometimes mistaken for a malignancy especially when it is large. This bony growth is a torus palatinus (TP), which is a benign bony prominence over the hard palate. It occurs most commonly in bilateral multiple form, and is often located at the canine to premolar area. A basic knowledge of the assessment and management of TP is important,, particularly for the first-line family physician to ensure that the correct information is given to the patient.

Case Summary

A 58-year-old Malay man came for follow-up for allergic rhinitis. His rhinitis was well controlled with regular nasal spray. There was no dysphagia or intra-oral bleeding. A clinical oral examination was performed as seen in (**Figure 1**).

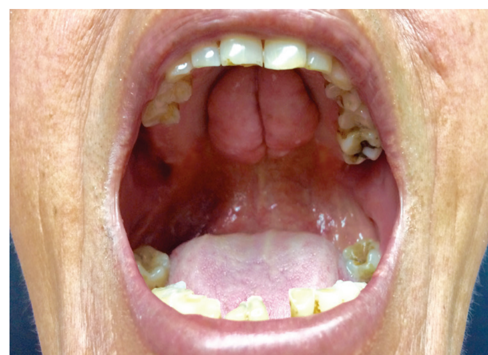

Figure 1. Large irregular growth over the hard palate

Questions

1. State the diagnosis.
2. What problems can this cause to the patient?
3. What are the management options?

Answers

1: A large torus palatinus (TP) occupying most of the central part of the hard palate.

2: Difficulty in forming a food bolus during the first phase of swallowing with risk of food stuck at the edge of growth.

3: Conservative management can be done if the lesion does not cause problems for the patient. . Surgical excision may be needed if symptoms are causing discomfort or for prosthodontic purposes.

Discussion

TP is a benign anatomical bony prominence that occurs in the hard palate and the lingual aspect of the mandible. Although they are generally asymptomatic, surgical intervention may be required in some cases for prosthodontic purposes.[1] In the Malay population, the prevalence of TP was found to range from 38% to 63% with a female-to-male ratio of 10:1.[2] It has been of considerable interest to anthropologists as well as to dentists and oral surgeons, judging by the numerous publications in these fields. Although TP was recognised from the early part of the nineteenth century, it was first named only in 1880 by Kupffer.

Fox (1814) first mentioned the torus as an exostosis in the mid-palate region.[3] Larger growths were associated with older age. TP can vary considerably in form and size. It is usually spindle-shaped or in a mound form. Sometimes, it is narrow and highly arched. In rare cases, it may consist of masses of irregular shape. In general, the small size is the most frequent and the large size is the least.[3] On intra-oral examination of this patient, the torus was hard in consistency, fully covered by mucosa without any ulcer, had an irregular surface and equally sized lobular shape bilaterally. The mass measured about 3.5 cm long and 1.5 cm wide on each side of the torus, and extended from the premolar to the second molar area. The lobular form of TP is usually bigger in size (medium or large) and located from the premolar to molar area as in this patient (63.7%). [2,4]

Most patients with TP have no problems except for discomfort, as in this patient. Denture fit is not affected if the TP is located from the molar or premolar area to the posterior part of the hard palate. However, if the TP extends from the canine area, it will interfere with denture fitting and modification of the dentures is required. Sometimes, the overlying mucosa may become sore by the constant trauma during mastication and this is an indication for excision.[5] In the case of a large TP that interfereswith speech, mastication or causing severe anxiety to the patient who is worried about cancer, surgical intervention is justified. This is carried out under general anaesthesia where the exostosis is removed by sagittal and coronal osteotomies via an anteroposterior midline palatal incision.[6] The management of large TP must be tailor-made to the individual and differs from patient to patient.

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