among the dentists practicing at the University of Florida to observe the influence of the patients' medical and dental histories on the differential radiologic interpretation.

Objective(s): The aim of this study was to observe the influence of the medical and dental histories on radiologic interpretation, and the variation depending on the dental specialty and the dentist's years of experience; and to encourage the dental practitioner to follow a systematic diagnostic strategy to avoid bias caused by the patient's medical and dental histories during radiologic interpretation.

Study Design: Dentists practicing at the University of Florida College of Dentistry were randomly divided into 4 equal groups of equal number. A survey email was sent to these groups, containing a case presentation with a pantomograph, intraoral photographs, and a medical history. The medical history was intentionally changed in each group to observe if this influenced the answers chosen by the dentists.

Results: A percentile-based descriptive analysis and a χ^2 analysis demonstrated that the majority of the participating dentists were biased by the medical and dental histories provided. A correlation analysis revealed a weak relationship between the answers chosen by the participating dentists and their dental specialty and years of experience.

Discussion/Conclusions: Knowledge of oral and maxillofacial radiology and accurate medical and dental histories are indispensable for an appropriate radiologic interpretation. However, to avoid bias from the medical and dental histories during radiologic interpretation, the dentist should strategically do the radiologic interpretation first, correlate with clinical findings, come up with potential differential interpretations, and finally correlate the medical history with the interpretation to establish the final diagnosis.

Acknowledgments

Dr. Ruprecht

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INTRAOSSEOUS LIPOMA OF THE MANDIBLE.

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Background: Intraosseous lipoma (IL) is an uncommon, benign lesion of the bones, making up approximately 0.1% of all primary osseous tumors. Presentation within the jaws remains particularly rare, with no more than 20 cases of mandibular intraosseous lipoma (MIL) documented within the English language literature. Its presentation is often mistaken for other entities, such as anterior Stafne bone defect, traumatic bone cavity, keratocystic odontogenic tumor, adenomatoid odontogenic tumor, and glandular odontogenic cyst. MIL has been documented with variable signs and symptoms and locations, but manifestations in the anterior mandible are especially uncommon.

Discussion/Conclusions: A 33-year-old Hispanic female presented with an incidental finding of a well-defined, intraosseous unilocular radiolucent lesion in the right anterior mandible that was not visible on previous radiographs. The lesion measured 30×20 mm, without cortical expansion, and was located apical to teeth #25, #26, and #27, which were asymptomatic. The lesion was enucleated, and the specimen was histologically confirmed to be MIL.

This uncommon case of MIL has helped to better describe the features of this rare entity. The medial border of this lesion closely approximated the symphyseal midline, even when the lesion approaches the anterior mandible in only about 20% of described cases. The lesion also presented in the fourth decade of life, below the typical age of the fifth and sixth decades. Features of the current case have not been previously reported, given the small number of cases documented in the literature. Although MIL has a mild behavior and does not require aggressive surgical management, this case illustrates that it may mimic other diseases, given its location in the anterior mandible in a younger patient, thus hindering an accurate diagnosis.

Acknowledgments

The authors wish to thank Lee J. Slater, DDS, MS (Staff Pathologist Scripps Oral Pathology Service, San Diego, CA) for his assistance with histopathologic evaluation.

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KENNY-CAFFEY SYNDROME: A CASE REPORT AND A REVIEW OF THE LITERATURE.

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Background: Kenny-Caffey syndrome (KCS) is a rare inherited disorder, with only 65 cases reported between 1966 and 2012, almost exclusively in Middle Eastern populations. The syndrome is characterized by a multitude of signs and symptoms, including severe growth retardation, hypocalcemia associated with hypoparathyroidism, skeletal and facial deformities, thickened cortices of long bones, and medullary stenosis. In addition to skeletal and endocrine abnormalities, dental and maxillofacial anomalies are common in KCS, with features including, but not limited to, micrognathia, generalized hypodontia, delayed eruption, dental caries, and gingivitis. Management of patients presenting with this syndrome requires a multidisciplinary approach from medical and dental personnel.

Discussion/Conclusions: We report a case of a 32-year-old female who presented to Stony Brook School of Dental Medicine for screening, with a request for implants. Panoramic radiography revealed numerous features, including hypodontia,