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Incidental Findings in OPG: A Retrospective Study

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Abstract

Background & Aim: Radiographs play a vital role in the diagnosis of oral and maxillofacial pathologies and also to detect dental diseases such as periapical lesions, impacted or missing teeth, maxillary sinus anomalies and condylar changes which cannot detected by clinical examination. This study was conducted to report the incidental findings on panoramic radiographs.

Materials and Methods: The study was conducted in the Department of Oral Medicine and Radiology with total time duration from Sep 2019 to January 2020. It included panoramic radiographs of 200 subjects (males and females) and divided in the age group of 10-30 yr,31-50 yr,51-70 yr. All images were taken with single digital care stream (Kodak 8000C Opg machine) with an exposure of 73 KVP,10 MA 13.9S.

Results: Out of 54 varieties the P-value <0.05 and there is an association between gender and maxillary sinusitis, periapical abscess, Tonsillith, Distoproximal caries, flattening of articular eminence, periapical cyst, endo-Perio lesion. And also Association between age group and radicular cyst, root stump, dilacerations, Mesio-angular impaction, periapical abscess and pericoronal abscess. Commonly incidental finding was periapical cyst with frequency 112(56 %) and less frequently seen in partially erupted, resorption of alveolar bone, condensing osteitis, localised chronic periodontitis, Stafne cyst, hypo condyle, fusion frequency 1(0.5%.).

Conclusion: The decision of choosing OPG as radiographic modality based on the fact that orthopantomography is still widely used radiographic

technique and also considered to be routine diagnostic tool for the evaluation of large lesions, cysts, tumours etc. **Keywords** Orthopantomography, Incidental Findings,

Introduction

Radiograph, Dental anomalies.

Panoramic radiography also called panoramic x ray (Opg) Orthopantomograms is a two-dimensional dental x ray examination that captures the entire mouth in a single image, including the teeth upper and lower jaws, surrounding structures and tissues. ^[1] panoramic imaging also called Opg (pan tomography) or dental panoramic tomography (DPT) is a technique for producing a single image of the facial structures that includes both the maxillary and mandibular dental arches and their supporting structures.^[2] as the maxillary sinus, nasal fossa, temporomandibular joints, styloid process and hyoid bone. ^[3] Panoramic images are most useful clinically for diagnostic problems required broad coverage of the jaws ^[2] panoramic radiography has been used for routine screening of patients at various institutions and private clinic because it allows examination of entire dentition, alveolar bone, temporomandibular joints, and adjacent structures easily.^[4] The indications of OPG are cysts and tumours of the jaws, advanced periodontal diseases, oral cancer, evaluation of impacted teeth, in addition to the relationship of adjacent structures. Sometimes, a part from required information incidental findings do present on the radiographs. Identification and reporting of such findings is of paramount importance because they may necessitate medical and \or dental innervation. ^[1] This study emphasis to detect the presence of abnormal radiographic incidental findings in north Indian population by using ortho pan tomography (OPG)^[5] and it also to evaluates the variety of pathologies that go unnoticed on clinical examination but appear radiographically ^[4] and also to include asymptomatic and symptomatic incidental radiographic findings were recorded along with chief complaint of the patient and other secondary findings. ^[5] The development of panoramic radiographic equipment represented a major innovation in the field of dental imaging as, prior to this, dental radiographic images consisted solely of intraoral and oblique lateral projections of the jaws taken using a conventional dental x ray set. Today panoramic radiography equipment is found routinely both within most hospital radiology departments and in a high proportion of general dental practices.^[6]

Aim

The aim of this study is to detect the presence of abnormal radiographic incidental findings in north Indian population by using ortho pan tomography (OPG)

Objective

Evaluate the importance of a through radiographic examination before operating the patient and assessing the frequency of secondary findings on radiographs and their impact on treatment planning of the patient.

It also evaluates the variety of pathologies that go unnoticed on clinical examination but appear radiographically.

Materials And Methodology

The retrospective study was conducted in the Department of Oral Medicine & Radiology at Divya Jyoti College of Dental Sciences and Research. It will include panoramic radiographs of 200 subjects (males and females) and divided in the age group of 10-30 yr,31-50 yr,51-70 yr. Obtained for various reasons other than their chief complaint. The images were retrospectively analyzed for any pathologies related to common dental complains like pain, missing, carious or fractured teeth, impacted maxillary and mandibular third molars, and periodontitis etc. Patients name such as name, age, gender, indication of OPG was recorded. This radiographic study was done in order to report the incidental findings in north Indian population (Delhi NCR) using digital OPG. All images were taken with single digital care stream (Kodak 8000 C Opg machine) with an exposure of 73 KVP,10 MA 13.9 S. And radiographic modality in patients who came with other dental complain with total time duration from Sep 2019 to January 2020. Two examiners were observed using blind study this information were recorded on a specially designed proforma. Information so collected was analysed using Spss version 22.0 by Pearson chi square test.

Inclusion Criteria

- Cases of asymptomatic and symptomatic incidental radiographic findings were recorded along with chief complaint of the patient.
- Those patients who were already advised an ortho-pan tomogram by different departments were included in this survey.
- Patients were in the age of 10-70 years.

Exclusion Criteria

- Patients were less than age of 10 years.
- Patients were more than age of 70 years.

Stastical Analysis

The data was analyzed by using Spss version 22.0 software. The Stastical software used for the analysis of the data included while Microsoft word and excel were used to generate graph, tables etc. Distribution of pathologic findings according to age and gender distribution (male and females) were calculated by using chi-square t. A chisquare test was applied to evaluate the association between gender and age and the presence of pathology, radio density characteristics and topographic location. These were those symptomatic and asymptomatic conditions other than the chief complaints.

Results

The present study included sample size of 200 subject out of that 112 males (56%) and 88 females (44%).200 subject

were further divided into three age groups (I)10-30 years having 112 subjects (56%) (II)31-50 years having 72 subjects (36%)and (III) 51-70 years having 16 subject (8%). Minimum no of patients was in the age group of 51-70 years while maximum no of patients was in the age group of 10-30 years.

Since the p-value is less than 0.05 there is an association between gender and maxillary sinusitis, periapical abscess, Tonsillith, Distoproximal caries, flattening of articular eminence periapical cyst, endo-Perio lesion. Since the pvalue is less than 0.05 there is an association between age group and radicular cyst, root stump, dilacerations, Mesioangular impaction, periapical abscess and pericoronal abscess.

The present study comprises of 200 subjects having 54 different incidental findings out of that maximum recorded was periapical cyst with frequency 112(56 %) and minimum no of incidental findings in partially erupted, resorption of alveolar bone, condensing osteitis, localised chronic periodontitis, Stafne cyst, hypo condyle, fusion frequency 1(0.5%.)

Based on gender determination males having maximum no of incidental findings in periapical abscess (59.82%) and minimum no of incidental findings in Tonsillith, infected granuloma, partially erupted, Stafne cyst, localised chronic periodontitis, fused root, condensing osteitis, parasymphsis, flattening of articular eminence, secondary caries, fusion, para molar, hypo condyle, Infected periapical cyst (0.89%)

Female having maximum no of incidental findings in maxillary sinusitis 31.81% followed by periapical abscess, periodontal abscess with a percentage of 21.59% in minimum no of incidental findings in Elli's class 1 fracture, resorption of alveolar bone, secondary caries, infected granuloma (1.136%).

Based on age determination divided into three subgroups 10-30 years ,31-50 years and 51-70 years. From age of 10-30 years' maximum no of incidental findings in eagle syndrome (34.82%), and minimum no of incidental findings Supraerupted teeth, condensing osteitis, radicular cyst, resorption of alveolar bone, Elli's class 1 fracture, Elli's class 2 fracture, Ellis class 3 fracture (0.89%).

From age of 31-50 years' maximum no of incidental findings found in periapical abscess with a percentage of 48.86% followed by eagle syndrome 40.27% and minimum no of incidental findings in Supraerupted teeth, hypo condyle, Perio-endo lesion and endo -Perio lesion 6.25%.

From age of 51-70 years' maximum no of incidental findings found in periapical abscess 125 followed by eagle syndrome 31.25%.

Discussion

Panoramic radiograph is commonly advised extra oral radiograph in dentistry. It is indicated when there is need to examine larger area, cyst, tumours, tmj disorders, sinus pathology and fractures etc. It is preferred over full mouth radiographs as it offers less patient exposure as compared to full mouth radiographs.^[4].

In the present study, the maximum no of incidental findings found was periapical cyst 112 cases (56%) and when we compared our study with Vassemudin S et al (2016) ^[4]they observed maximum no of incidental findings was elongated styloid process (25%) and also no periapical cyst found in their study the second most common incidental findings in periapical abscess 86 cases (43%) and when we compared our study with ^[2] Shamshad B et al (2014) they observed periapical radiolucent lesions that shown by 19.4% of cases.

Based on gender distribution, maximum no. of incidental findings found in males was periapical abscess 67 cases (59.82%) and when we compared our study with

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Bondemark 1 et al (2006) ^[7] they observed periapical inflammatory lesion of 3 cases (5.3%) the second most findings in male's eagle's syndrome 43 cases (38.39%) and when we compared with Gracco A et al (2017) ^[8] they observed elongated styloid process 94 cases (15.7%). In female's maximum no of incidental findings was peg lateral (37.5%) as compared with Bawazir M et al (2019) ^[9] they observed maximum no. of incidental findings in hypodontia 69 cases (11.0%). The second most findings in female eagle's syndrome (35.2%) as compared with Gracco A et al (2017) ^[8] study they observed elongated styloid process 104 cases (17.3%).

Based on age distribution, in our study with age group 1 the maximum no. of incidental findings was eagle 's syndrome (34.82%) and when we compared with our study Tariq j et al (2014)^[1] they observed radiolucency having frequency of 17 (17.70%), at age group of 11-20 years having frequency of 28 (29.02%). The second most findings were maxillary sinusitis (26.78%) as compared with Bawazir M et al (2019)^[9] they observed maximum no. of dental anomalies at age of 14 years (9.1%). In age group 2 the maximum no. of incidental findings was periapical abscess (48.86%) as compared with Tariq J et al (2014) ^[1] they observed maximum no. of incidental findings was radiolucencies having frequency of 17 (17.70%), at age group of 11-20 years' frequency of 28 (29.02%). The second incidental findings were eagle's syndrome (40.27%) as compared with Pekiner FN (2011) ^[10] they observed maximum no. of incidental findings was apical ostitis 27 (35.52%) at age of 8 years (15.4%). In age group 3 the maximum no of incidental findings was periapical abscess (125) when we compared with Tariq J et al (2014)^[1] they observed maximum no. of incidental findings was radiolucencies having frequency of 17 (17.70%) at age group of 11-20 years 28 (29.02%). The second most incidental findings were root stump (75%)

Page C

and when we compared with Bawazir M et al (2019) ^[9] they observed maximum no of dental anomalies at age group of 14 years (9.1%).

According to our study the p- value found to be more highly significant (<0.05) in gender distribution maxillary sinusitis, periapical abscess, Tonsillith, Distoproximal caries, flattening of articular eminence, infected periapical cyst, endo-Perio lesion. On age distribution p-value found to be more highly significant (<0.05) radicular cyst, root stump, dilacerations, Mesioangular impaction, periapical abscess and pericoronal abscess.

A significant association was found between age, gender and the presence of pathology and number of incidental findings per patient (p < 0.05). The incidental findings help in diagnosis of disease in early stage which helps prognosis, less treatment time and less morbidity. This type of study helps in providing information of many different abnormal cases and few studies have been done on recording the incidental findings on radiographs.^[2]

Conclusion

Panoramic radiograph is considered to be routine diagnostic tool for the evaluation of large lesions, cysts, tumours etc. The results suggest that both the presence and the number of findings per patient increase with age but there is no association with sex. Hence the detailed and elaborate reports prepared by oral and maxillofacial radiologists may put forward many hidden aspects, which can simply be overlooked by clinicians. Therefore, by applying step -by step analytic protocol in a systematical order to enhance the detection of all radiographic abnormalities. A thorough review of radiographic images will help in early diagnosis and management of incidental pathologies and good prognosis.

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Legends Table

Table 1: Gender and Age Distribution

S. No.	Variable	Percentage
1	Male	56.0%
2	Female	44.0%
3	10-30 years	56.0%
4	31-50 years	36.0%
5	51-70 years	8.0%

Table: 2 Overall Distributions Of 54 Incidental Findings

S.No.	Incidental findings	Frequency	Percentage (%)
1	Maxillary sinusitis	43	21.5
2.	Mucosal polyp	8	4.0
3.	Eagle's syndrome	74	37.0
4	Dilacerations	29	14.5
5	Deep anti-Gonial notch	8	4.0
6	Horizontal impaction	17	8.5
7	Distoangular impaction	8	4.0
8	Vertical impaction	5	2.5
9	Mesio-angular impaction	36	18.0
10	Periapical abscess	86	43.0
11	Pericoronal abscess	8	4.0
12	Periapical granuloma	4	2.0
13	Periodontal abscess	2	1.0
14	Root stump	44	22.0
15	Impacted canine	12	6.0
16	Tonsillith	8	4.0
17	G.v black classification	2	1.0
18	Pulp stone	31	15.5
19	Unhealed socket	14	7.0

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20	External root resorption	4	2.0
21	Infected granuloma	2	1.0
22	Retained deciduous teeth	10	5.0
23	Supraerupted teeth	6	3.0
24	Hyper condyle	12	6.0
25	Anterior loop of mandibular canal	8	4.0
26	Internal derangement of tmj	6	3.0
27	Secondary caries	2	1.0
28	Fusion teeth	1	.5
29	Periapical cyst	112	56.0
30	Para molar	3	1.5
31	Hypo condyle	1	.5
32	Perio-endo lesion	2	1.0
33	Endo -Perio lesion	3	1.5
34	Residual abscess	5	2.5
35	Root fragment	3	1.5
36	Chronic apical periodontitis	15	7.5
37	Stafne cyst	1	.5
38	Chronic generalized periodontitis	25	12.5
39	Chronic localized periodontitis	1	.5
40	Fused root	4	2.0
41	Distoproximal caries	8	4.0
42	Condensing osteitis	1	.5
43	Carotid artery calcification	2	1.0
44	Flattening of articular eminence	7	3.5
45	Radicular cyst	4	2.0
46	Resorption of alveolar bone	1	.5
47	Crowding of lower anterior	3	1.5
48	Elli's class 1 fracture	3	1.5
49	Elli's class 2fracture	2	1.0
50	Elli's class 3 fracture	5	2.5
51	Infected periapical cyst	3	1.5
52	Peg lateral	8	4.0
53	Partially erupted	1	.5
54	Parasymphsis fracture	2	1.0

S. No.	Variables with yes response	Male (%)	Female (%)	10-30 years (%)	31-50 years (%)	51-70 years
						(%)
1	Maxillary sinusitis	13.39	31.81	26.78	13.88	18.75
2	Mucosal polyp	3.571	4.54	3.57	5.55	0
3	Eagle's syndrome	38.39	35.2	34.82	40.27	31.25
4	Dilacerations	15.17	13.63	21.42	1.388	25
5	Deep anti-Gonial notch	4.464	3.40	3.57	5.55	0
6	Horizontal impaction	8.035	9.09	9.82	6.818	0
7	Distoangular impaction	4.464	3.40	4.464	3.40	0
8	Vertical impaction	2.67	2.27	3.57	1.136	0
9	Mesio-angular impaction	16.96	19.31	25	9.72	0
10	Periapical abscess	59.82	21.59	20.53	48.86	125
11	Pericoronal abscess	4.464	3.40	7.14	0	0
12	Periapical granuloma	0.892	3.40	1.785	2.27	0
13	Periodontal abscess	1.785	0	0	2.27	0
14	Root stump	22.32	21.59	17.85	13.63	75
15	Impacted canine	5.35	6.25	7.14	4.166	0
16	Tonsillith	0.89	5.35	5.3	6.94	0
17	G.v black classification-iii, iv	0	2.27	1.785	0	0
18	Pulp stone	19.64	10.22	17.85	9.09	18.75
19	Unhealed socket	8.035	5.68	7.14	5.68	6.25
20	External root resorption	1.785	2.27	3.57	0	0
21	Infected granuloma	0.892	1.136	1.785	0	0
22	Retained teeth	4.464	5.68	6.25	2.27	6.25
23	Supraerupted teeth	2.67	3.40	0.892	4.545	6.25
24	Hyper condyle	6.25	3.40	7.14	3.40	6.25
25	Peg lateral	4.464	37.5	3.57	4.545	0
26	Partially erupted	0.892	0	0	1.136	0
27	Residual abscess	2.67	2.27	3.57	1.136	0
28	Root fragment	2.67	2.27	0	3.40	0
29	Chronic apical periodontitis	9.82	4.54	5.35	10.22	0
30	Stafne cyst	0.89	0	0	1.136	0
31	Chronic generalized	12.5	12.5	9.82	16.66	25
	periodontitis					

 Table 3: Percentage of All 54 Incidental Findings among Gender and Age

32	Chronic localized	0.89	0	0	1.136	0
	periodontitis					
33	Fused root	0.89	2.67	3.57	0	0
34	Distoproximal caries	7.14	0	1.785	6.81	0
35	Condensing osteitis	0.892	0	0.892	0	0
36	Parasymphsis fracture	0.892	1.136	100	0	0
37	Carotid artery calcification	0	2.27	0	100	0
38	Flattening of articular eminence	0.89	6.81	4.46	4.16	0
39	Radicular cyst	3.57	0	0.892	1.136	12.5
40	Anterior loop of mandibular canal	4.464	3.40	5.35	2.27	0
41	Internal derangement of tmj	1.785	4.54	2.67	3.40	0
42	Secondary caries	0.89	1.136	0	2.27	0
43	Fusion teeth	0.89	0	0	1.136	0
44	Periapical cyst	100	0	0.89	0	0
45	Para molar teeth	0.89	2.27	0	3.40	0
46	Hypo condyle	0.89	0	0	1.136	0
47	Perio-endo lesion	0	2.27	0	1.136	6.25
48	Endo -Perio lesion	0	3.40	0	2.27	6.25
49	Resorption of alveolar bone	0	1.136	0.892	0	0
50	Crowding of lower anterior	2.67	0	2.67	0	0
51	Elli's class 1 fracture	1.785	1.136	0.892	2.27	0
52	Elli's class 2fracture	0	2.27	0.892	1.136	0
53	Elli's class 3 fracture	2.67	2.27	0.892	4.545	0
54	Infected periapical cyst	0.892	2.27	0.892	2.27	0

S.N. O	variables	P-value (Gender distribution)	P-value (Age -Group)
1	Maxillary sinusitis	0.002	0.111
2	Mucosal polyp	0.727	0.625
3	Eagle's syndrome	0.645	0.681
4	Dilacerations	0.758	0.000
5	Deep anti-Gonial notch	0.705	0.556
6	Horizontal impaction	0.791	0.419
7	Distoangular impaction	0.705	0.693
8	Vertical impaction	0.855	0.521
9	Mesio-angular impaction	0.667	0.005
10	Periapical abscess	0.000	0.000
11	Pericoronal abscess	0.705	0.038
12	Periapical granuloma	0.207	0.750
13	Periodontal abscess	0.208	0.166
14	Root stump	0.901	0.000
15	Impacted canine	0.666	0.415
16	Tonsillith	0.011	0.542
17	G.V black classification-iii, iv	0.109	0.452
18	Infected granuloma Pulp stone	0.068	0.435
19	Unhealed socket	0.517	0.944
20	External root resorption	0.807	0.201
21	Infected granuloma	0.864	0.452
22	Retained teeth	0.695	0.557
23	Supraerupted teeth	0.764	0.142
24	Hyper condyle	0.867	0.708
25	Peg lateral	0.705	0.556
26	Partially erupted	0.374	0.409
27	Residual abscess	0.855	0.521
28	Root fragment	0.122	0.067
29	Chronic apical periodontitis	0.160	0.099
30	Stafne cyst	0.374	0.409
31	Chronic generalized periodontitis	1.000	0.155
32	Chronic localized periodontitis	0.374	0.409
33	Fused root	0.207	0.201

Table 4: Association between Gender and Variable, Age and Variables Using Chi-Square Test

34	Distoproximal caries	0.011	0.060
35	Condensing osteitis	0.374	0.674
36	Parasymphsis fracture	0.864	0.674
37	Carotid artery calcification	0.109	0.166
38	Flattening of articular eminence	0.024	0.693
39	Radicular cyst	0.073	0.007
40	Anterior loop of mandibular canal	0.705	0.476
41	Internal derangement of tmj	0.256	0.647
42	Secondary caries	0.864	0.166
43	Fusion teeth	0.374	0.409
44	periapical cyst	0.000	0.674
45	Para molar teeth	0.426	0.067
46	Hypo condyle	0.374	0.409
47	Perio-endo lesion	0.109	0.058
48	Endo -Perio lesion	0.049	0.084
49	Resorption of alveolar bone	0.258	0.302
50	Crowding of lower anterior	0.122	0.302
51	Elli's class 1 fracture	0.708	0.517
52	Elli's class 2fracture	0.109	0.867
53	Elli's class 3 fracture	0.855	0.113
54	Infected Periapical cyst	0.426	0.517