HYPERPNEUMATISATION OF THE SKULL BONES

CASE

A healthy, 12-year-old female patient, presented with an anterior open bite requesting orthodontic treatment. A panoramic radiograph was requested for treatment planning (Figure 1). An incidental finding of well-defined multilocular radiolucencies were detected superimposed over the right ramus and middle cranial fossa region. The patient was asymptomatic with no clinical signs of facial asymmetry. A cone-beam computerised tomography (CBCT) scan was requested to exclude any occult pathology (Figure 2).

Figure 1. Panoramic radiograph

INTERPRETATION

The CBCT images showed multiple air-filled spaces that are continuous with the mastoid air cells, affecting the temporal and sphenoidal bones (Figure 2 A-D). The airspaces were limited to the right side and were associated with areas of mild expansion, best visualised in the lateral and medial pterygoid plates (Figure 2C). Pneumatisation is the process of airspace formation within the bones of the cranium. Pneumatisation or enlargement of the paranasal sinuses, as well as the extension of mastoid air cells anteriorly to involve the temporomandibular joint complex, are commonly reported. However hyperpneumatisation involving the temporal, occipital and parietal bones are rare with a reported prevalence of 0.0003%. The aetiology is due to a combination of congenital and environmental factors, including increased pressure within the middle ear.

These entities are often asymptomatic with infrequent reports of tinnitus or headaches. Radiologically they present with a multilocular/ honeycomb appearance with minimal expansion. Recognition of this entity is important as the structural integrity of the bone is affected with an increased risk of fracture after minor trauma. Additionally, it should be differentiated from other pathological entities such as aneurysmal bone cysts or intrabony vascular malformations.

Valsalva manoeuvres in an attempt to relieve the tinnitus are discouraged in these patients as this can lead to damage to the tympanic membrane. Placement of pressure-equalisation tubes can assist in the alleviation of symptoms.
Cone beam computed tomography is an accessible modality which can be used for detailed assessment and measurement of air space volumes and surgical planning in these cases.

**Authors declaration**

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**Conflict of Interest:** The authors declare that they have no conflict of interest.

**Ethics approval:** This study was approved by the University of Pretoria, Faculty of Health Sciences Research Ethics Committee (Reference no.: 423/2021). All procedures followed the ethical standards of the Helsinki Declaration of 1975, as revised in 2008.

**REFERENCES**


**CPD questionnaire on page 43**

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