Subject: Toris mandibularis, Torus palatinus, Buccal exostosis.
Policy nr: DEN003
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POLICY:
Removal of tori paid under local anaesthetic or conscious sedation. General anaesthetic will be allowed only after motivation and pre-authorisation. It is payable from the surgical benefit and subject to the Scheme rules. No benefit when harvested for implant site augmentation.

DEFINITION:
Bony exostosis, which includes the toris mandibularis, torus palatinus and buccal exostosis, is described as a benign localised overgrowth of bone of unknown or controversial aetiology, occurring in the hard palate, the lingual aspect of the mandibula or an area of hyperostosis.

GUIDELINE:
A request for the removal of bony exostosis must be referred to the dental advisor with clinical intra-oral photographs, relevant radiographs if indicated, and a full motivation stating reason for removal of the exostosis, if the procedure is requested under general anaesthetic or sedation. The removal of tori for the harvesting of bone to be used in implant site augmentation cannot be funded.

GENERAL INFORMATION:
All the bony exostoses mentioned are present as surface masses and can be removed surgically without disturbing the deeper cancellous bone. Reported prevalence of these lesions in the literature range from 1,4 to 69,7%. A study reporting on Greenland Eskimos stated that tori were present in 100% of the population. The incidence varies with ethnicity and sex, and genetic factors are also thought to play a role.

These exostoses are all found in very specific sites and any variation from these are probably true neoplasms or osteoma. Tori are not present before the late teens and will continue to enlarge slowly over time. Lesions could become 3 – 4cm in maximum diameter, but are usually less than 1,5cm.

On removal it shows dense bone with mature lamellar bone with scattered osteocytes and small narrow spaces.
Tori mandibularis are usually found bilateral, whilst the toris palatinus is found in the midline of the palate.

Most patients are not even aware of these tori and the diagnosis is incidental when the patient is examined.

Tori are only removed in extreme cases where the placement of a dental prosthesis is hampered, where speech impediments become a problem, or where the overlying mucosa is regularly traumatised. This can be a specific problem in patients with underlying systemic disease such as type II diabetes.

Surgical removal requires an incision and reflection of a full thickness flap. Care must be taken not to tear the thin mucosa overlying the exostosis. A line can then be cut into the superior aspect of a toris mandibularis, chisel inserted into the groove and the exostosis cleaved from the underlying bone with a gentle tap with a mallet. The underlying bone can then be smoothed, any excess soft tissue on the flap removed and it be repositioned and sutured over bone. The procedure is usually done under local anaesthetic. The bone obtained from an exostosis can be used in implant sites and any other area where augmentation of bone is indicated.

Complications include iatrogenic injury to soft tissues and bone using a chisel. The alternative is to use only burs. If high speed burs are used with water, it could cause surgical emphysema. Swelling, bleeding and haematoma are other complications of surgery which could occur.

REFERENCES:


