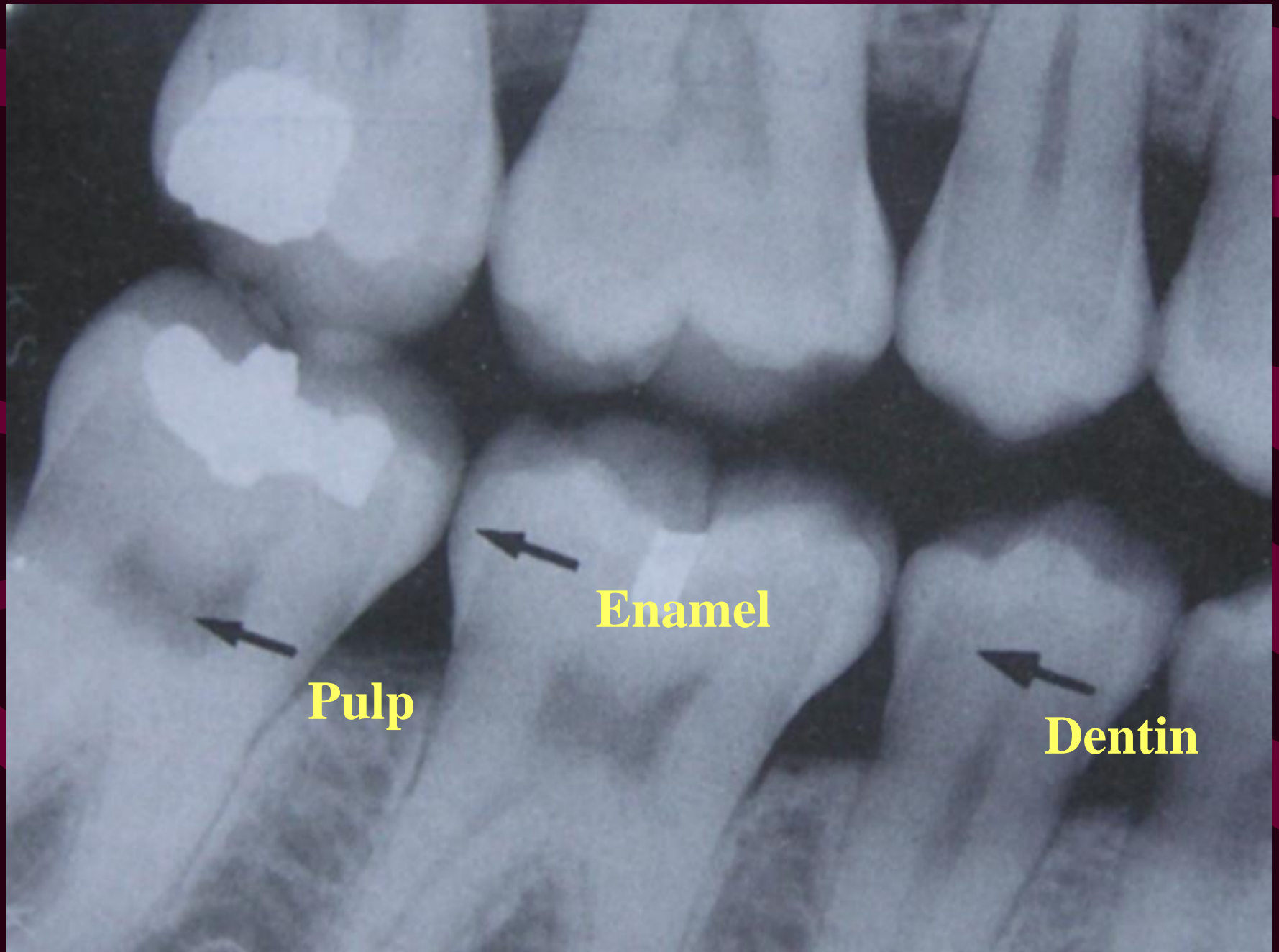


NORMAL RADIOGRAPHIC ANATOMY

**DEPARTMENT OF
ORAL MEDICINE, DIAGNOSIS AND
RADIOLOGY**

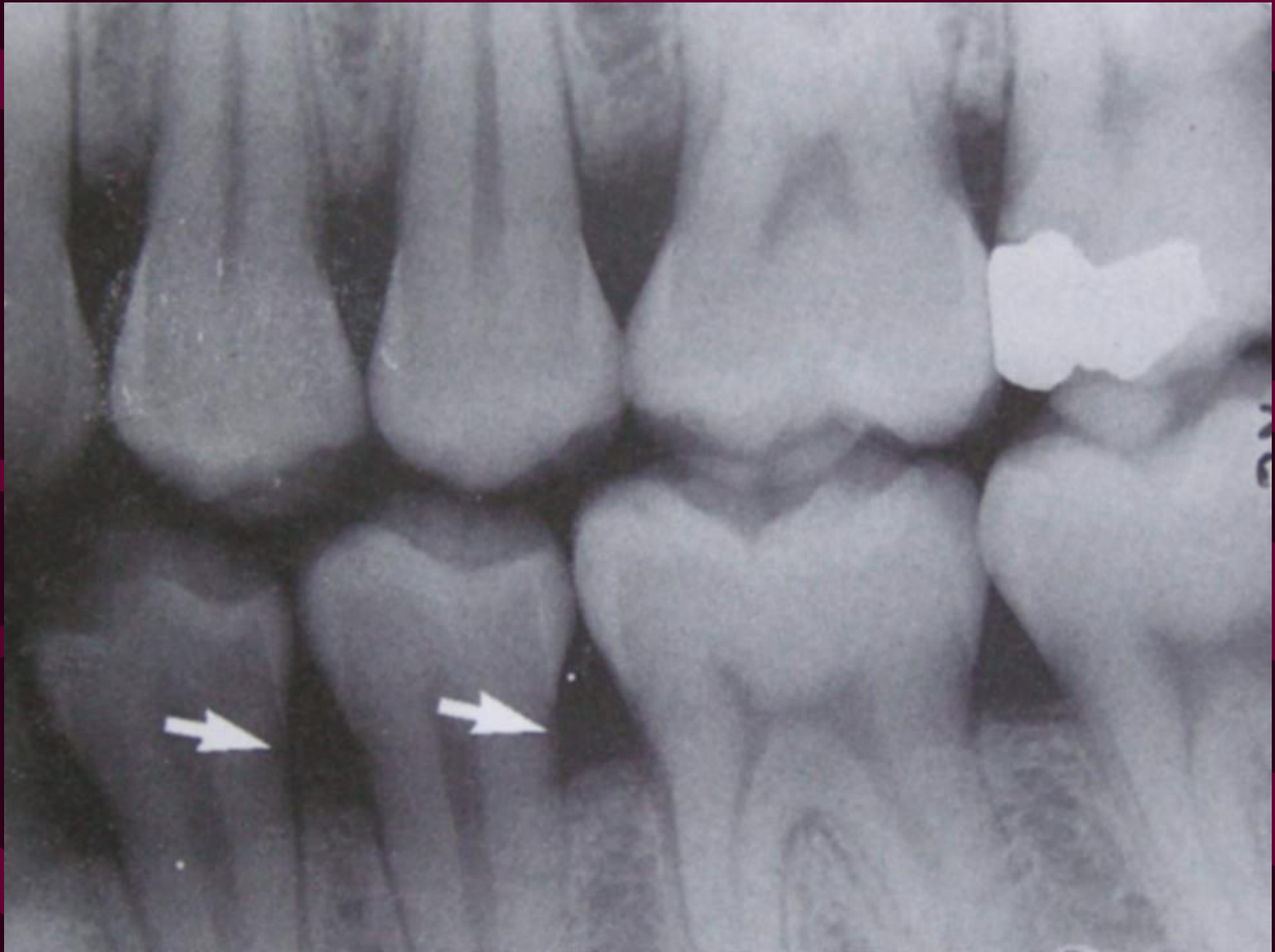
TEETH



Pulp

Enamel

Dent



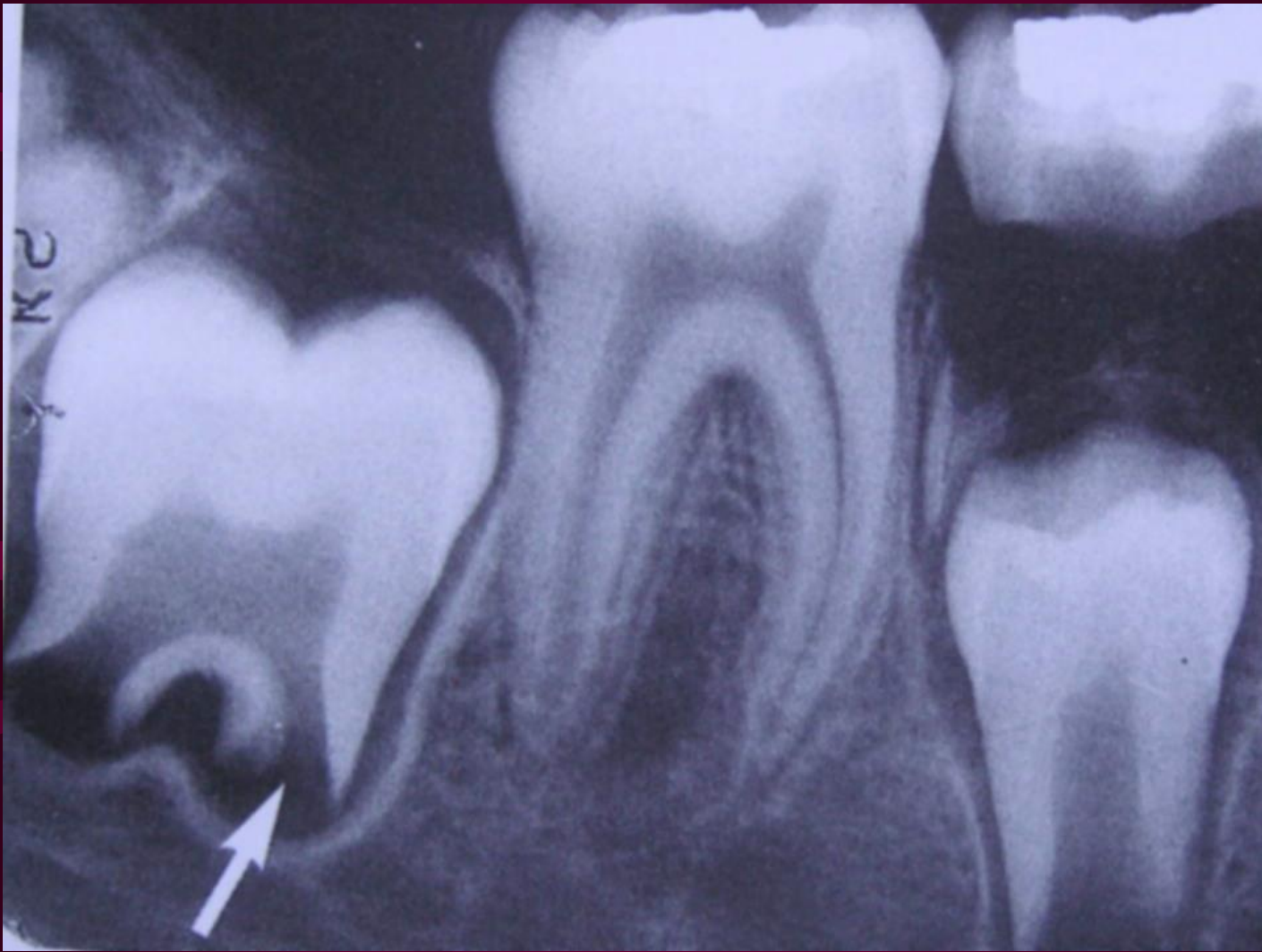
Cervical burn out.



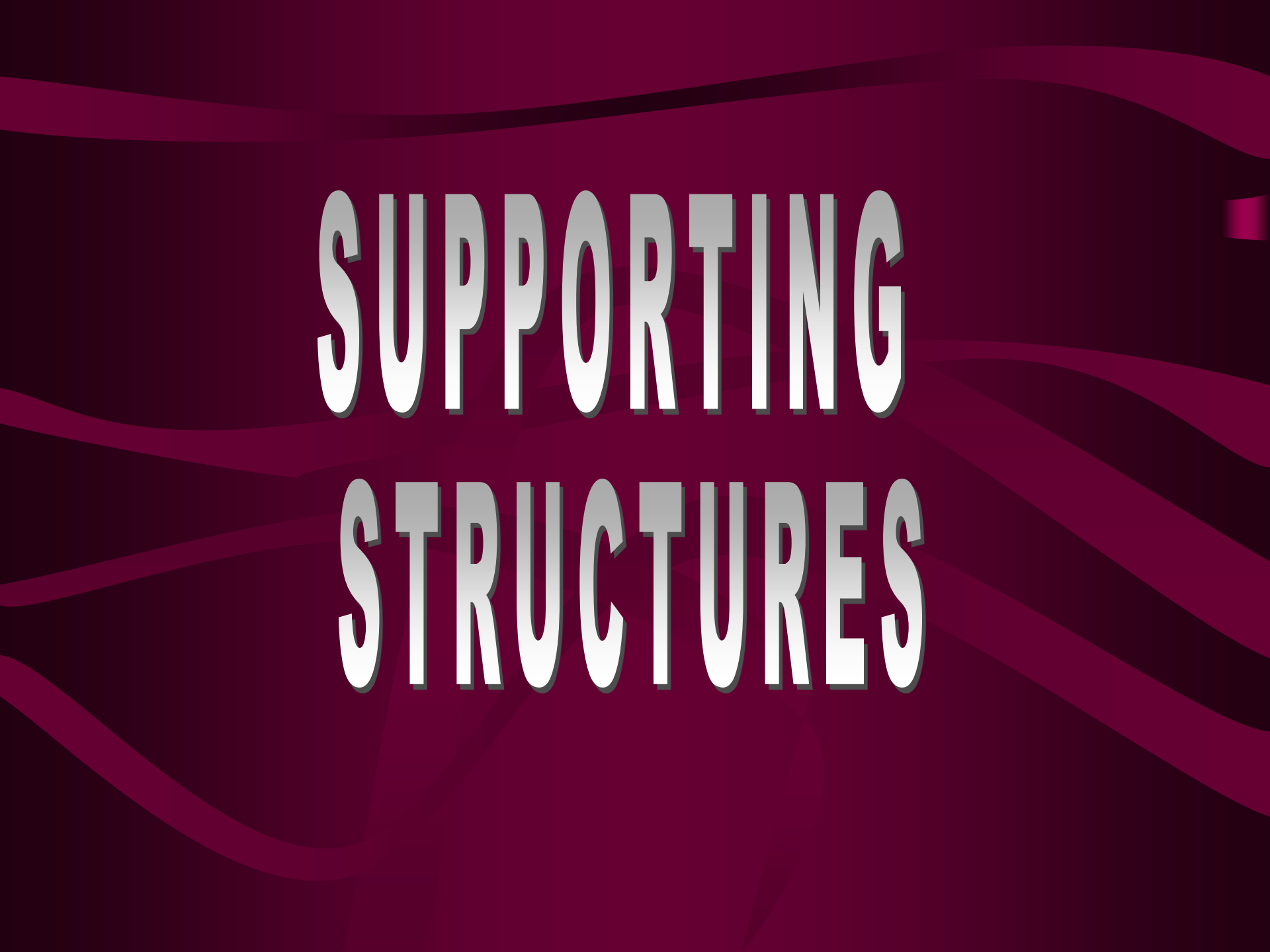
Root canal opens at the apices of the adult incisors.



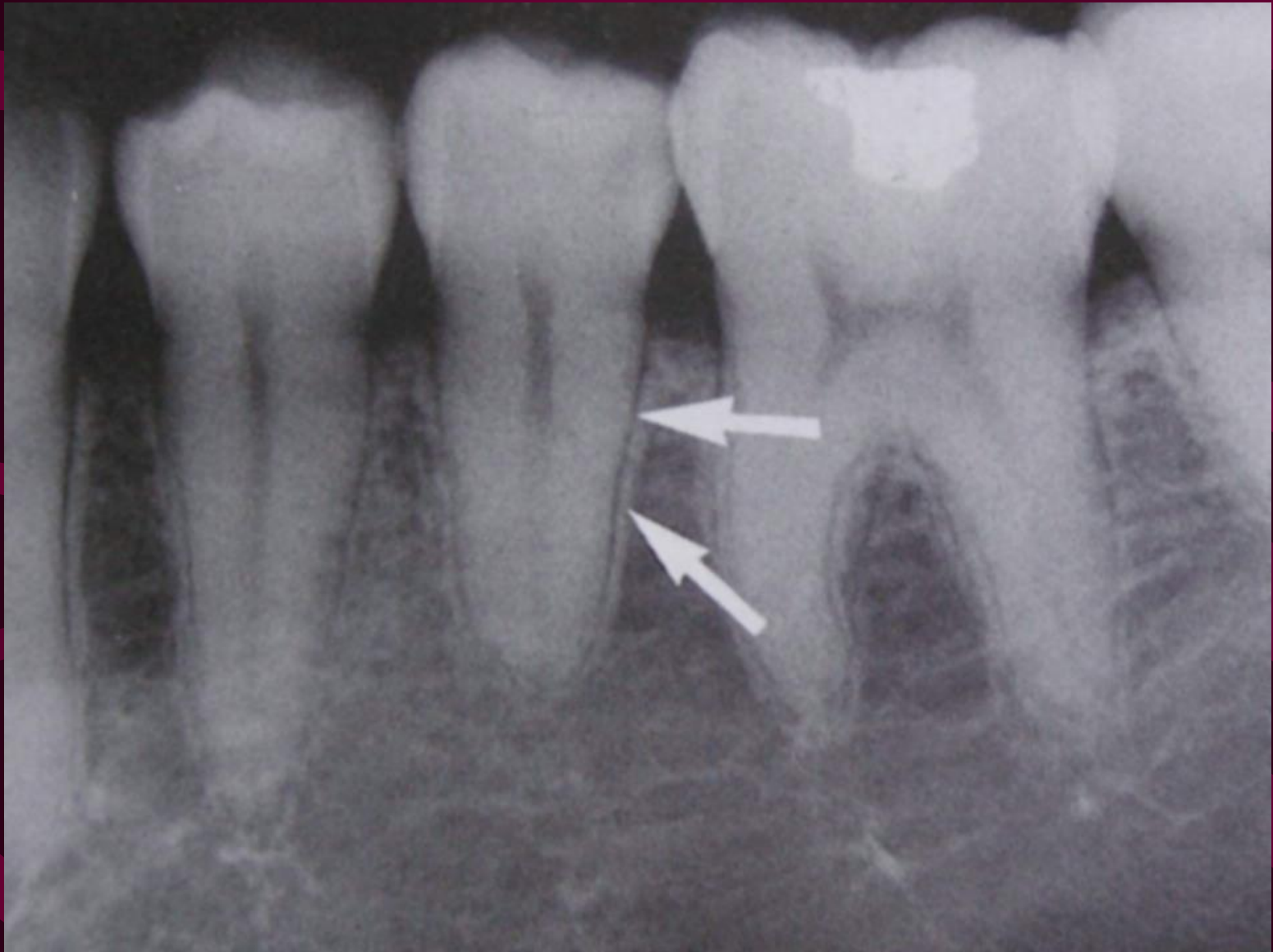
Though not visible radiographically, root canal is present anatomically in the apical 2 mm of a tooth.



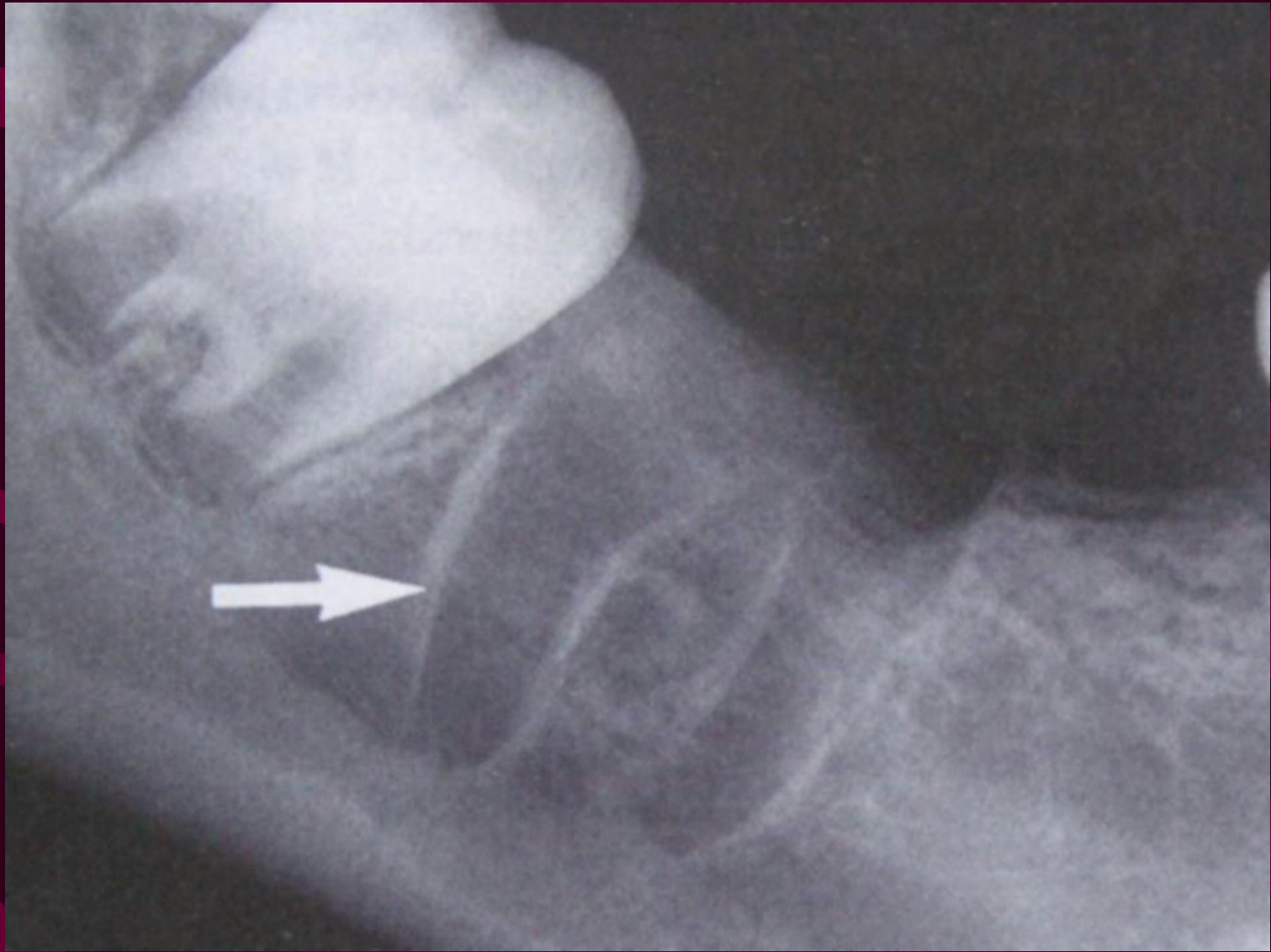
A developing root shown by a divergent apex around the dental papilla, which is enclosed by an opaque bony crypt.



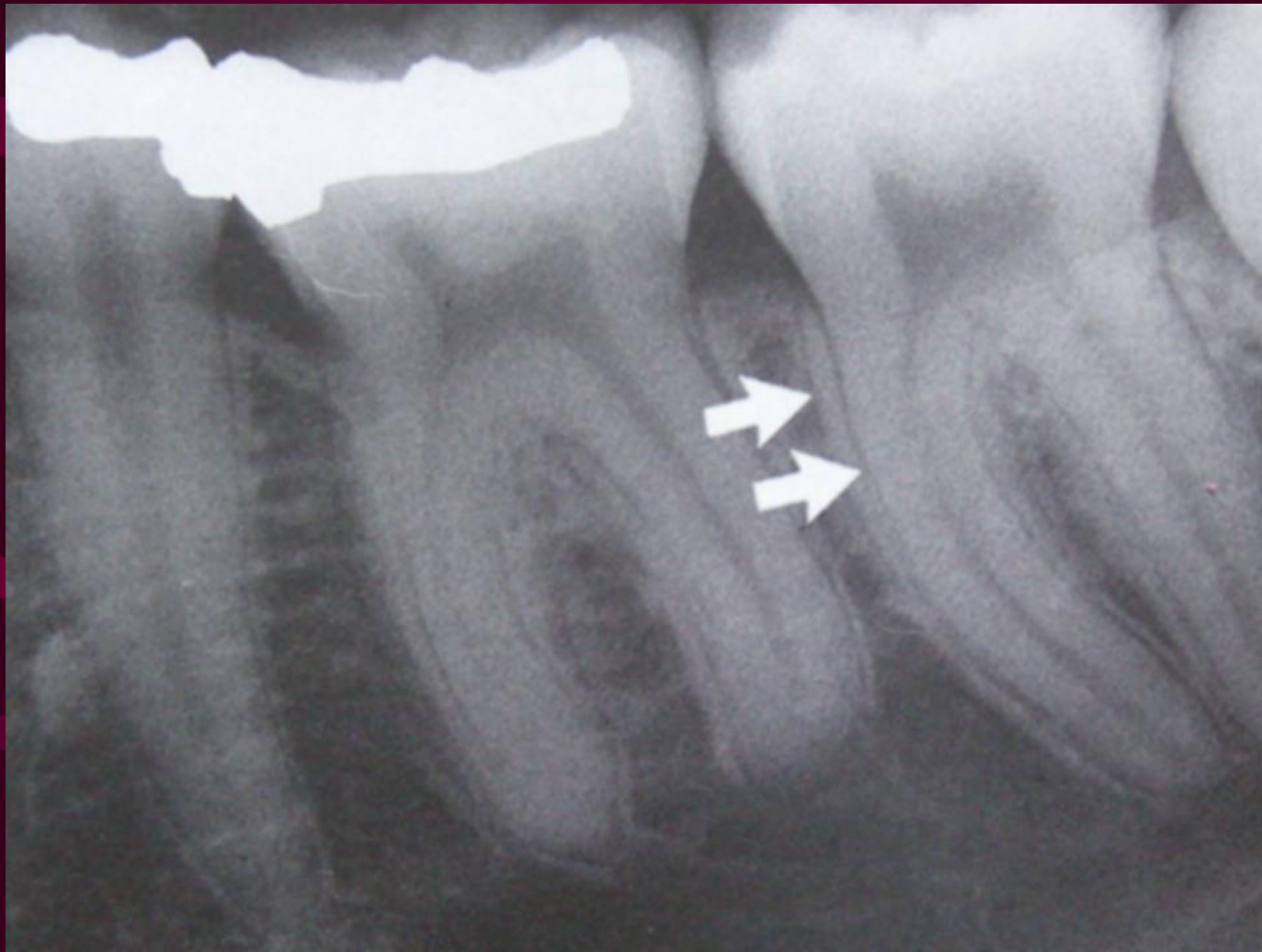
SUPPORTING STRUCTURES



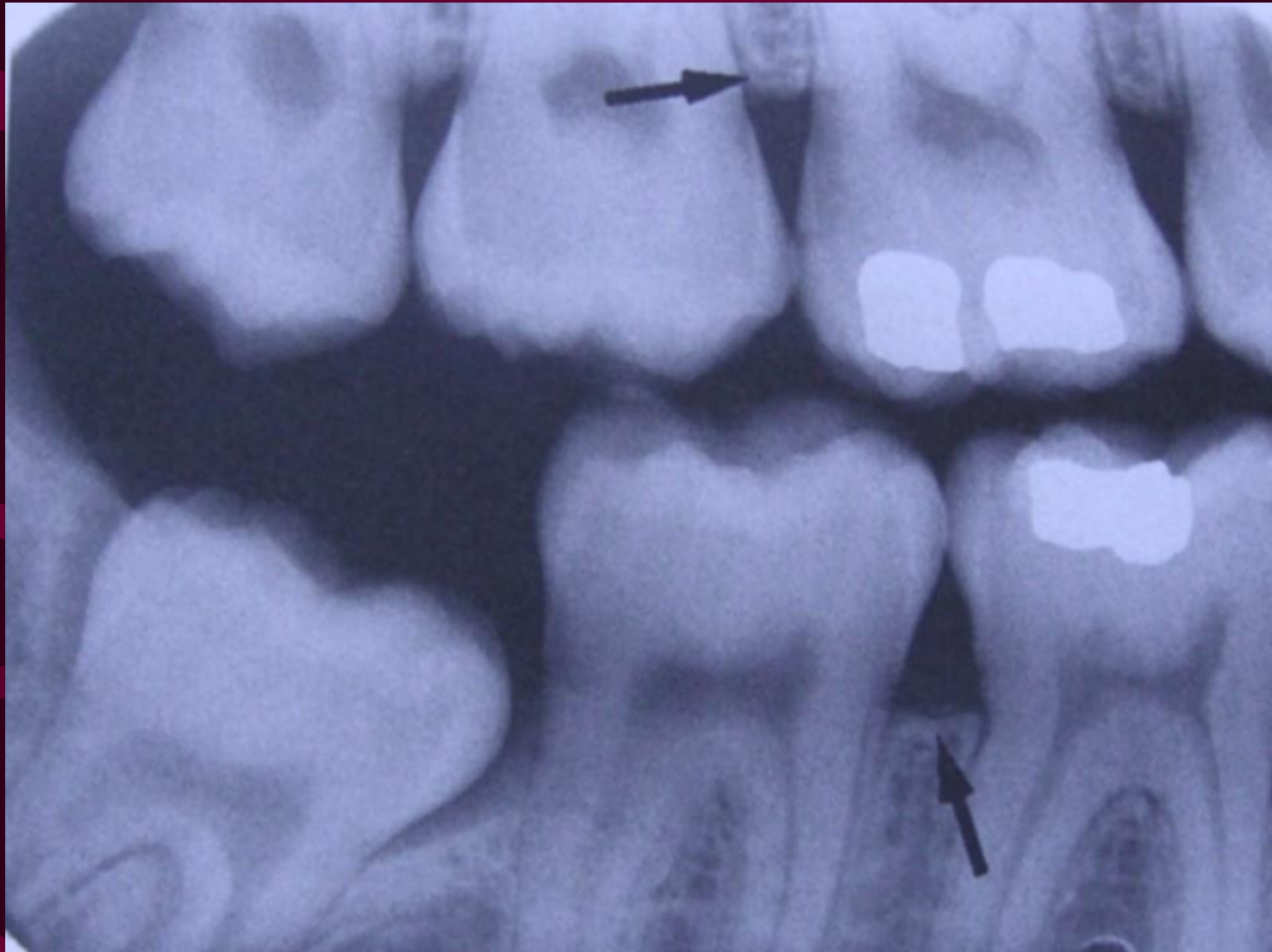
Lamina dura.



Lamina dura around a recent extraction socket.



A double periodontal ligament space and lamina dura may be seen when there is convexity of the proximal surface.



The alveolar crest are seen as cortical borders of the alveolar bone.



**PERIODONTAL LIGAMENT SPACE SEEN AS NARROW
RADIOLUCENCY BETWEEN ROOT AND LAMINA DURA.**



Pdl space appears wide on the mesial surface of this canine and thin on the distal surface.



Trabecular pattern in the anterior maxilla.

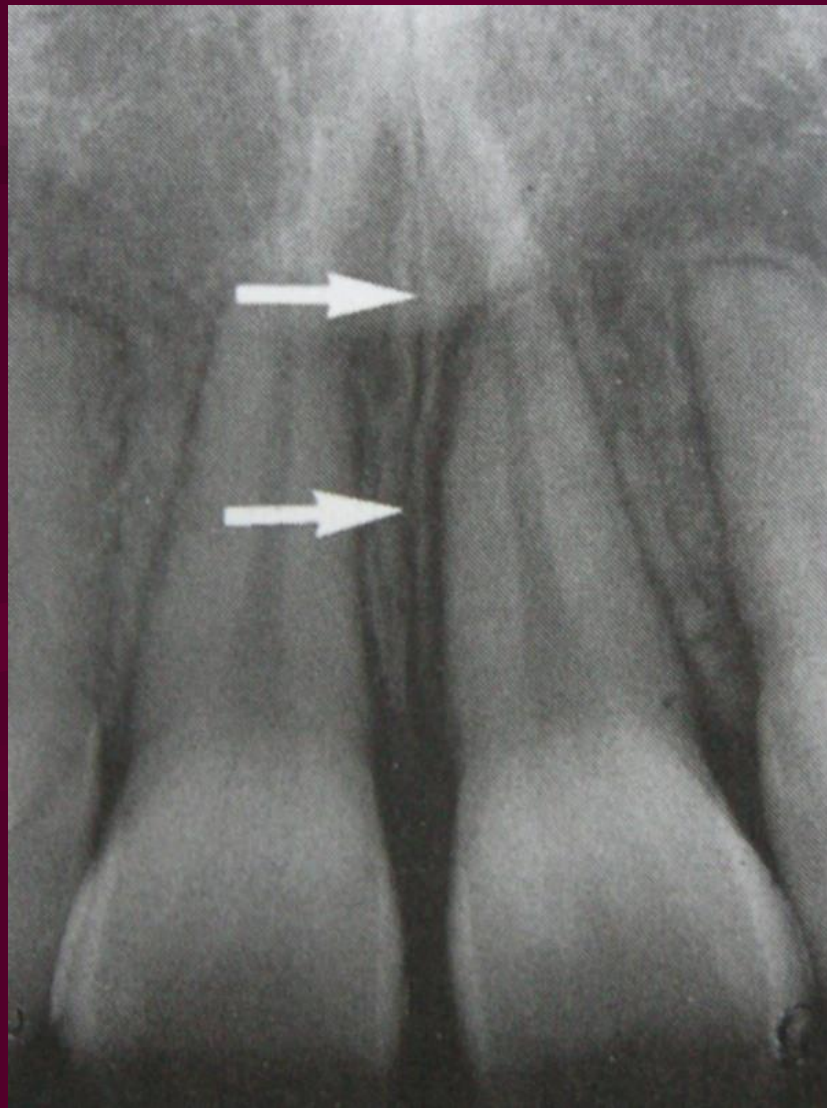


Trabecular pattern in anterior mandible.

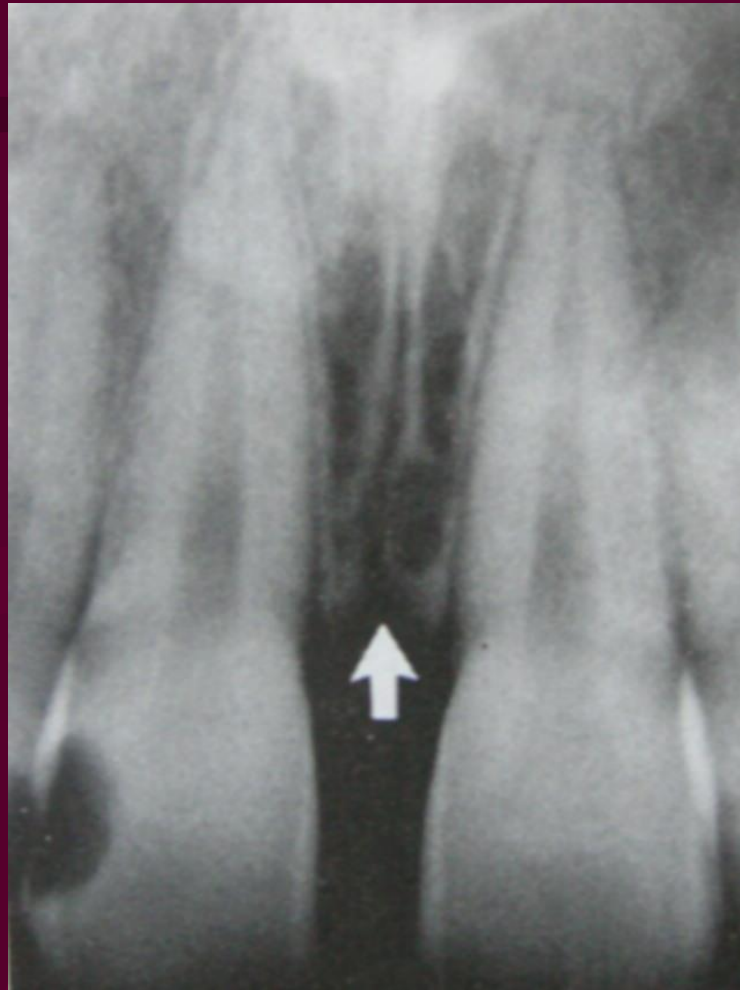


Trabecular pattern in posterior mandible.

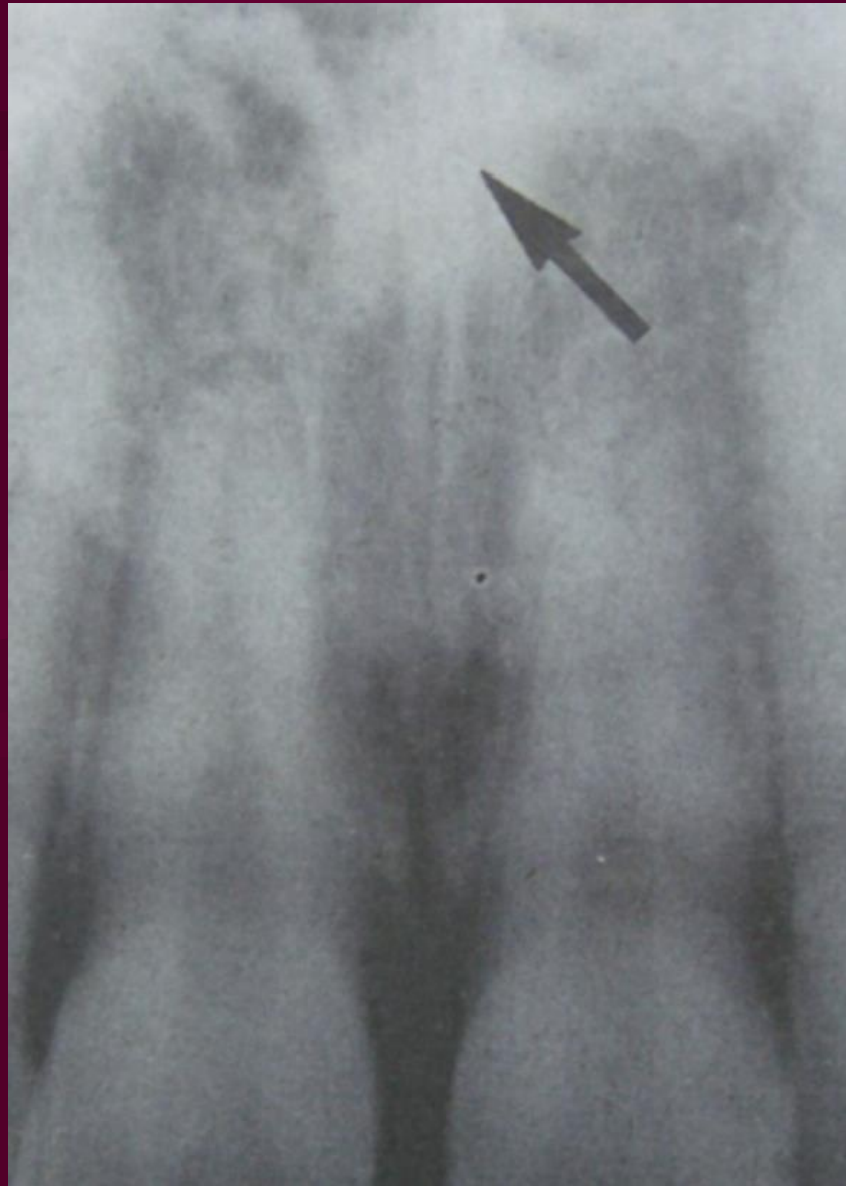
MAXILLA



Inter maxillary suture appears as curving radiolucency.



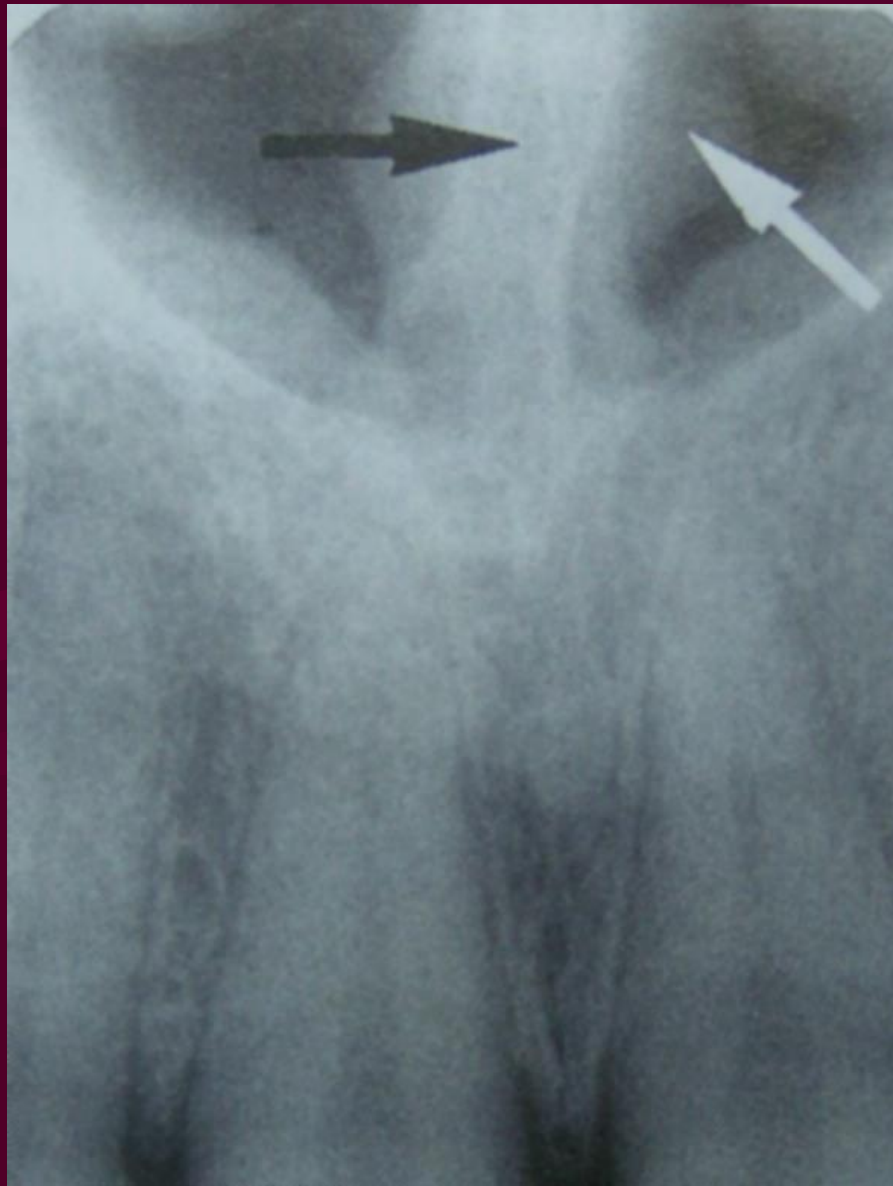
Inter maxillary suture may terminate in V shape widening.



Anterior nasal spine.



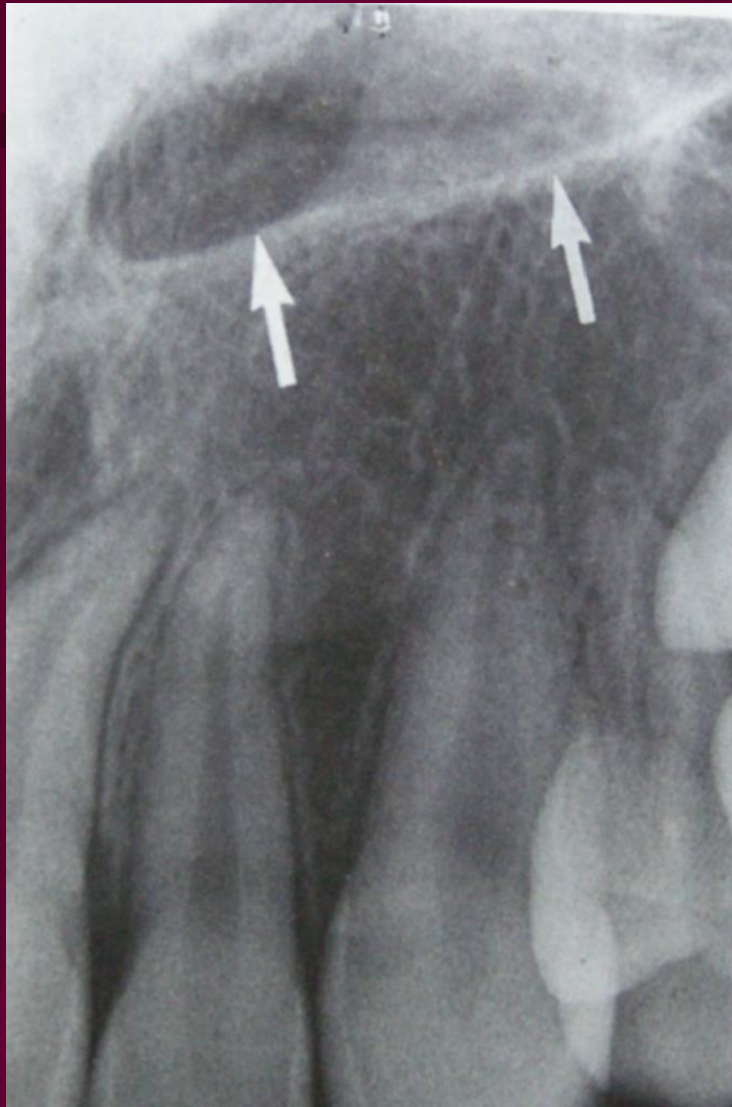
Anterior floor of nasal fossa.



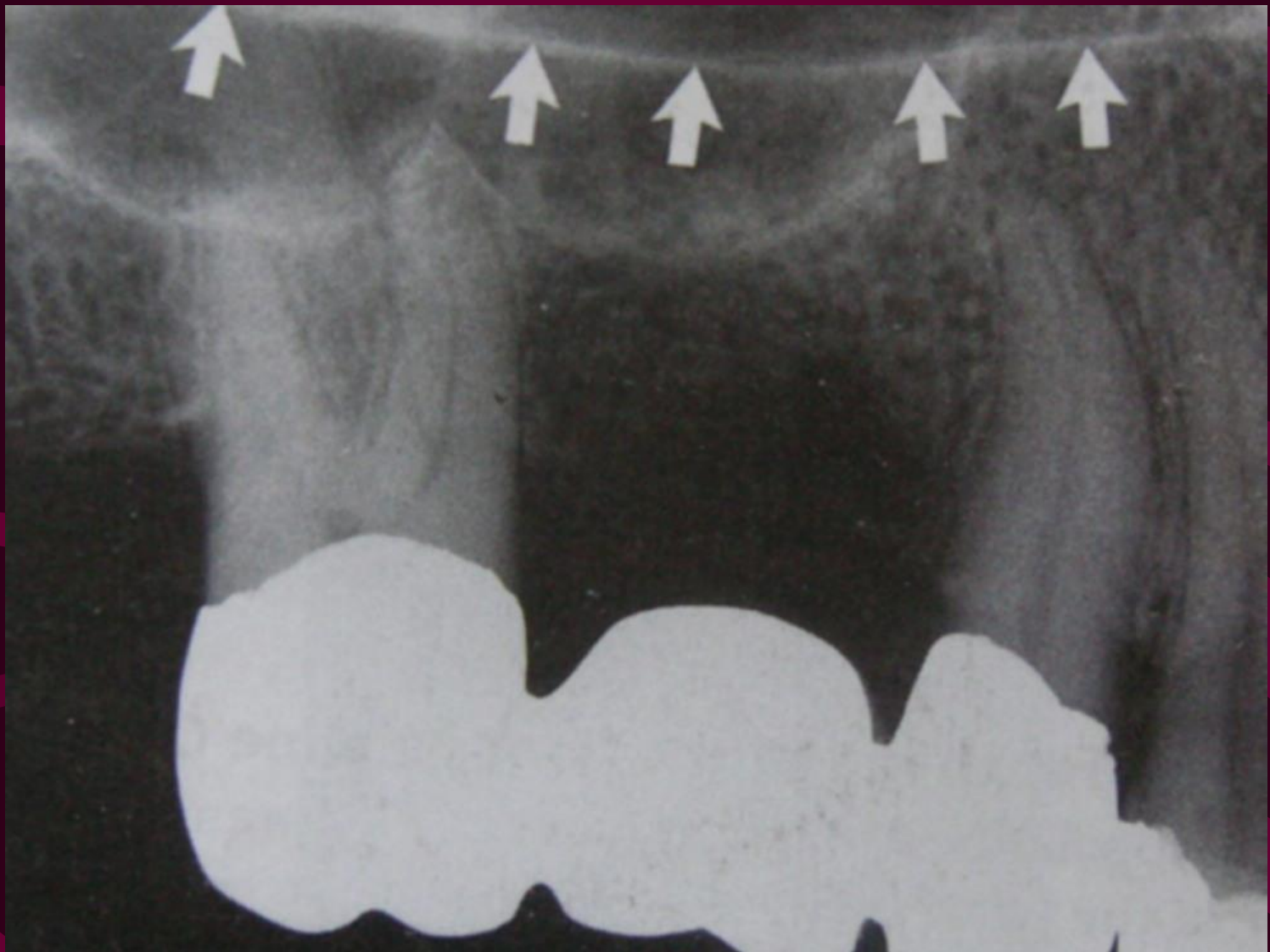
Nasal septum.



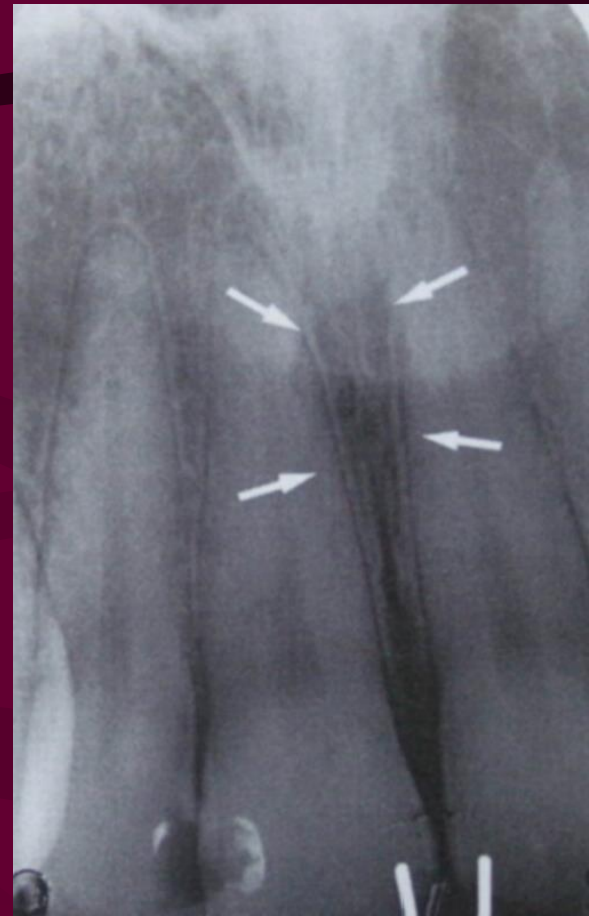
Mucosal covering of inferior concha.



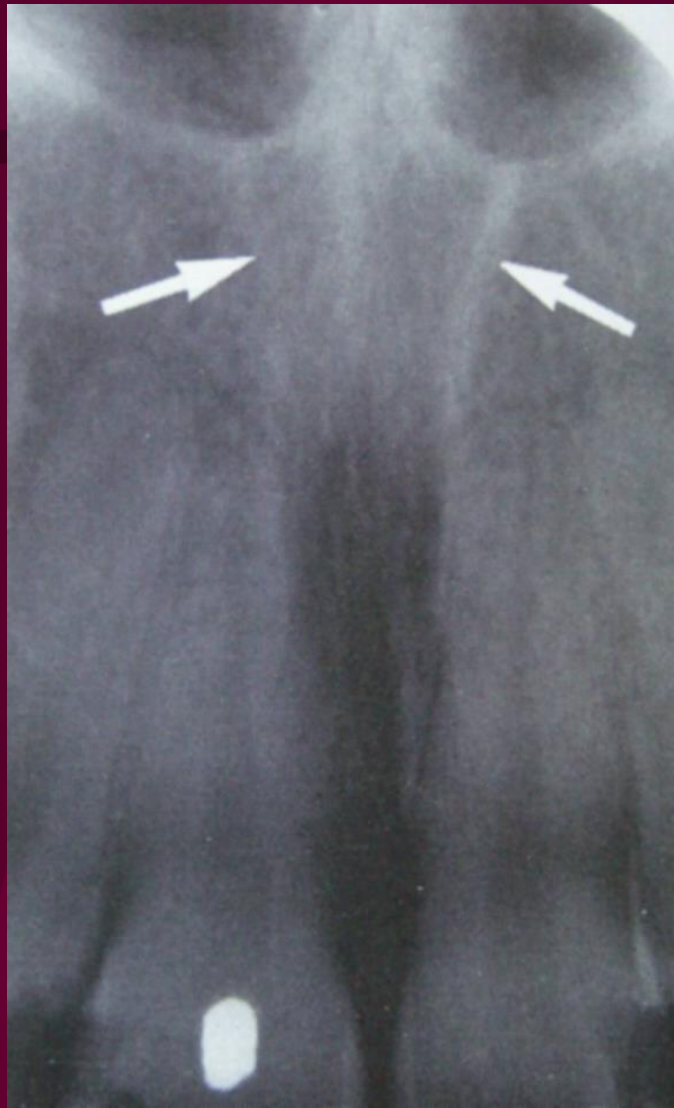
Floor of nasal fossa.



Floor of nasal fossa extends posteriorly.



Incisive foramen appears as ovoid radiolucency.



Lateral walls of naso palatine canal.



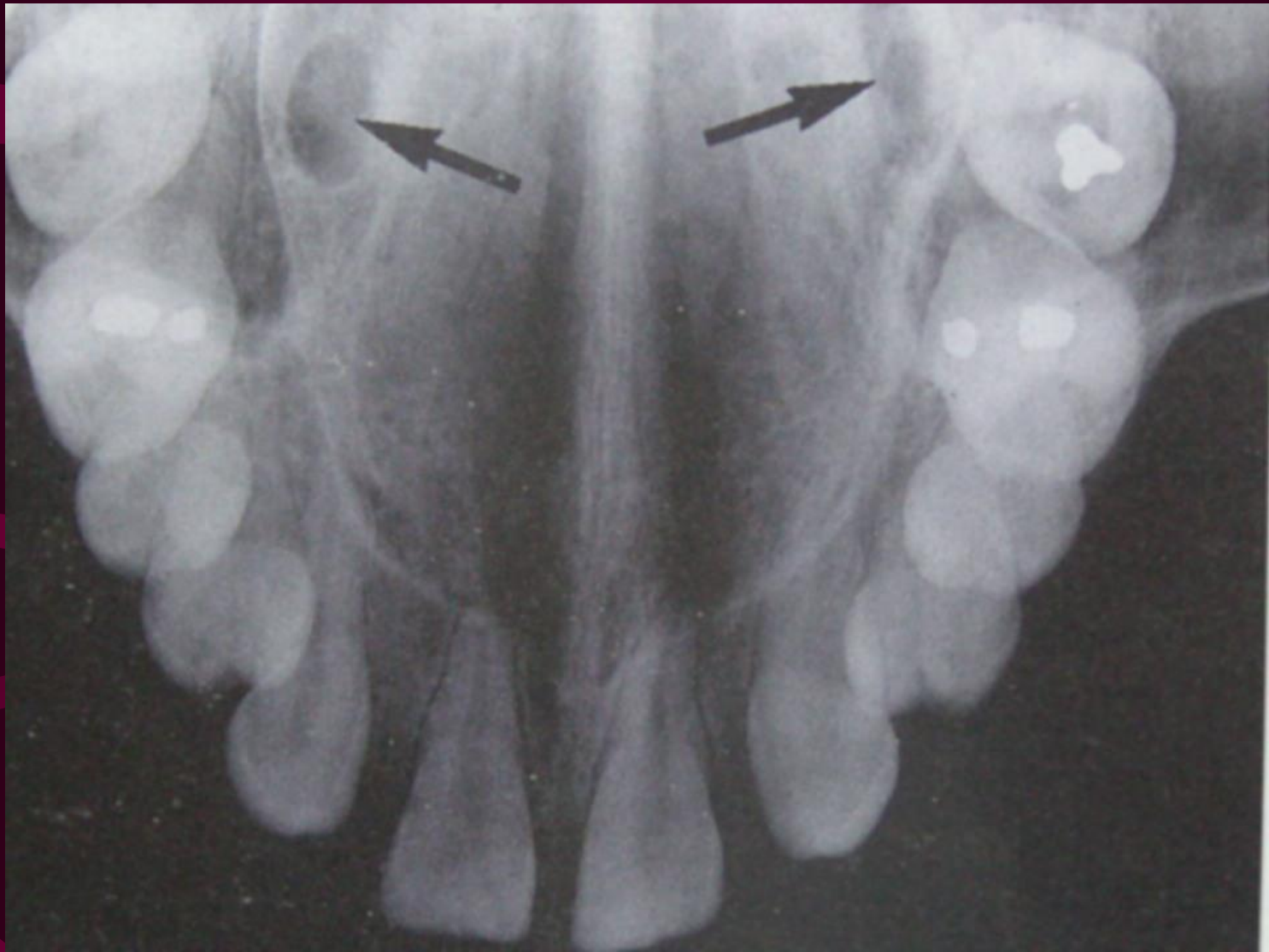
Superior foramen of naso palatine canal.



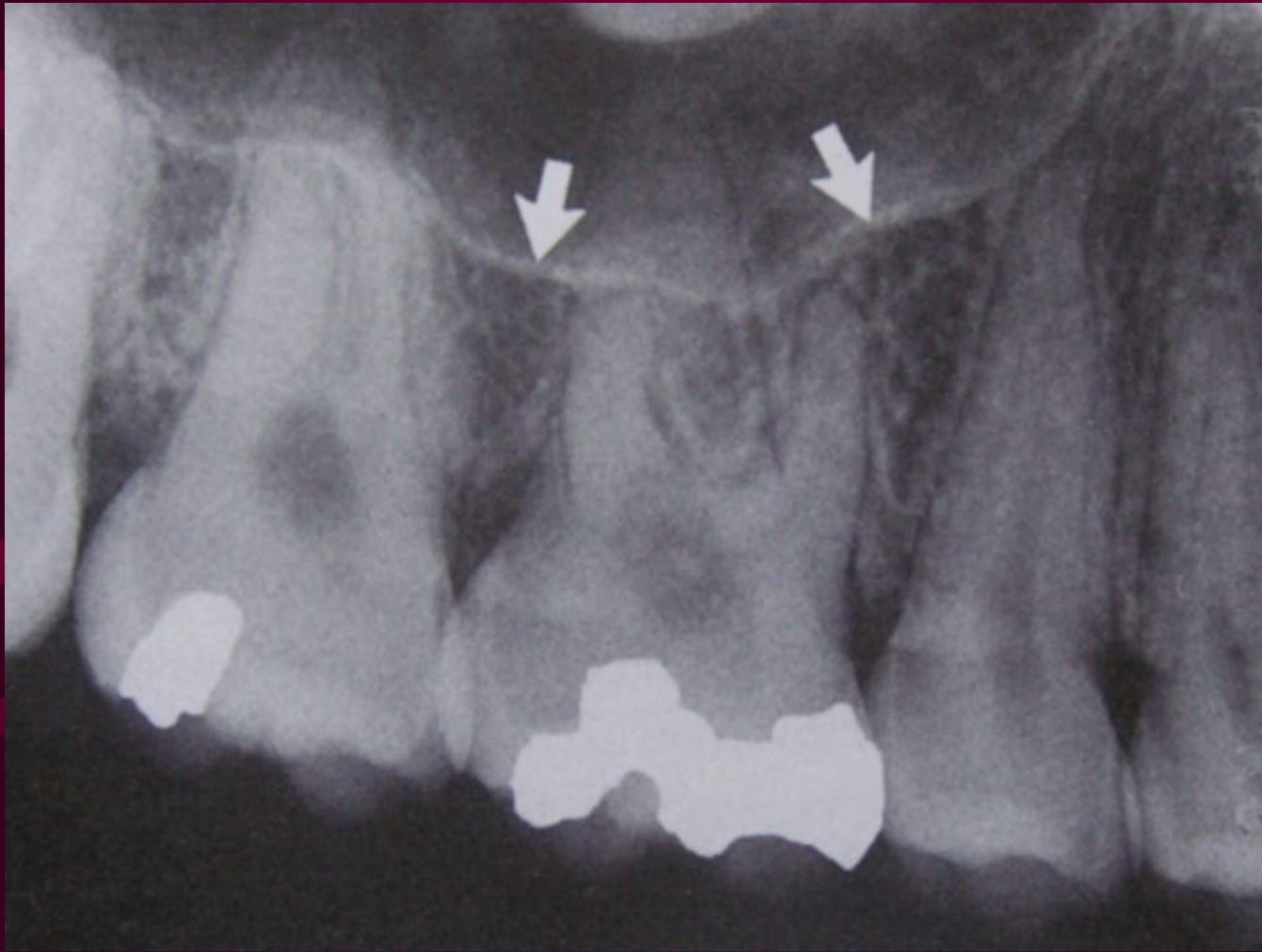
Lateral fossa as diffuse radiolucency.



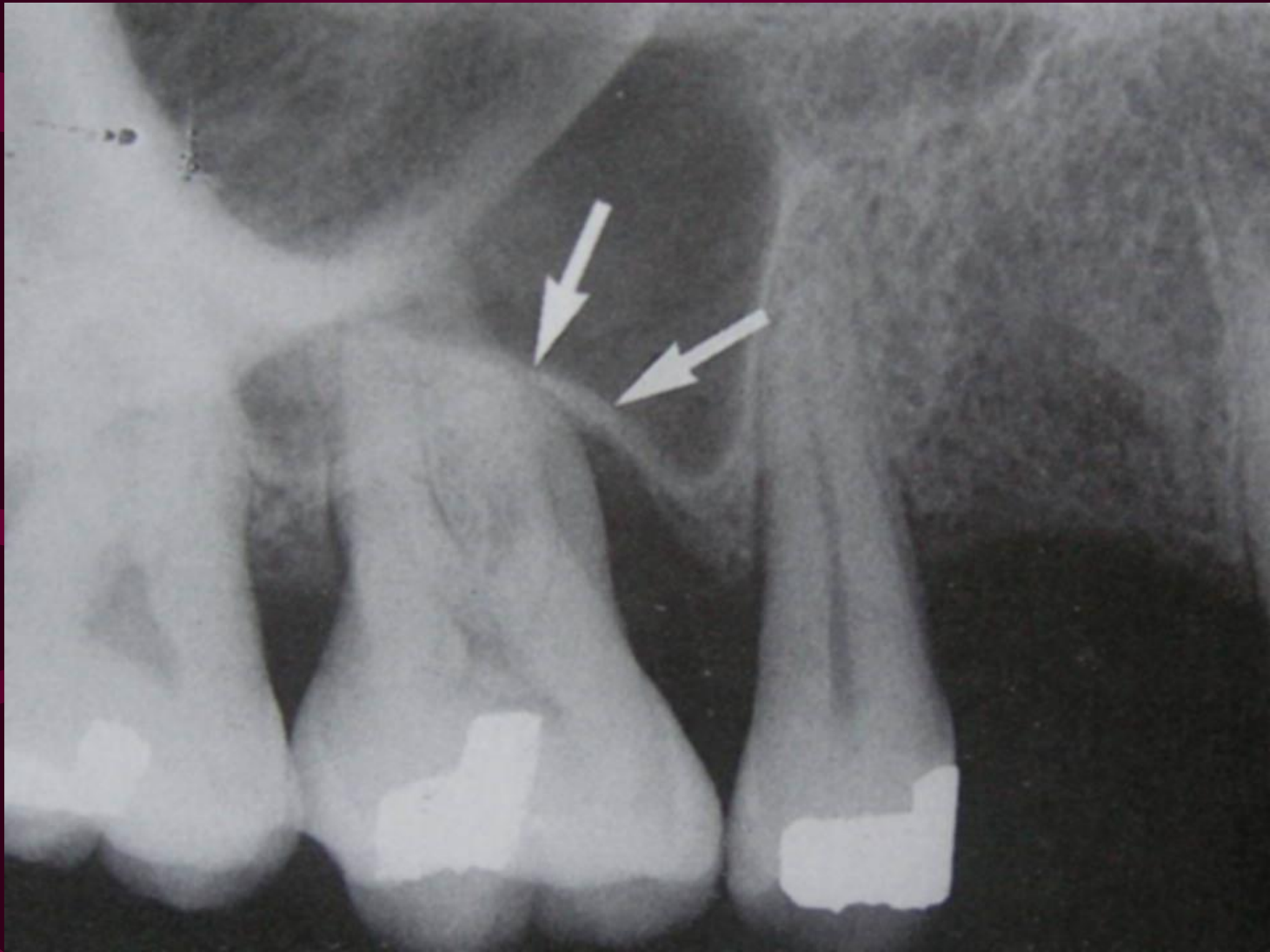
Soft tissue outline of the nose.



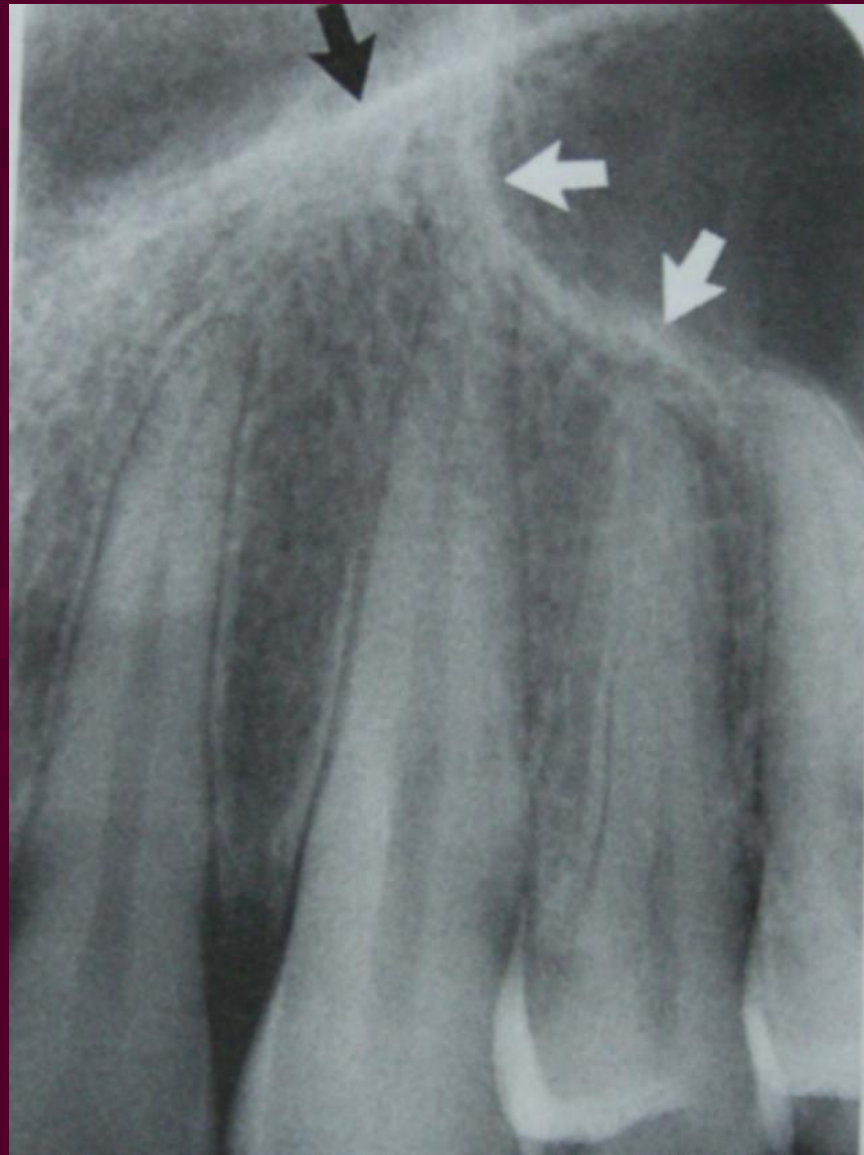
Nasolacrimal canals.



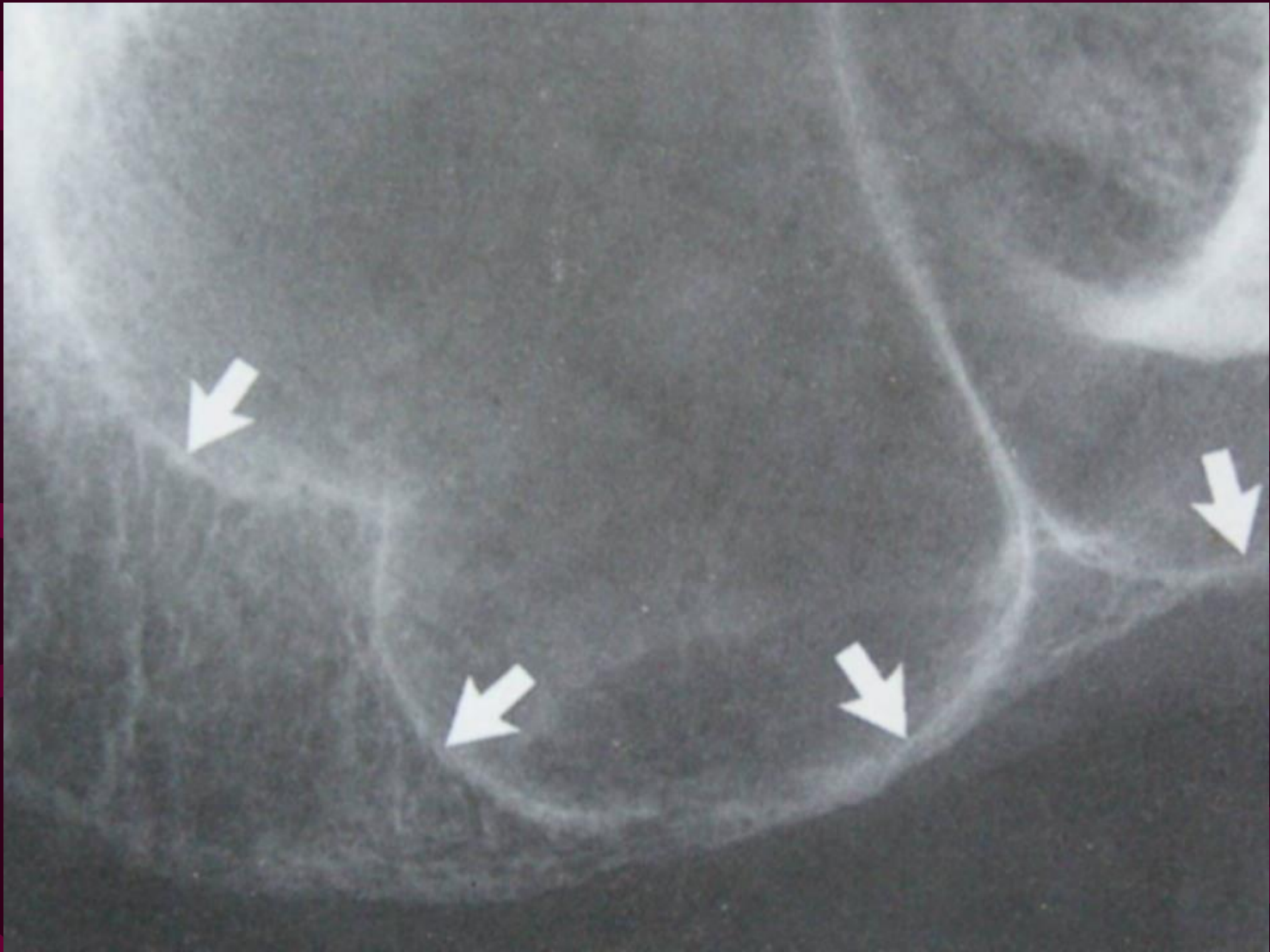
Inferior border of maxillary sinus.



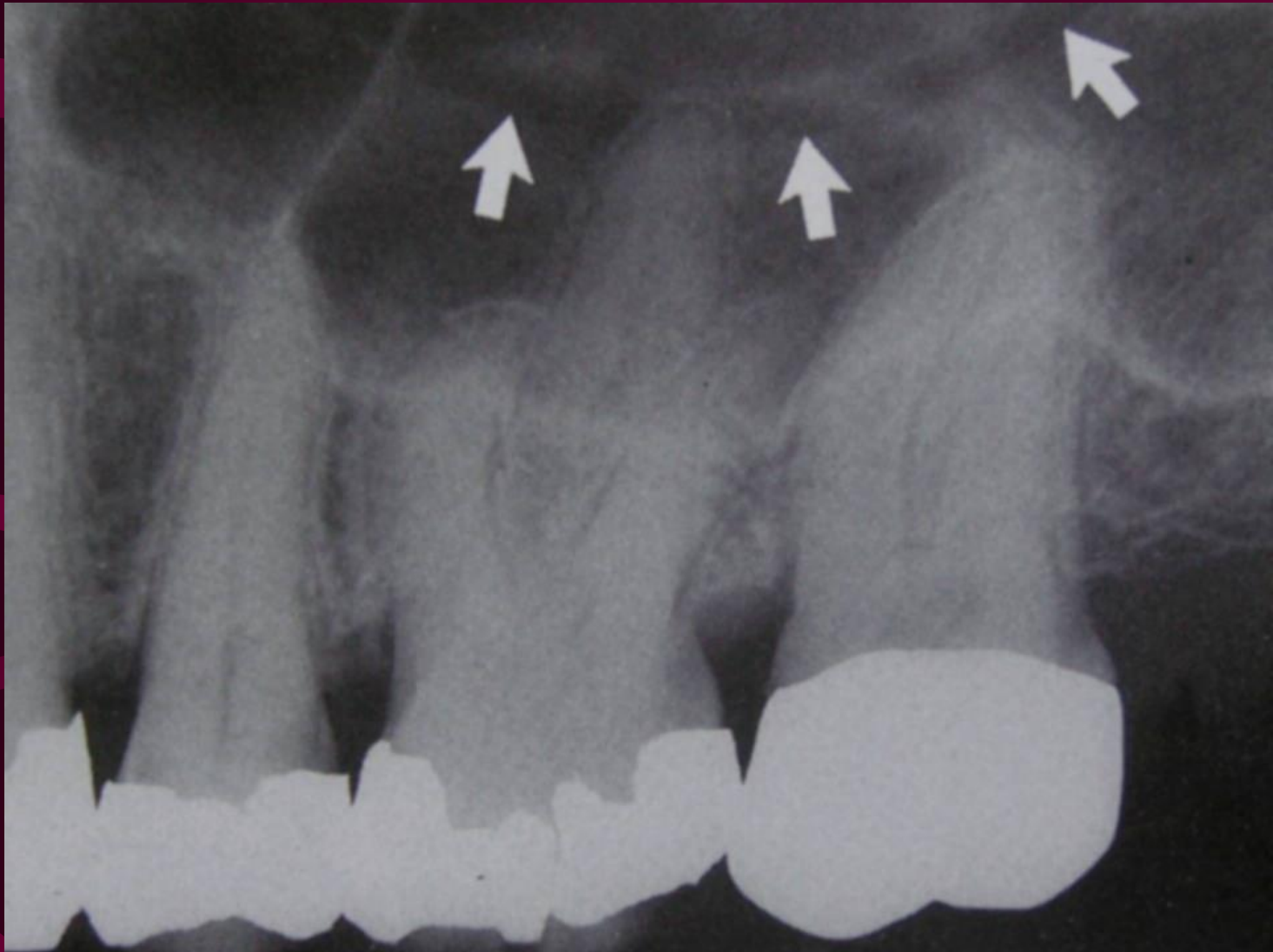
Floor of the maxillary sinus.



Anterior border of maxillary sinus.



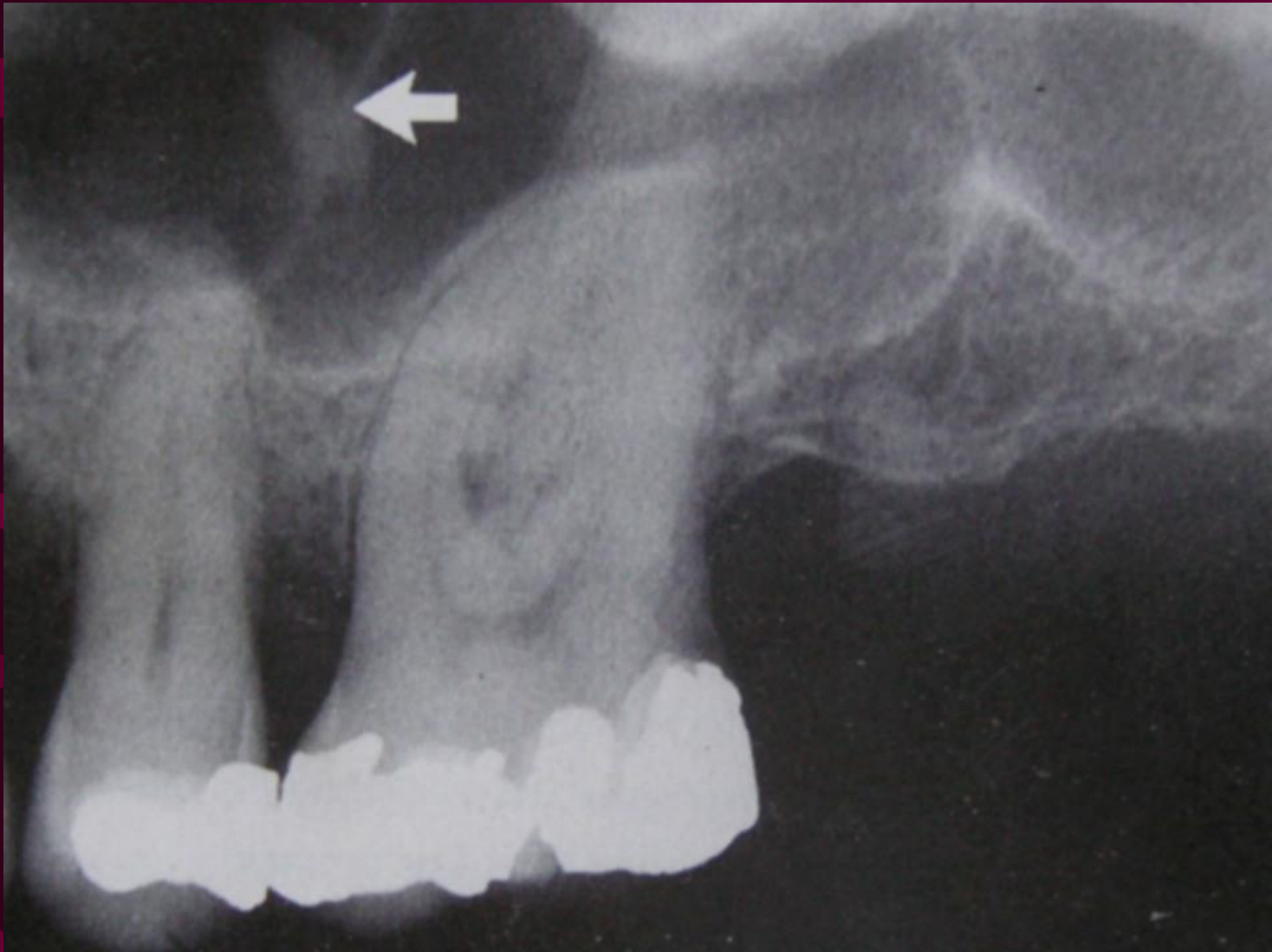
Floor of the maxillary sinus.



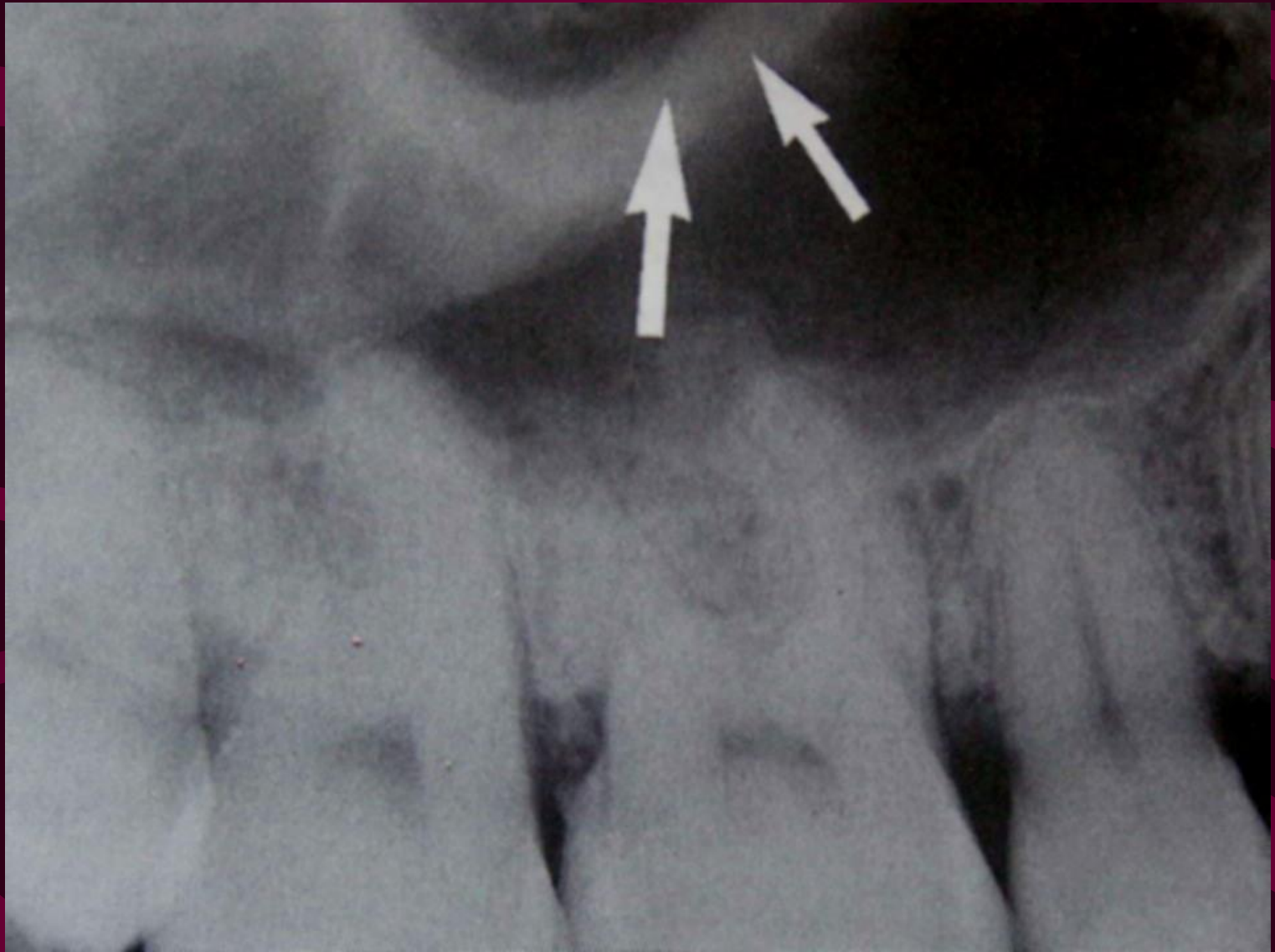
Neurovascular canals.



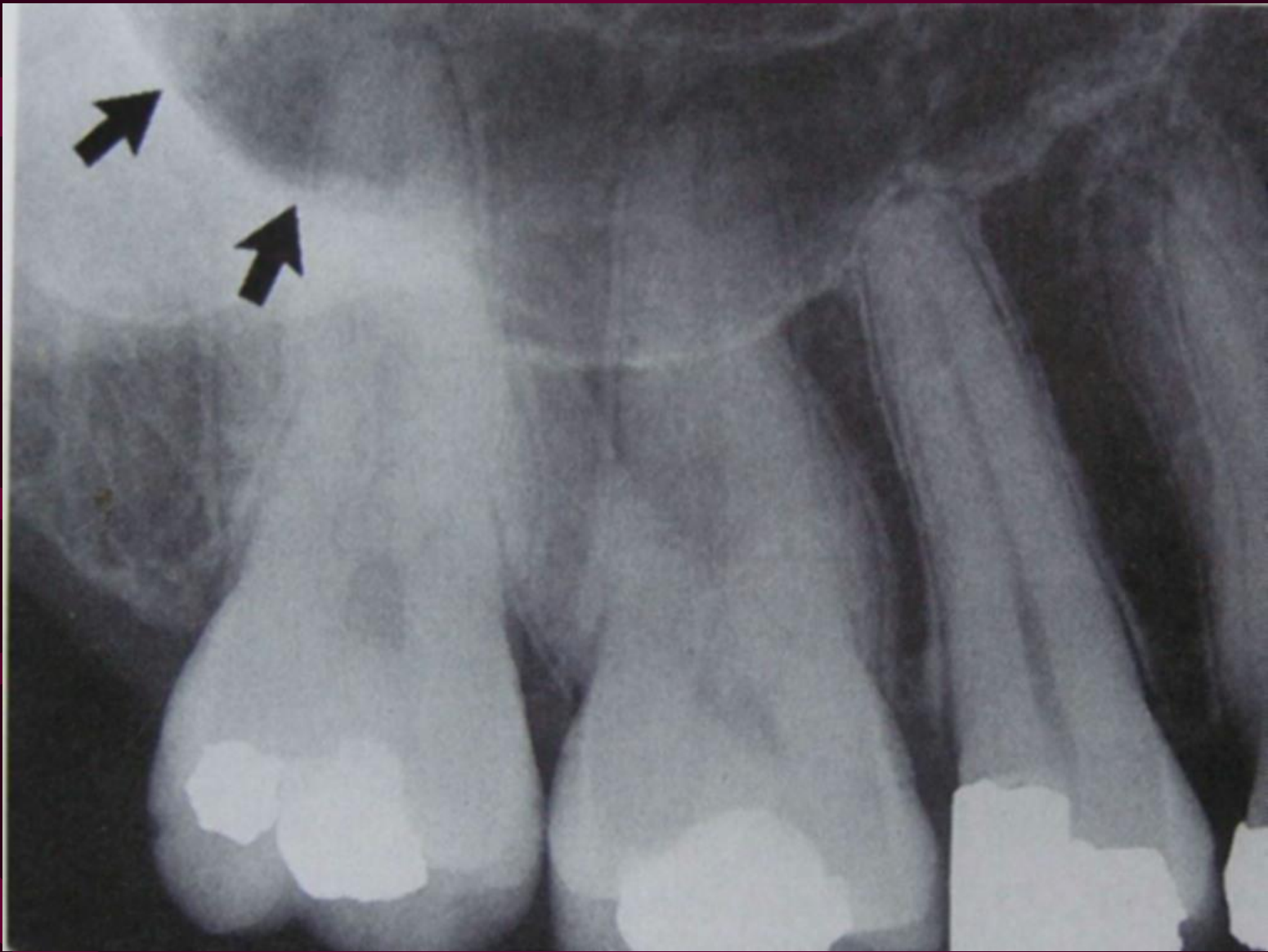
Septum in the maxillary sinus.



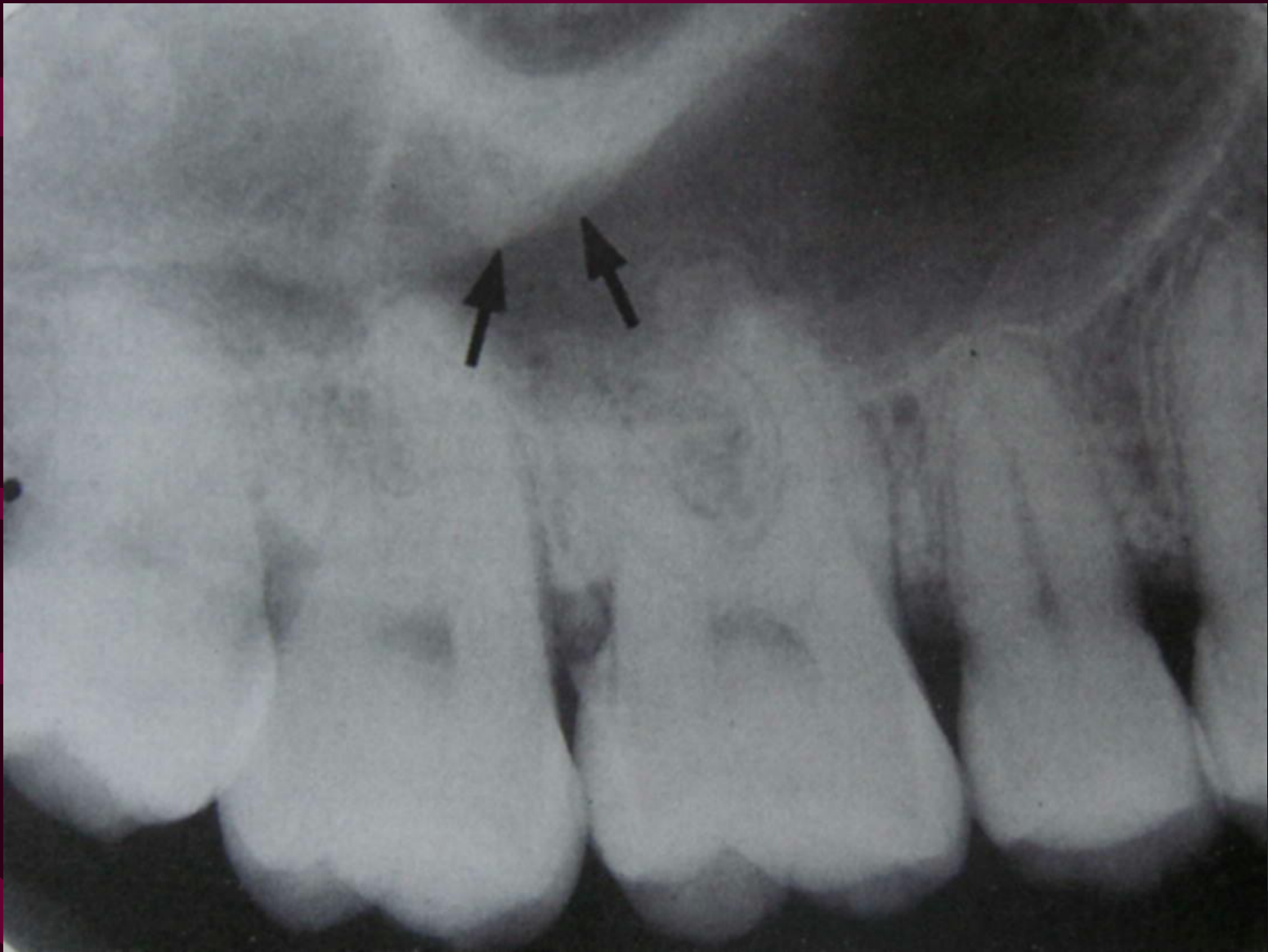
Bony nodule in the floor of maxillary sinus.



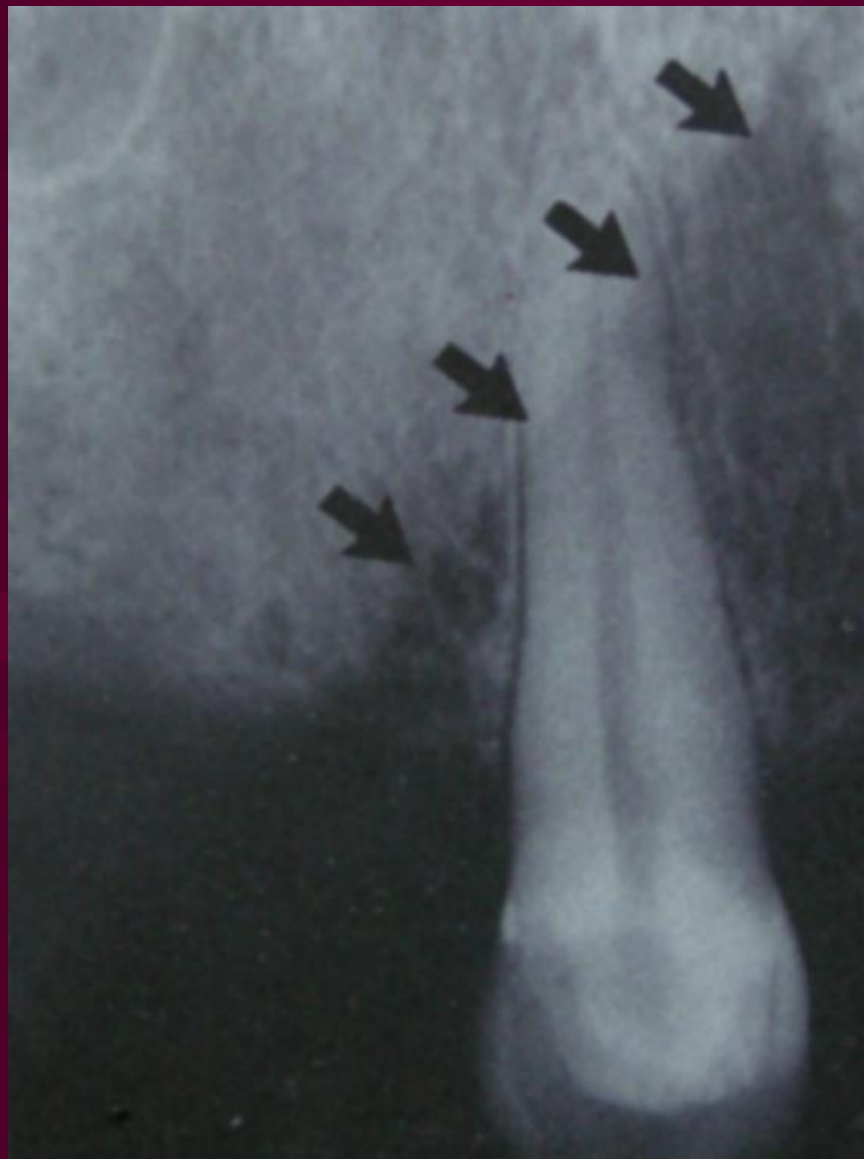
Zygomatic process of maxilla.



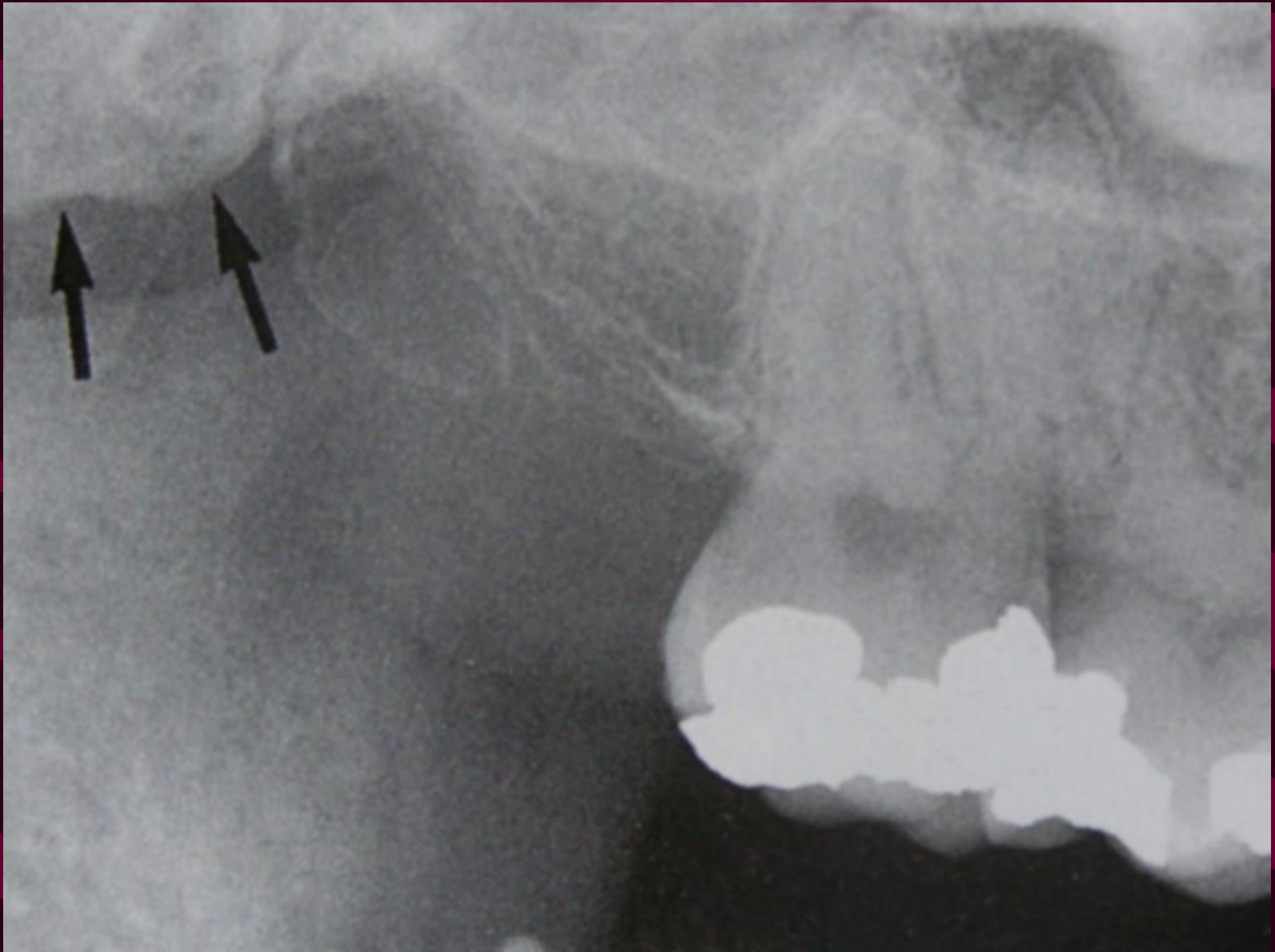
Zygomatic process of maxilla.



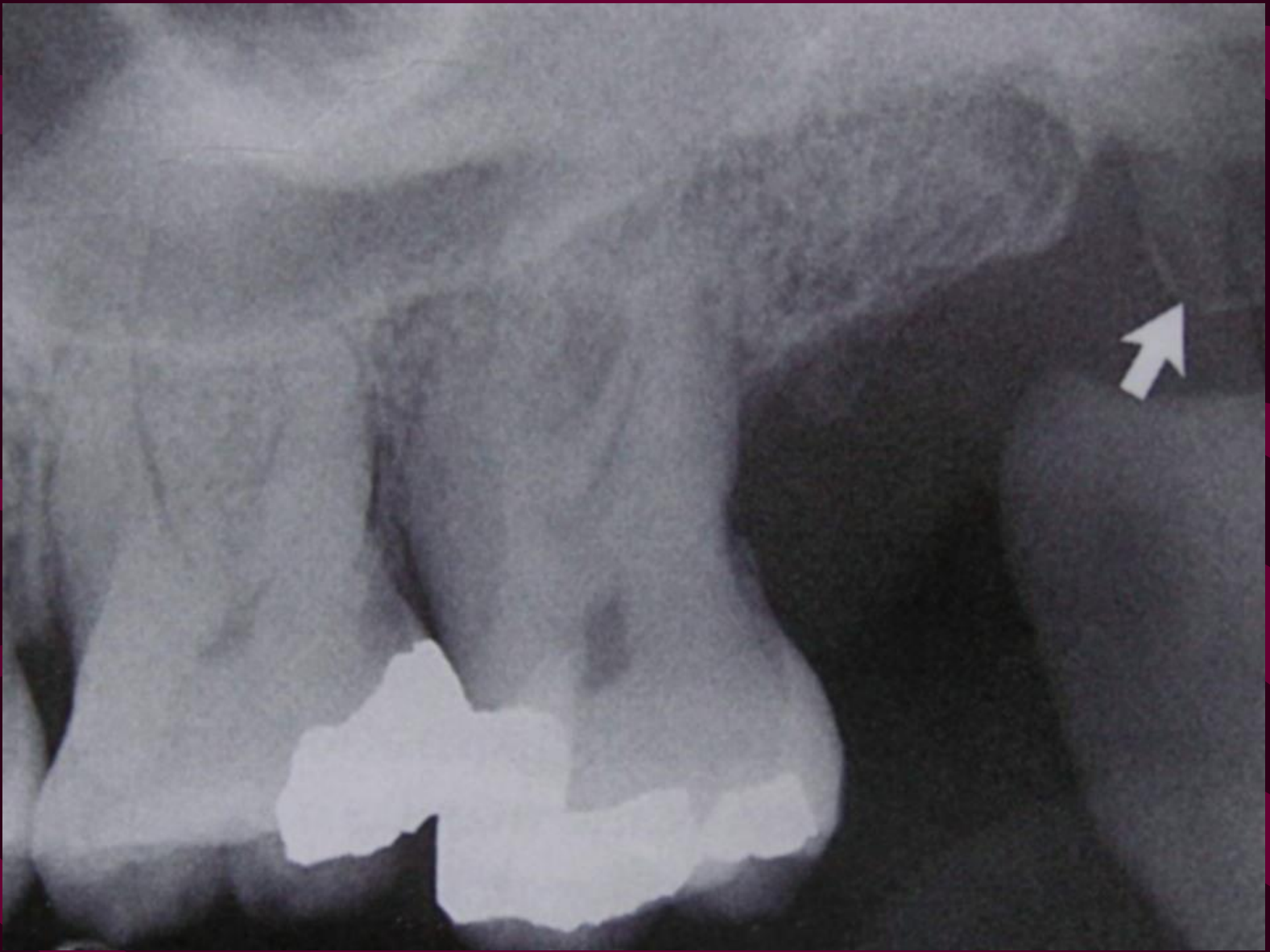
Inferior border of zygomatic arch.



Naso labial fold.

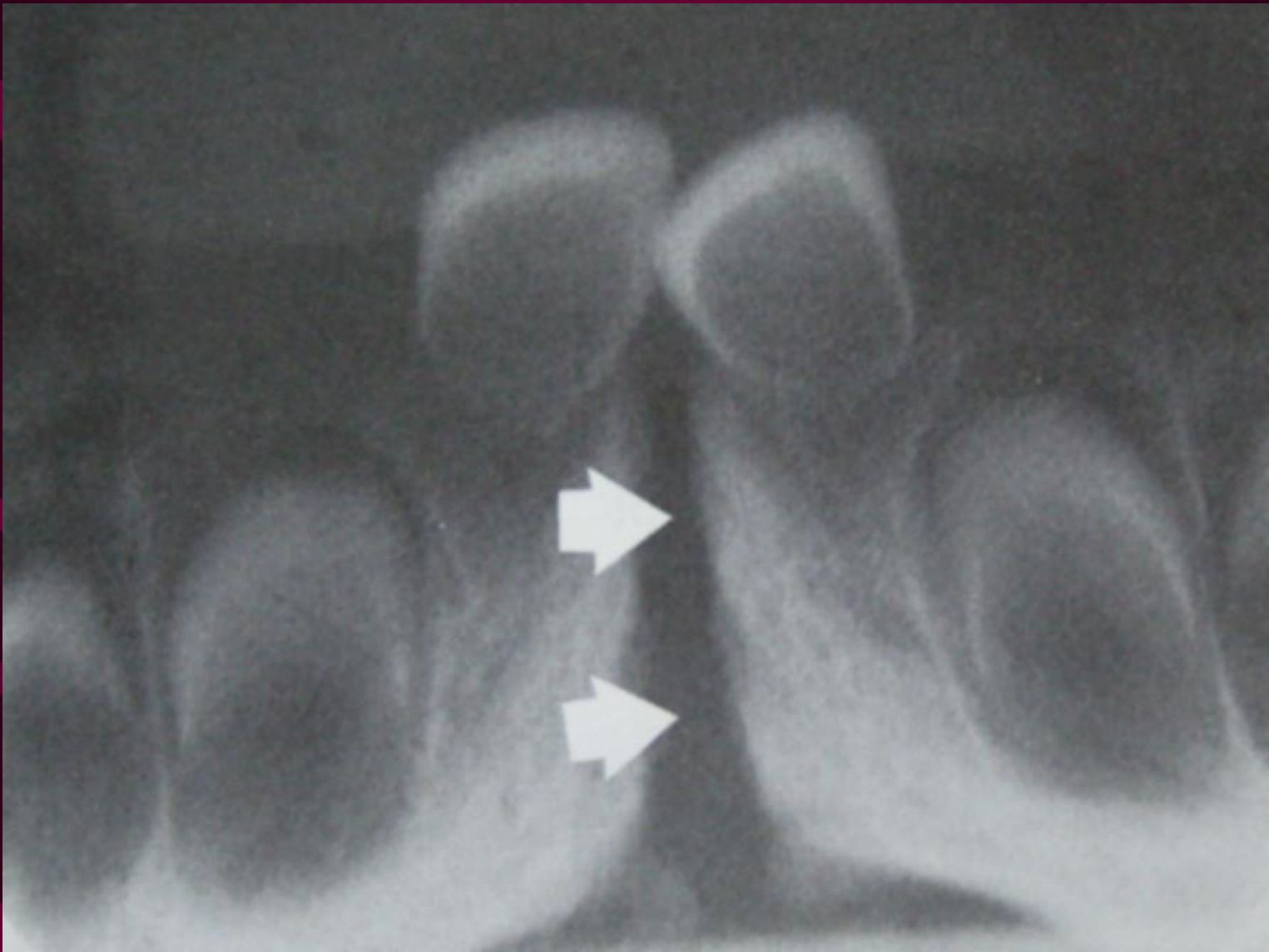


Pterygoid plates.

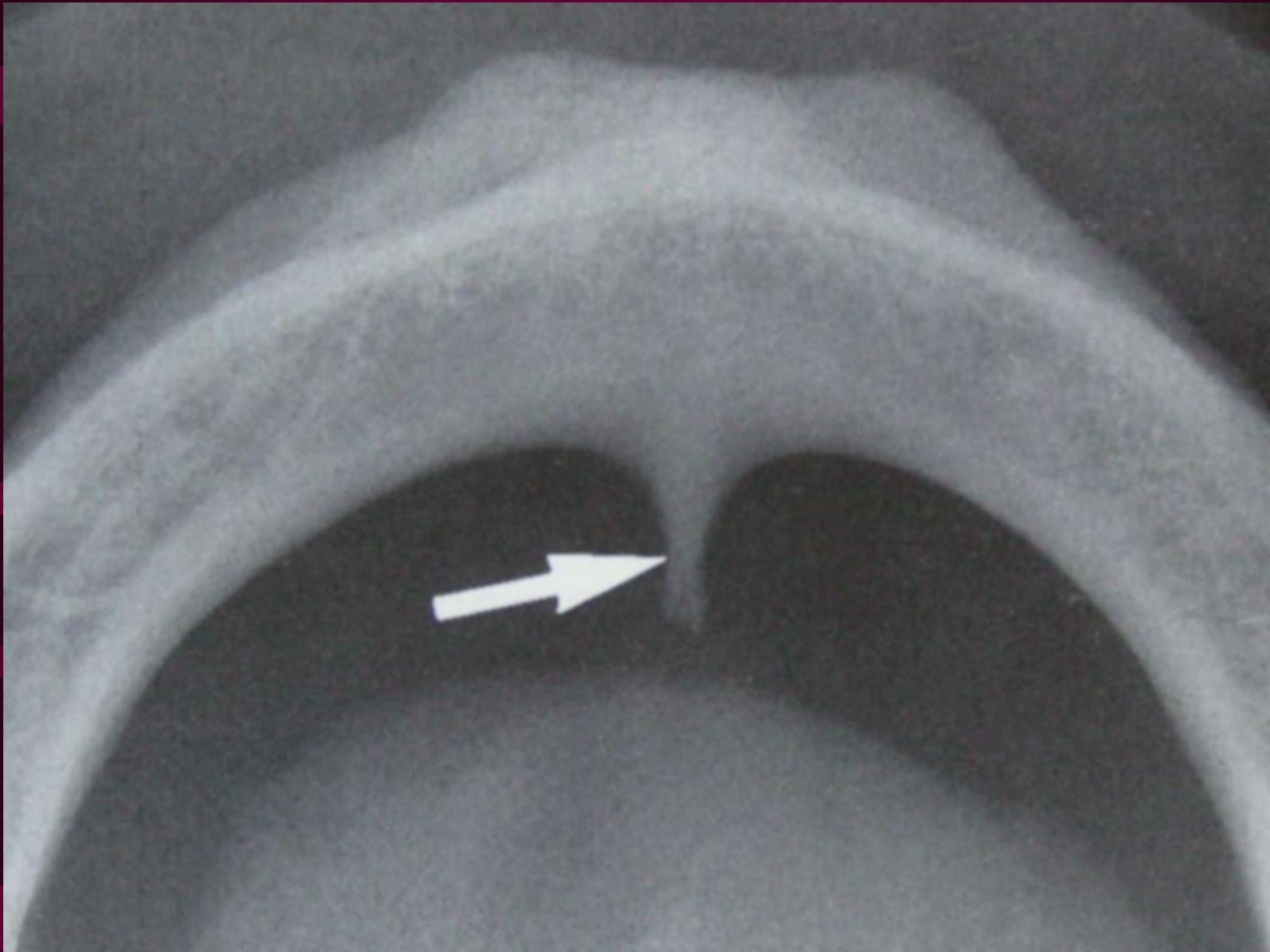


Hamular process.

MANDIBLE



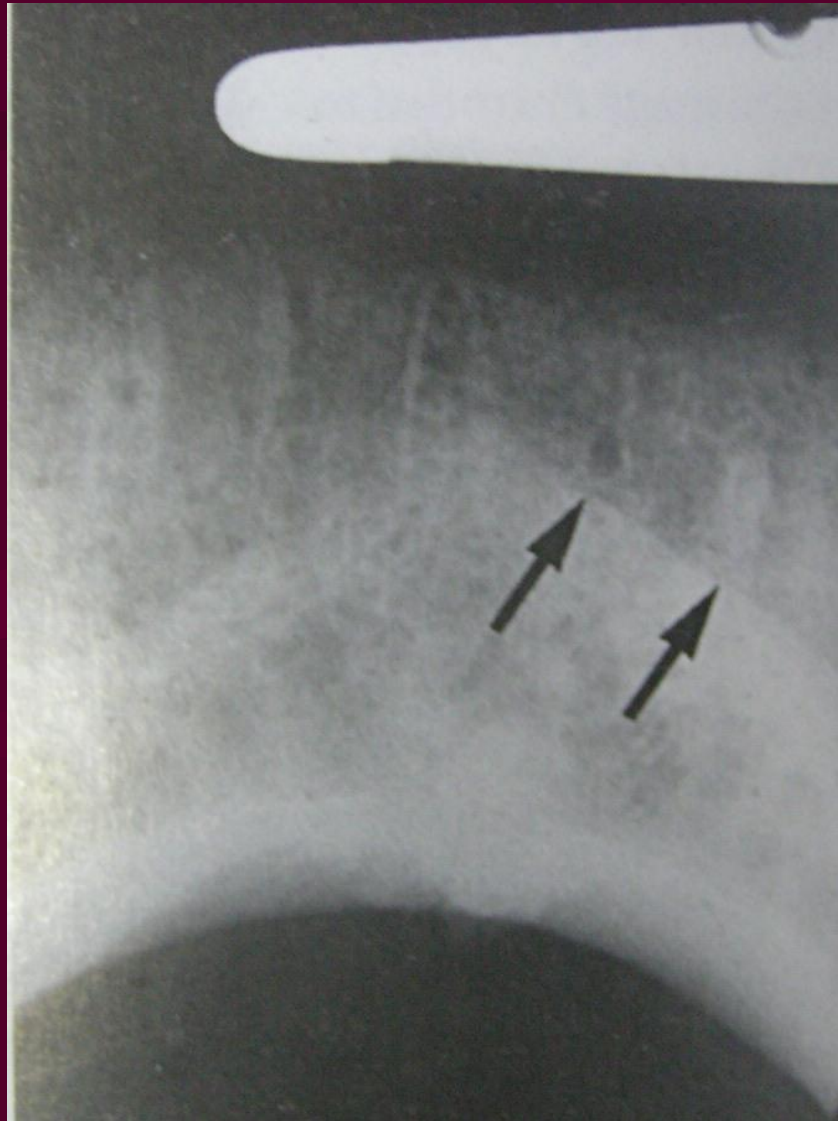
Mandibular symphysis.



Genial tubercles.



Genial tubercles.



Mental ridge.



Mental fossa.



Mental foramen.



Mandibular canal.



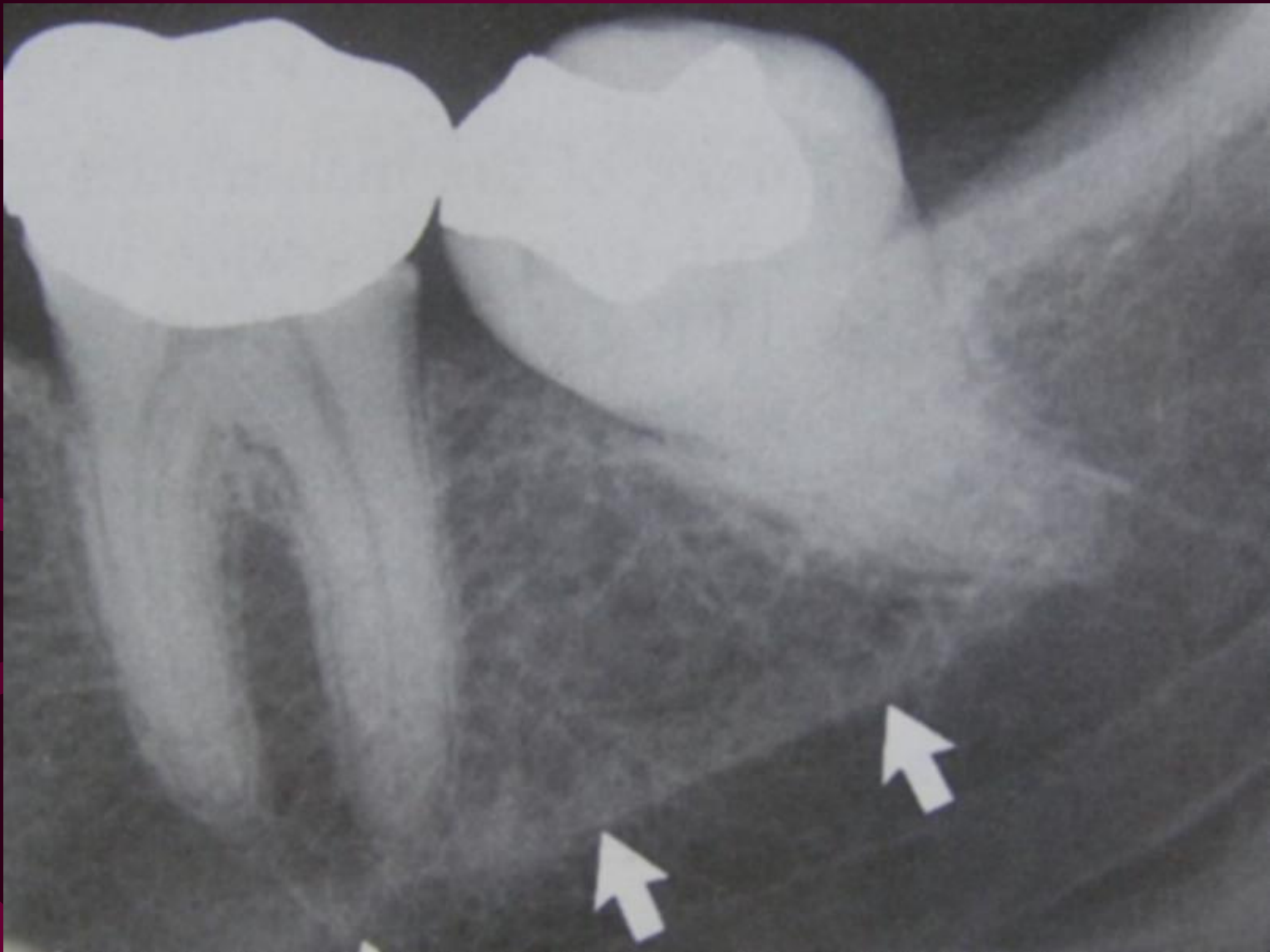
Mandibular canal. Arrows denote radio opaque superior and inferior cortical borders.



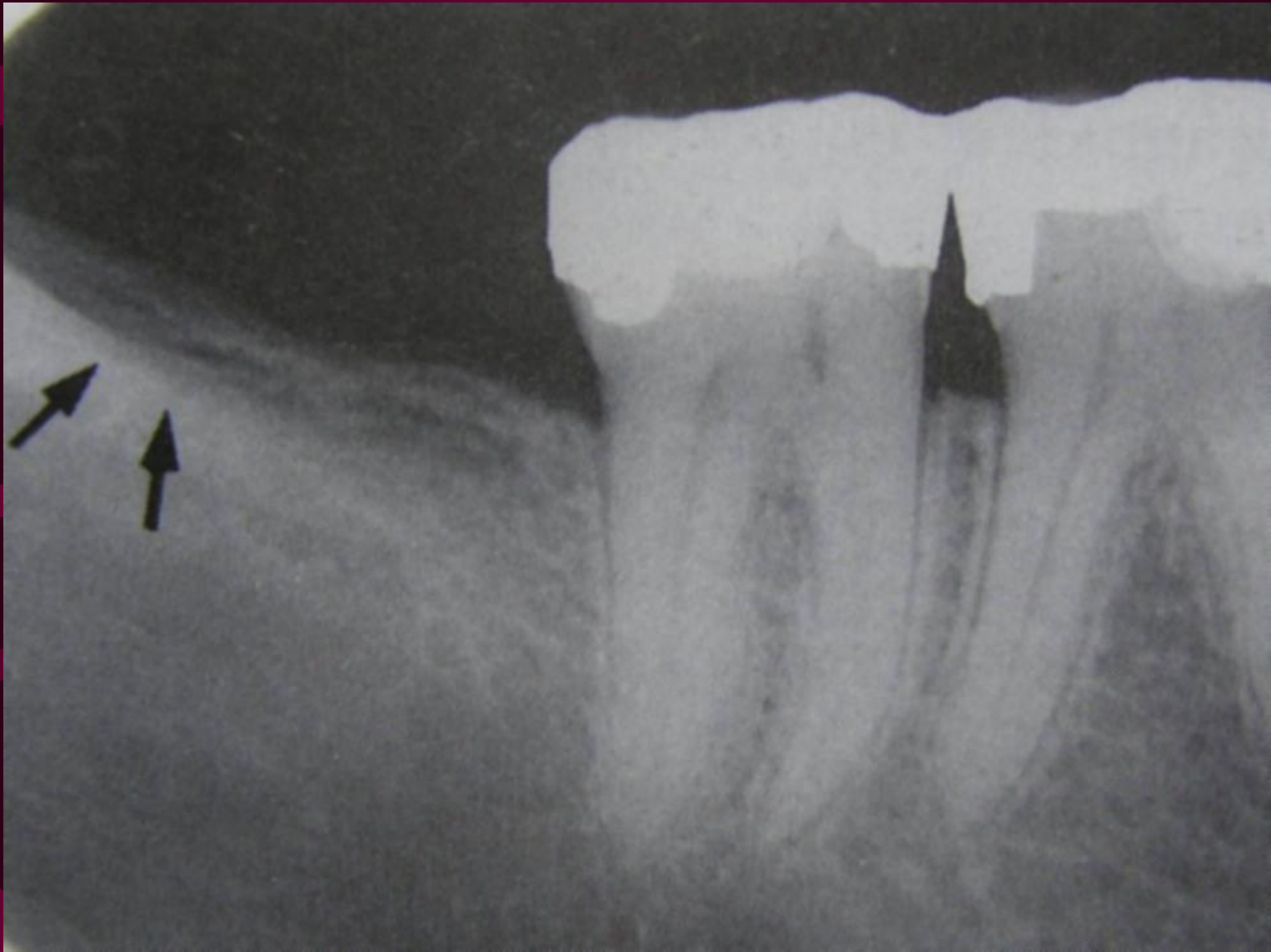
**Nutrient canals demonstrated by radio
opaque corticated borders**



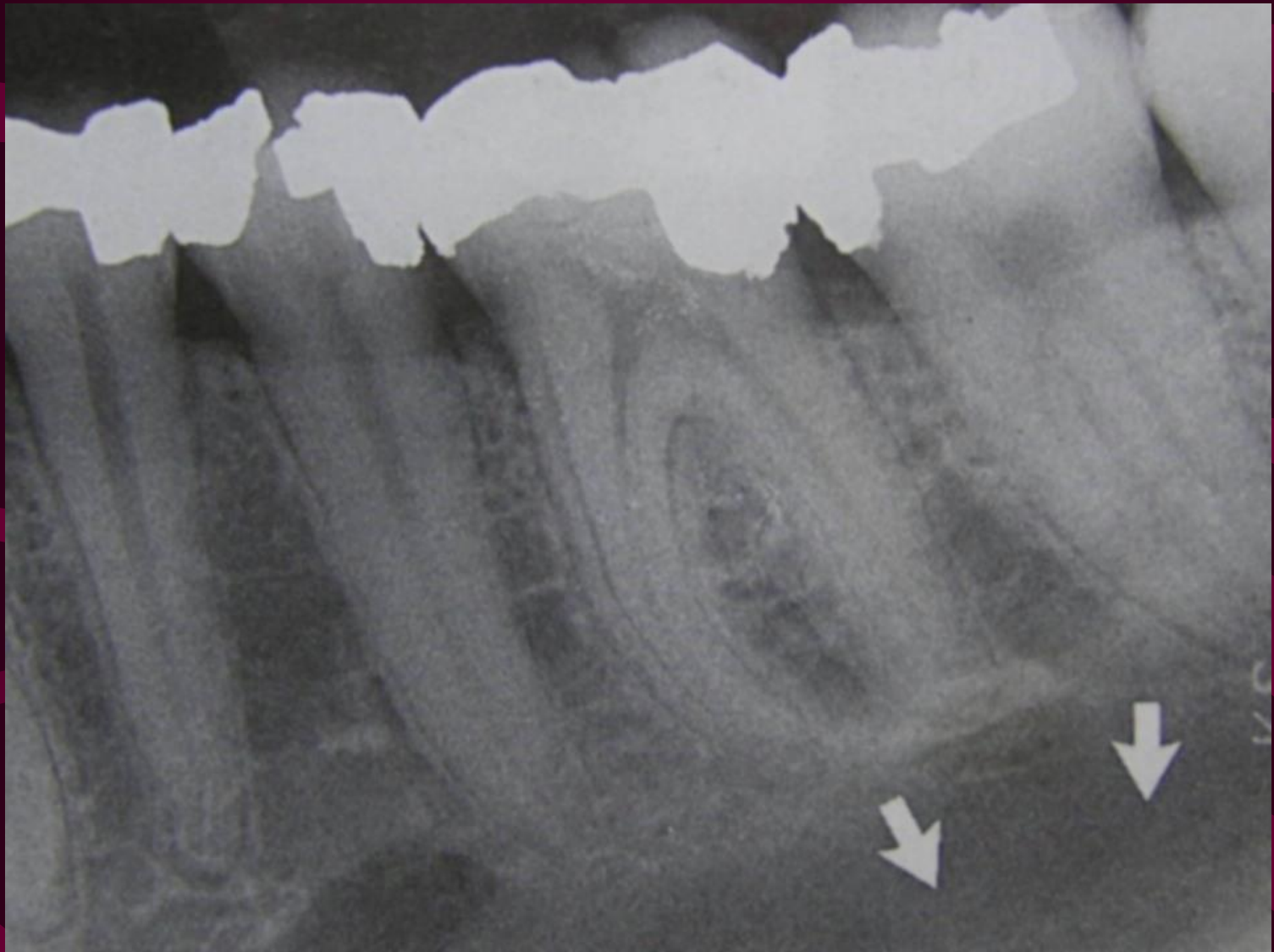
**Nutrient canals demonstrated by radiolucencies
in patient with severe periodontal disease.**



Mylohyoid ridge.



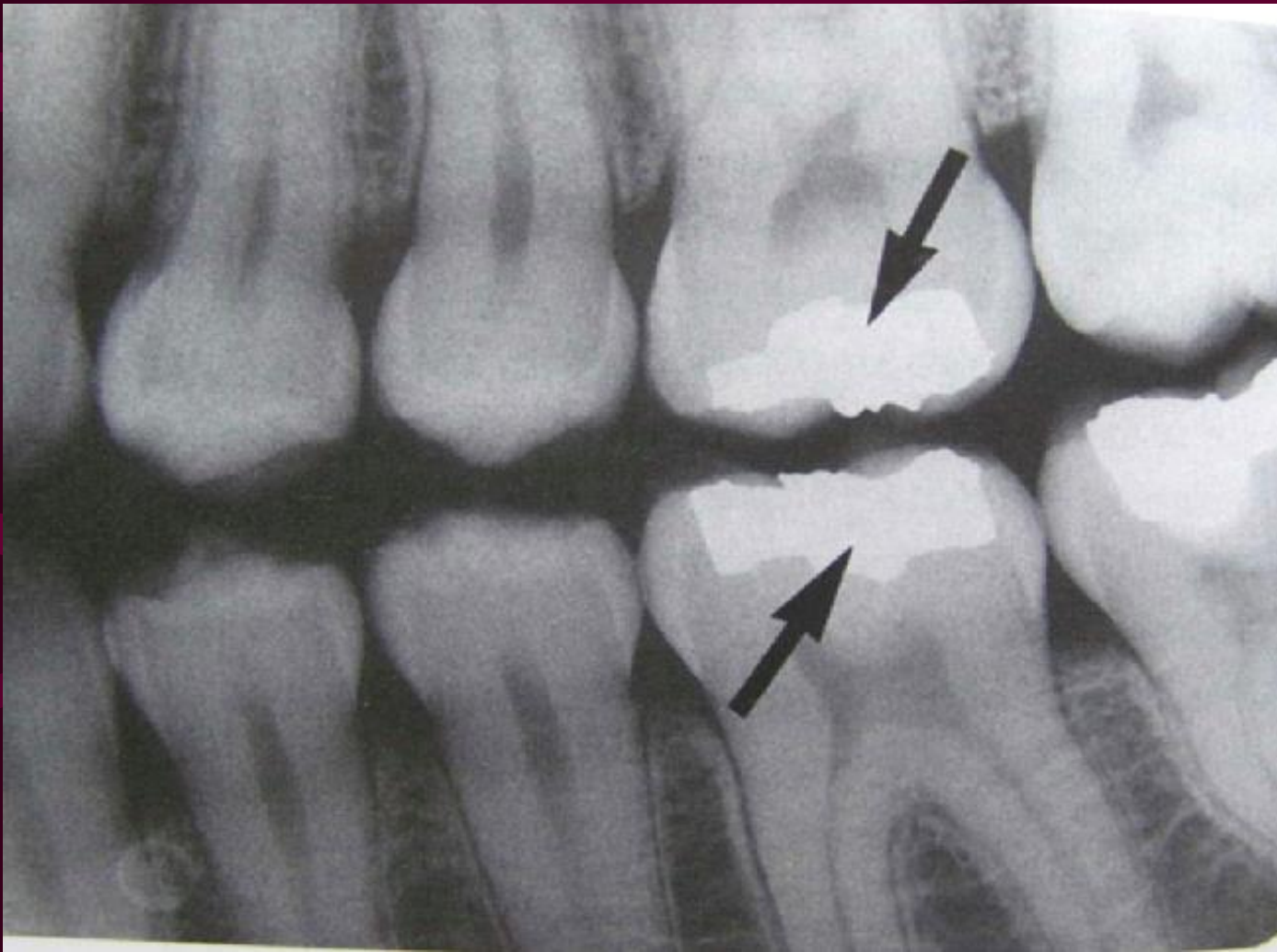
External oblique ridge.



Submandibular gland fossa.



RESTORATIVE MATERIALS



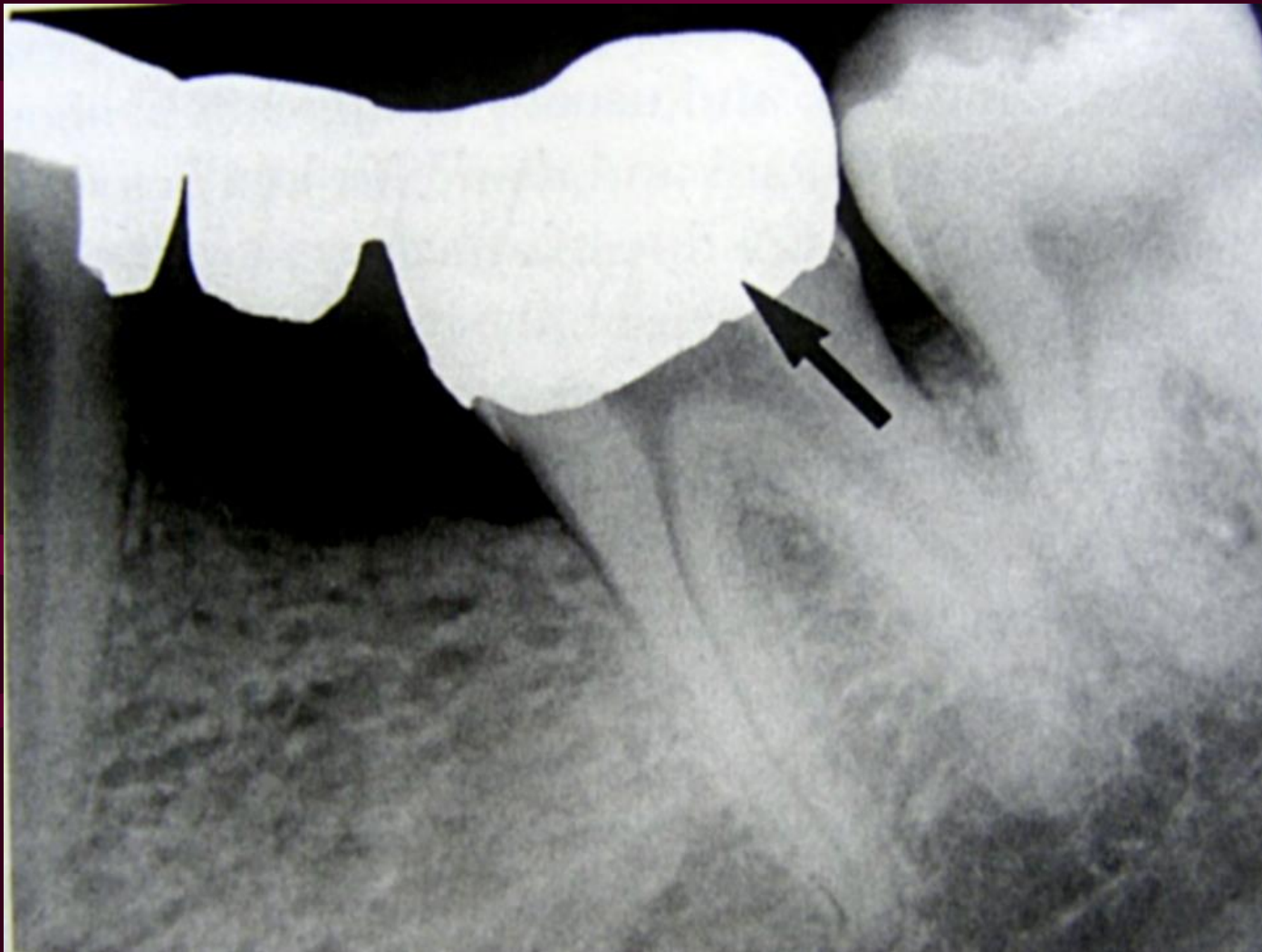
Amalgam restoration appears radioopaque.



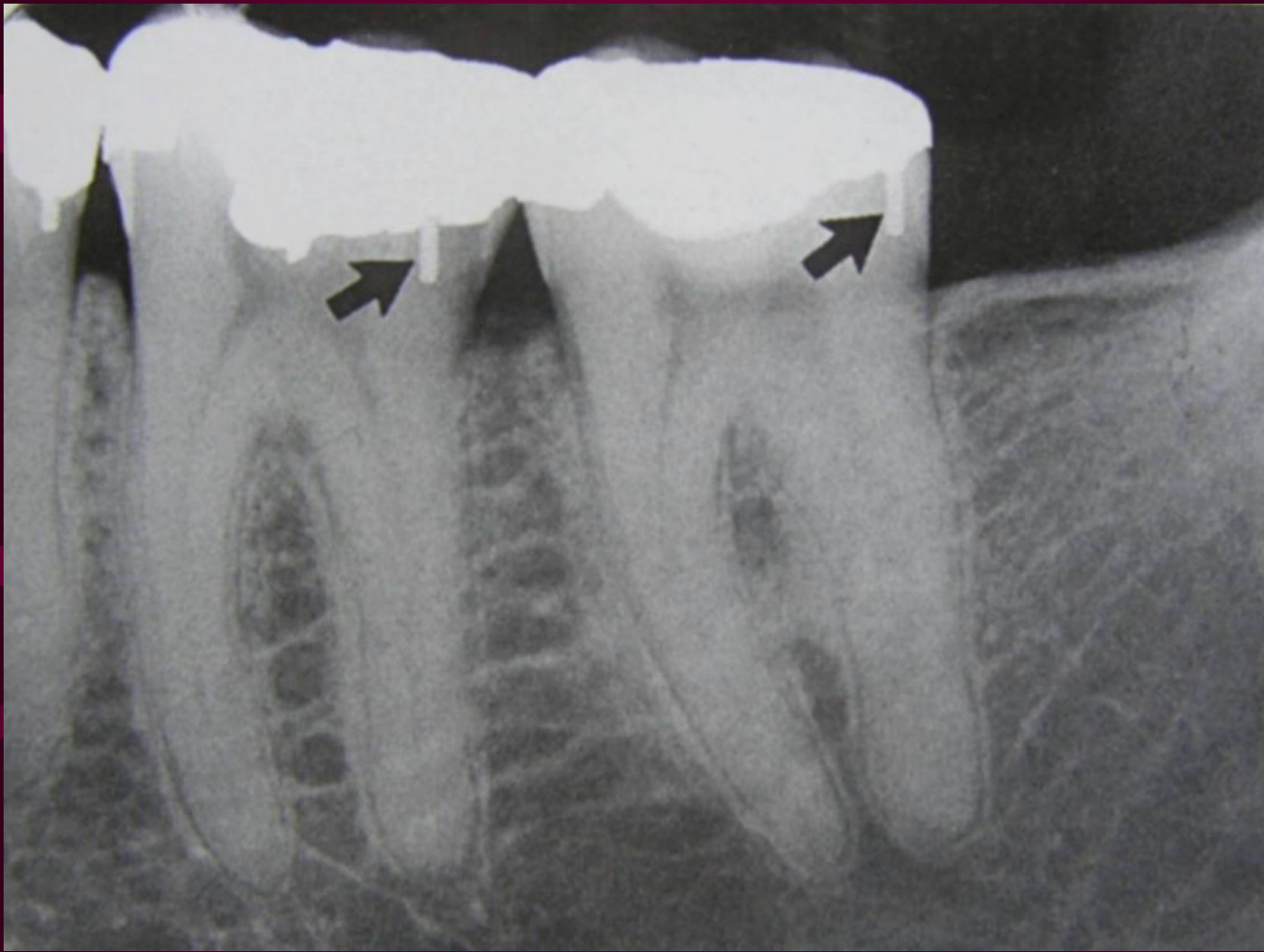
Silver points were used to fill the root canals.



Base material is usually radio opaque



**A cast gold crown appearing radio
opaque**



Stainless steel pins for amalgam restoration



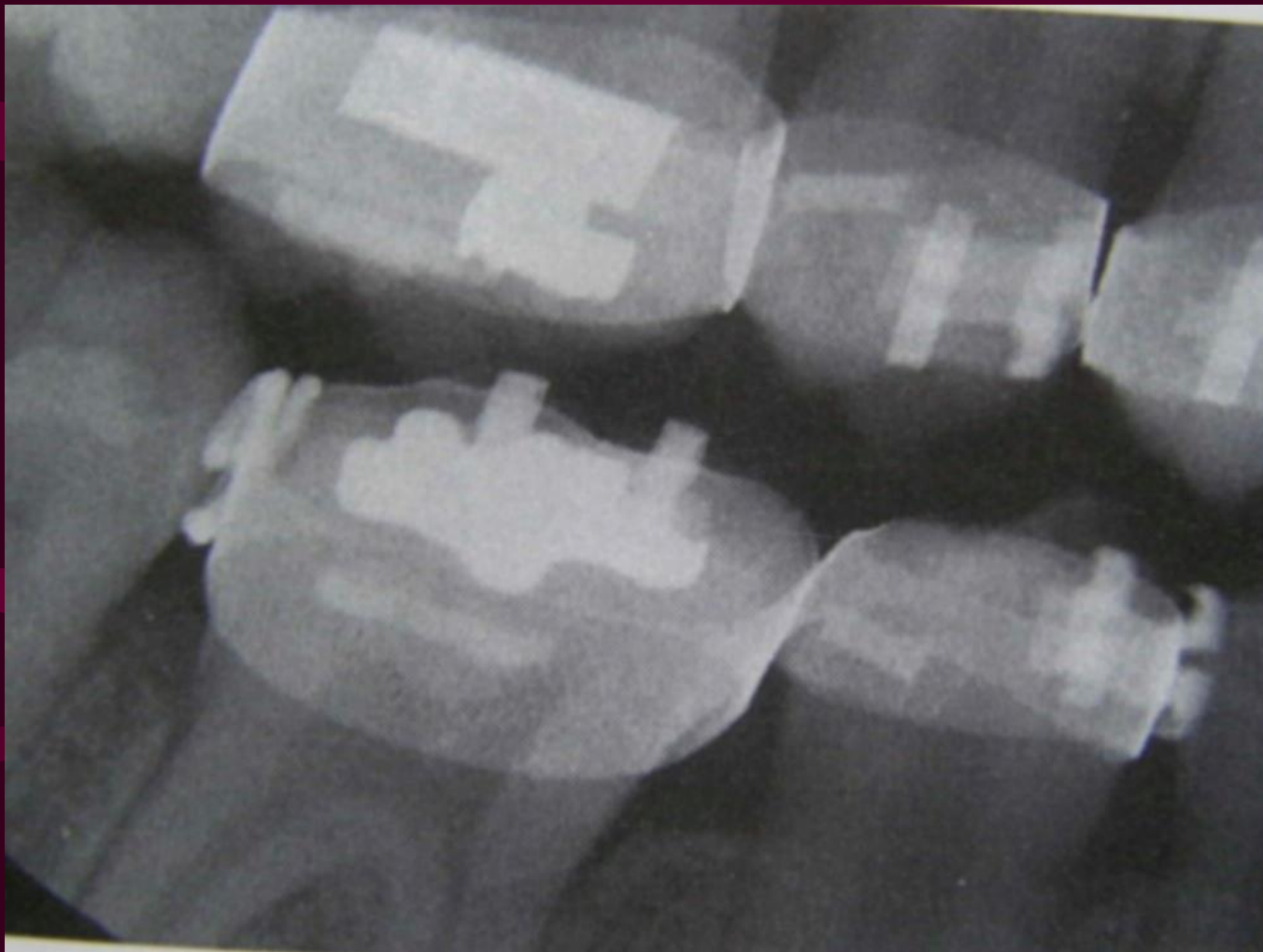
Radiolucent silicate restorations were placed over a base to protect the pulp.



Composite restorations containing particles of barium glass are radio opaque and not likely to be confused with caries.



Stainless steel crown appears radio opaque.



Orthodontic appliances have characteristic radio opaque appearance.