Torus palatinus

By Jamsheed A. Khan (Glasgow)

Palatal tori are ectodermal non-odontogenic tumours. They are benign osseous outgrowths of the median raphe of the palatine bone and when in the hard palate, torus is a bony nodule of varying size and shape, possibly lobulated. Flat tori occur, but are rare (Archer, 1952). Bernier (1960) describes 8 per cent tori occurring in the mandible and the lesion estimated to occur in as much as 20 per cent of the population. The most common site is the palatine midline (Anderson, 1961); however, mylohoid ridge locations have been reported. They are encapsulated and recur frequently. Outgrowths are symmetrical and the overlying thin and 'stretched' mucosa makes them highly susceptible to trauma (Nash, 1972). Inflammation is not present unless there is ulceration. The lesions are very slow growing and could be multiple.

Torus has a fascinating microscopic configuration composed of adult cortical bone with little stromal tissue. A cancellous central area and osteogenesis and osteoclasis are rarely observed. A tight mucosal covering forms a capsule.

Nash (1972) emphasized that tori clinically interfere with the proper fitting of dentures and Archer (1952) has gone still further to suggest that torus palatinus may interfere with speech, when its submucosal excision should be accomplished by chisel or a drill.

Case history

J.R., female, aged 45 years, inhabitant of California, was seen in the E.N.T. Out-Patient Department of Stobhill General Hospital, Glasgow, on December 10th 1973, with the following complaints:

Feeling of a lump on the hard palate of eight months' duration (this was her main concern) and inability to wear her denture. She noticed this swelling suddenly when she was 'gargling' and that she confirmed by looking into the mirror. The swelling gradually increased in size and she narrated that it felt like a 'hard lump'. The swelling was painless. She was a stage entertainer and was extremely depressed that due to the massive size of the swelling she just could not wear her denture any longer and was subconsciously aware that her present disease was likely to deprive her of her job in the U.S.A. She felt she had been losing weight—one stone in seven weeks. She had occasional difficulty in mastication, but had a good appetite.

Examination of the throat

(Oral examination): revealed a lobulated swelling on the hard palate quite in the midline with expansion on both sides, but not involving the gingival margin. The overlying mucosa looked normal. The base of tongue and soft palate were free of any swelling and were normal on palpation, the swelling being firm in consistency and lobulated. Neck glands—no lymphadenopathy. Posterior rhinoscopy and indirect laryngoscopy were negative. X-ray of the hard palate—no bony infiltration noticed.

https://doi.org/10.1017/S0022215100084838 Published online by Cambridge University Press

Clinical impression then was of an 'osteoma'.

Biochemical findings were negative. Proteins were normal and Wasserman reaction negative. Haematological studies were quite normal.

Excision biopsy was carried out under general anaesthesia, the approach to the swelling being through a midline incision. The large swelling in the hard palate—1½ in × ½ in × ½ in—was removed in one piece by chisel with a healthy area not infiltrating bone. The mucoperiosteal flaps were sutured back into position.

Histopathology reported as follows:

Numerous irregular fragments of bone aggregating 1·7 cm in diameter. Sections show fragments of dense compact bone and broad bony trabeculae. The spaces between some trabeculae are filled by active fibroblastic tissue. Histological appearances are those of an ivory exostosis (ivory osteoma).

Photomicroscopy:

Inter-trabeculated spaces and a compact bone suggestive of torus palatinus.

Post-operatively—uneventful recovery.

Follow-up: Periodically, and no sign of recurrence. After a couple of months the patient moved away and further check-up was therefore impossible.

Summary

This case is reported for the following reasons:

1. To differentiate between mixed tumours of the hard palate which are potentially malignant and the benign lesion of torus palatinus.

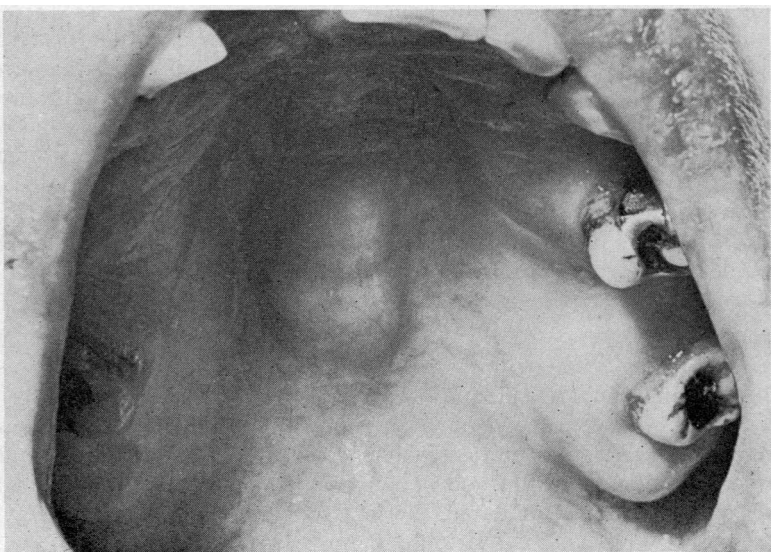


FIG. 1.

https://doi.org/10.1017/S0022215100084838 Published online by Cambridge University Press

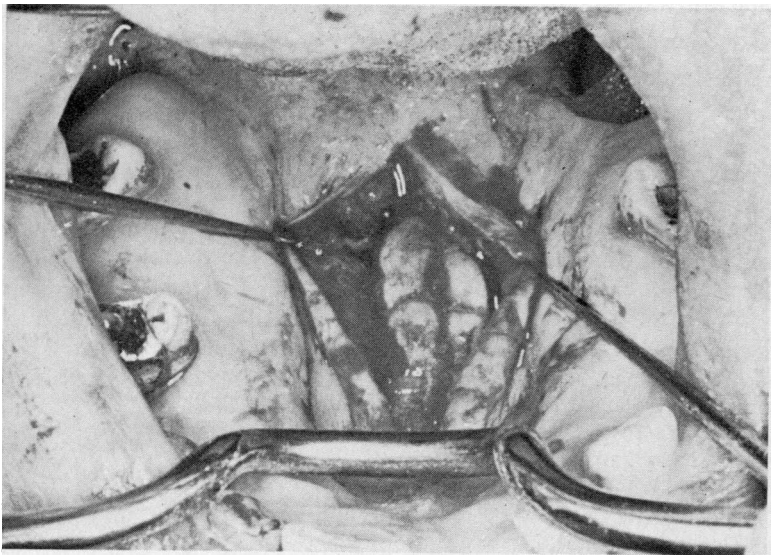


FIG. 2.

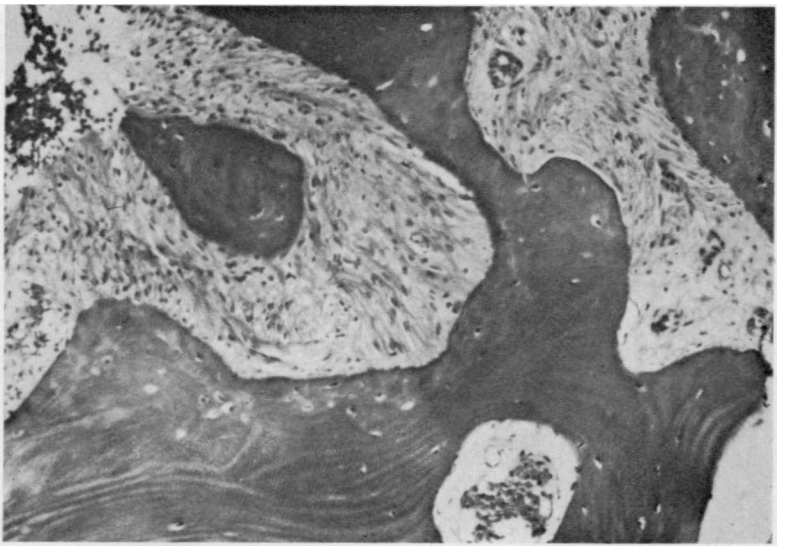


FIG. 3.

https://doi.org/10.1017/S0022215100084838 Published online by Cambridge University Press

2. Their surgical removal becomes necessary on producing discomfort symptoms or if and when presenting a problem to prothodentist.
3. Patient warned of recurrence and return if any sign of tumour.
4. Not to overlook such swellings as their follow-up is mandatory.
5. Excision may be carried out sometimes for cosmetic reasons.

Acknowledgements

I wish to thank Mr. J. T. Lees, D.L.O., F.R.C.S., Consultant in Otorhinolaryngology, for permission to publish this case, and Dr. William Buchanan for the pathology report. I would also like to thank Mr. F. Colman, Medical Photographer, Stobhill General Hospital, for supplying the microphotographs.

REFERENCES

ANDERSON, W. A. D. (1961) *Pathology*, p. 754. Fourth edition.
ARCHER, W. H. (1952) *A Manual of Oral Surgery*, pp. 174, 75–282, 83–85.
BERNIER, J. L. (1960) *Atlas of Tumour pathology*, Section IV, F. 10–60.
NASH, H. S. Jr. (1972) *The Otolaryngologic Clinics of North America*, Vol. 5, No. 2, June, pp. 209, 210.

E.N.T. Department,
Stobhill General Hospital,
Glasgow G21 3UW.

https://doi.org/10.1017/S0022215100084838 Published online by Cambridge University Press