Torus Mandibularis

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A 61-year-old man with a history of diabetes, hypertension, hyperlipidemia and polysubstance abuse presented to the emergency department complaining of bony growths on his lower jaw. He had noticed these growths intermittently in the past. He reported pain only when his dentures were in place and food lodged against the growths. The patient denied ulceration, bleeding and drainage. He reported good compliance with dental care. On exam he had sublingual bony-appearing growths covered in normal oral mucosa. There was no lymphadenopathy. The growths were nontender and without discharge or fluctuance.

Torus mandibularis is a bony sublingual protuberance, typically near the canine and premolar teeth. The etiology of tori is unclear. Possible causes include masticatory hyperfunction, continued bone growth, genetic factors and environmental factors such as diet. The prevalence of tori has been estimated from 12.3% to 26.9% with an average age of onset typically in the fourth decade of life, and an increased prevalence in males.

Tori tend to grow gradually, are usually nodular, and the majority remain less than 2mm in size. They may be either unilateral or bilateral and singular or multiple. Tori are usually asymptomatic, but patients may present with ill-fitting dental prostheses, mucosal ulceration or concern regarding oral cancer. While it is usually unnecessary to remove tori, the most common reason for removal is interference with a dental prosthesis. One case report describes a patient with large bilateral torus mandibularis resulting in intubation difficulty.

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