



# EXTRA ORAL RADIOGRAPHY

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**MEERUT UP** 





Extra oral examinations are those in which both the source & image receptor are placed outside the patient's mouth.

# EXTRA ORAL RADIOGRAPHY



#### INDICATIONS OF EXTRA ORAL RADIOGRAPHY

- Not possible to place film inside mouth as in trismus.
- To examine the extent of large lesions.
- When jaws or other facial bones are to be examined for evidence of disease lesions and other pathological conditions.
- Evaluate skeletal growth & development.
- Evaluate status of impacted teeth.
- Evaluate trauma.
- Evaluate TMJ area.

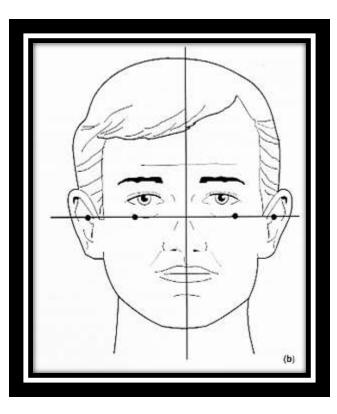


- Magnification occurs due to the greater object to film distance.
- Details are not well defined due to the use of cassettes & intensifying screens.
- Contrast is reduced as the secondary radiation produced by soft tissues is more.





### EXTRA ORAL LANDMARKS FOR PATIENT POSITIONING



(MIDSAGITTAL PLANE): a line coincidental

with sagittal suture.

lateral views  $\rightarrow$  parallel to cassette P.A. or A.P. view  $\rightarrow$ rt. Angle to cassette

INFRA ORBITAL LINE: from one infra orbital margin to other. True lateral→rt. Angle to film.

CANTHOMEATAL LINE: outer canthus of

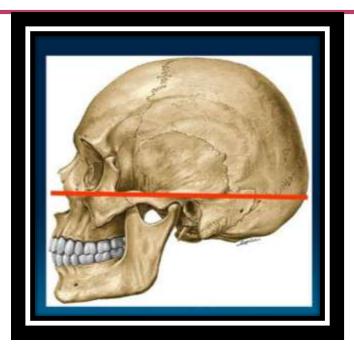
eye to tragus of ear.

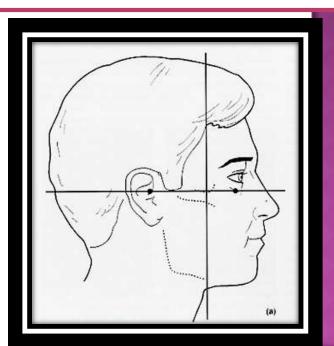


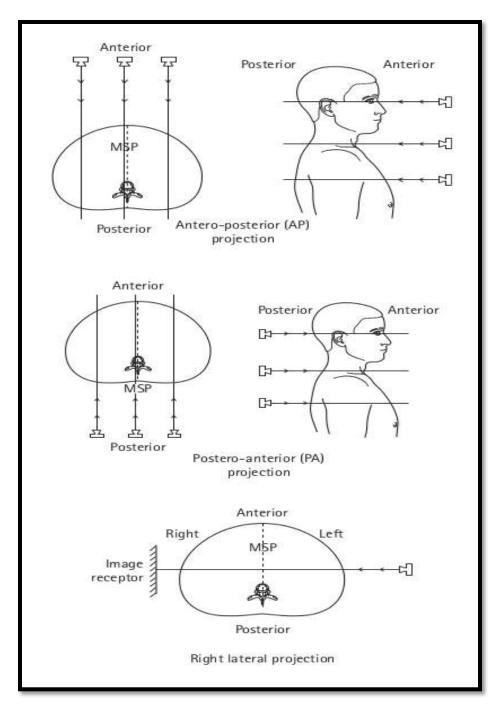


#### 4. FRANKFORT'S HORIZONTAL LINE: most inferior portion of

the infraorbital margin of orbit to the highest pt. on the superior surface of the external auditory meatus.











#### EXTRAORAL RADIOGRAPHY OF VARIOUS

#### MAXILLO-FACIAL REGIONS

- Radiography of the skull
- Radiography of maxillary sinus/ PNS
- Radiography of mandible
- Radiography of base of the skull
- Radiography of the zygomatic arches
  - Radiography of the TMJ



 $\odot$ 









- Lateral cephalogram
- True lateral
- PA cephalogram
- PA skull
- Towne's view





### **RADIOGRAPHY OF MAXILLARY SINUSES**

●0<sup>0</sup> OM

● 30<sup>0</sup> OM

PA waters

Bregma Menton





# **RADIOGRAPHY OF MANDIBLE**

- PA Mandible
- Lateral oblique
  - Body of the mandible
  - Ramus of the mandible

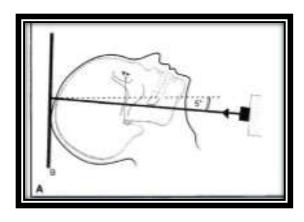


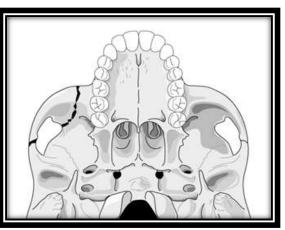


### RADIOGRAPHY OF BASE OF THE SKULL

● SMV (SUB-MENTO VERTEX)

Base of the skull





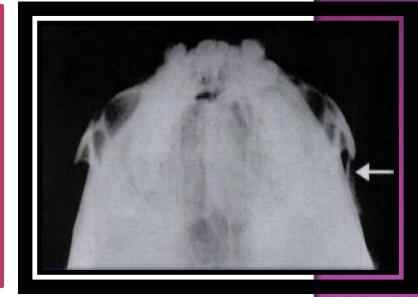




# **RADIOGRAPHY OF ZYGOMATIC ARCHES**

# Jug handle view

### (modification of SMV)







# RADIOGRAPHY OF TMJ

- Transcranial
- Transpharyngeal(Infracranial or McQueen Dell)
- Transorbital (Zimmer Projection)
- Reverse Towne's





- Lateral cephalogram
  - Facial growth
  - Soft tissue profile

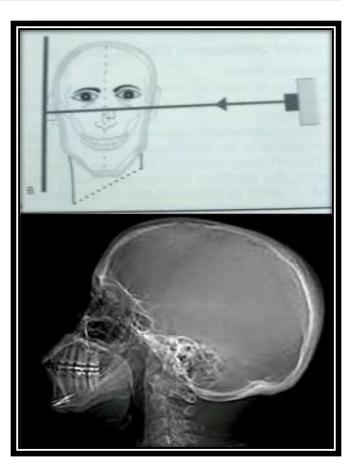






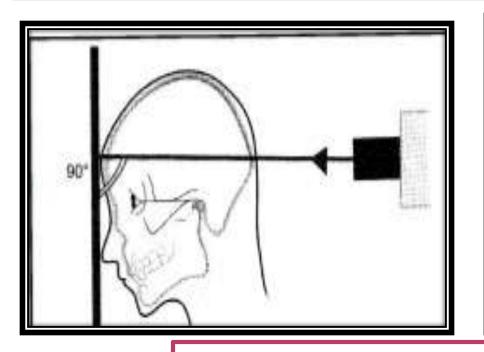


#### • True lateral







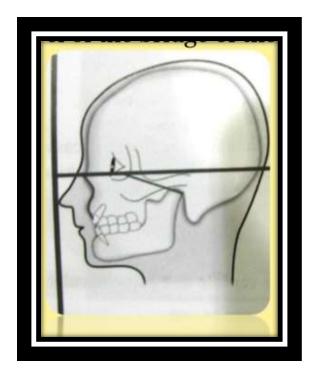




• PA cephalogram



#### PA SKULL( OCCIPITO FRONTAL) GRANGER PROJECTION



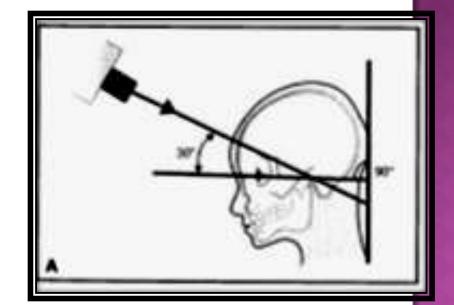
• Caldwell







- Towne's view
  - Occipital bone evaluation







### **RADIOGRAPHY OF MAXILLARY SINUSES**

●0<sup>0</sup> OM

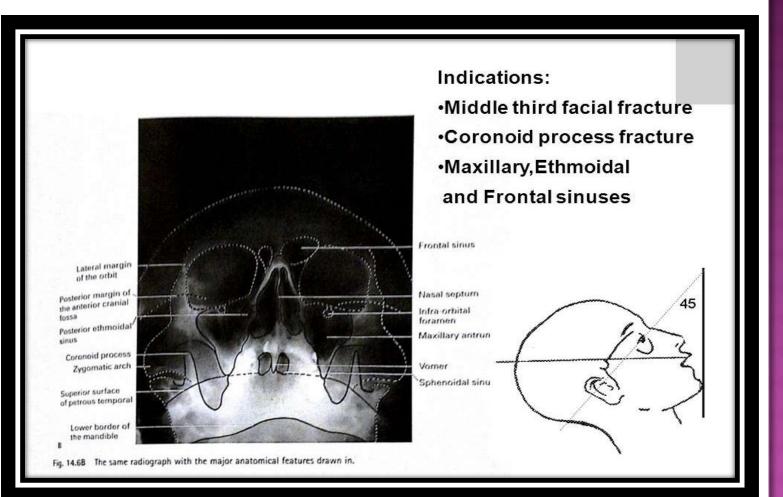
● 30<sup>0</sup> OM

PA waters

Bregma Menton



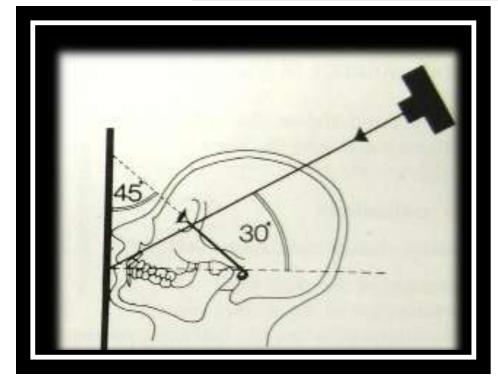


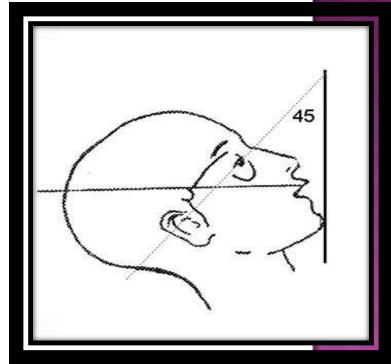












A

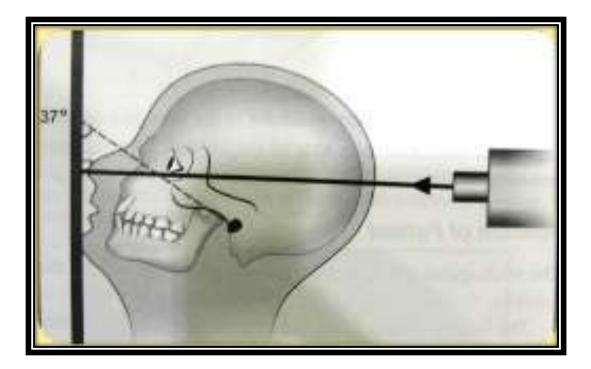
30° OM

0<sup>0</sup> OM



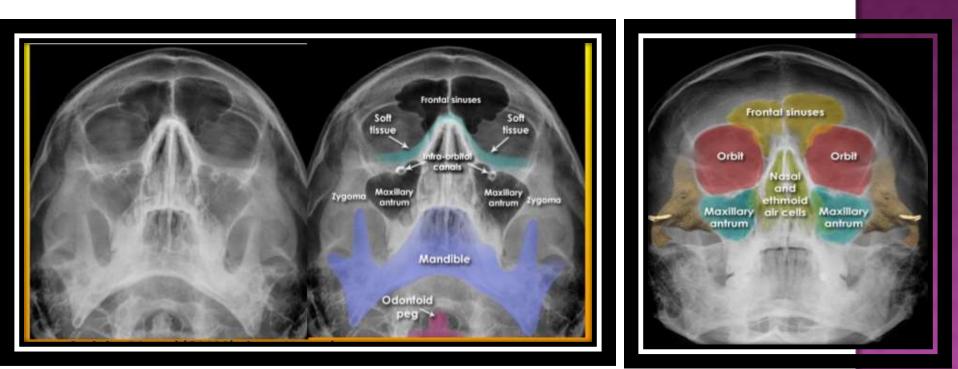


### **PA WATERS/PNS VIEW**













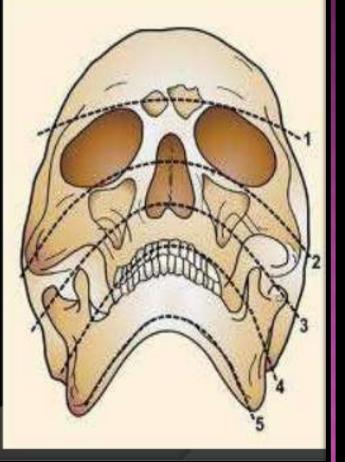






#### Campbell's and trapnell's lines

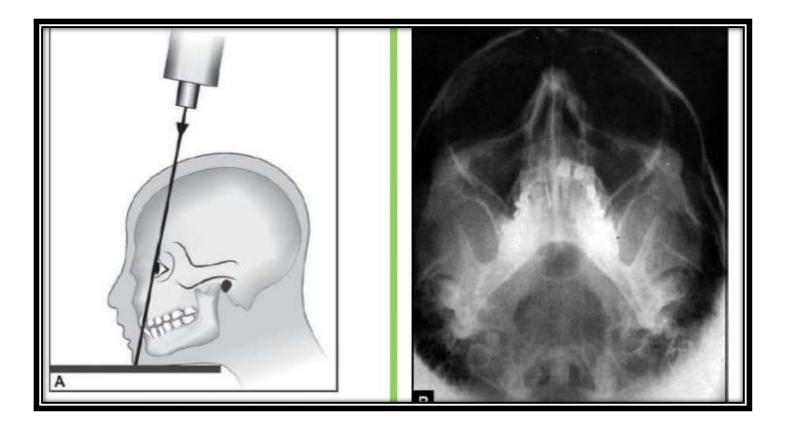
- 1- First line across the zygomaticofrontal, the superior margin of the orbit and the frontal sinus
- 2- Second line across the zygomatic arch, zygomatic body, inferior orbital margin and nasal bone
- 3- Third line across the condyles, coronoid process and the maxillary sinus
- 4- Fourth line across the mandibular ramus, occlusal plane
- 5- Fifth line (trapnell's line) across the inferior border of the mandible from angle to angle







#### **BREGMA MENTON**



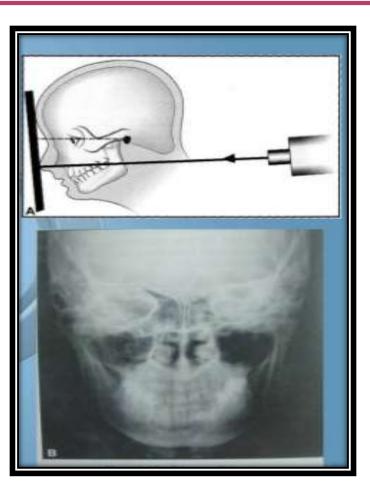




Δ



#### • PA Mandible



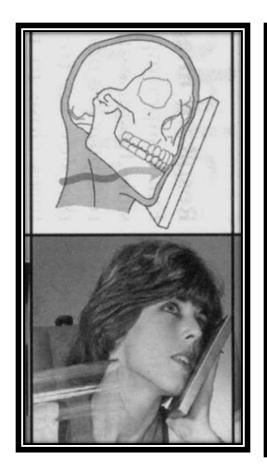


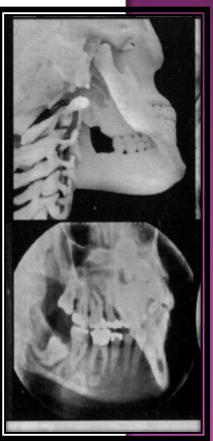


# **RADIOGRAPHY OF MANDIBLE**

#### • Lateral oblique

Body of the mandible





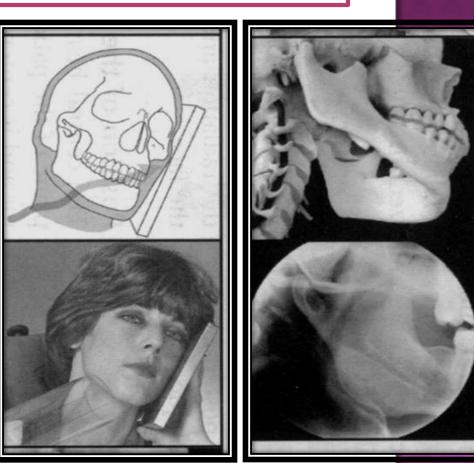






#### • Lateral oblique

Ramus of the mandible



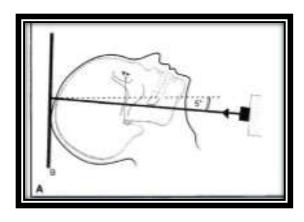


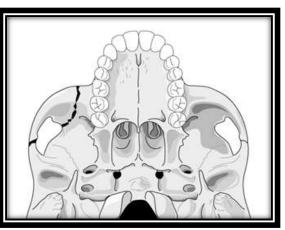


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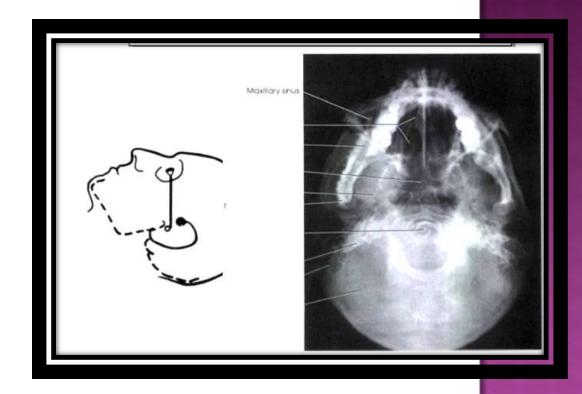






 $\odot$  SMV





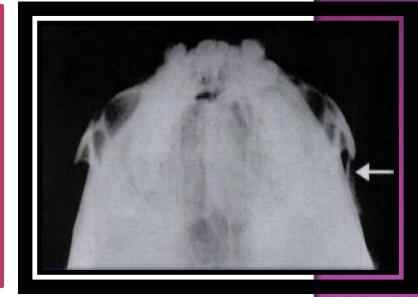




# **RADIOGRAPHY OF ZYGOMATIC ARCHES**

# Jug handle view

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# **RADIOGRAPHY OF TMJ**

- Transcranial
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- Reverse Towne's





### **TRANS CRANIAL**

#### **Central Ray**

- 1. The central ray is direct at an angle of 25<sup>0</sup> (+ve angulation) from the opposite side, through the cranium and above the petrous ridge of the temporal bone.
- 2. The horizontal angulation can be individually corrected for the condylar long axis, or an average 20<sup>0</sup> anterior angle may be used.

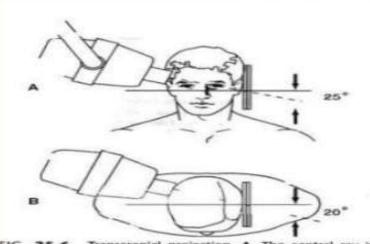
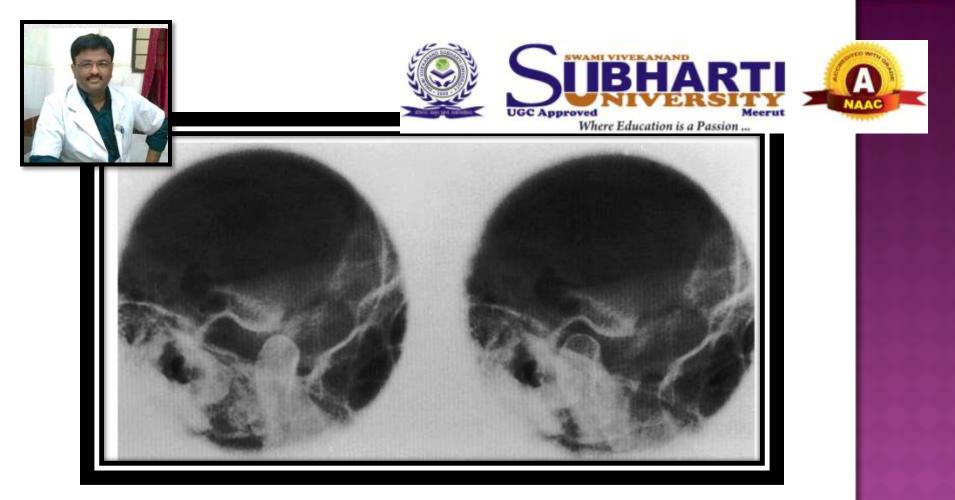


FIG. 25-6 Transcranial projection. A, The central ray is oriented at a 25-degree positive angle from the opposite side (B) and anteriorly 20 degrees, centered over the TMJ of interest.



Open	Lindblom
• Rest	Grewcock
• Closed	Gills





#### TRANSPHARYNGEAL

(INFRA CRANIAL/

#### MCQUEEN DELL)

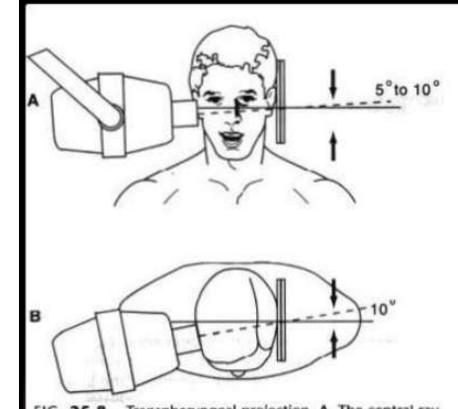


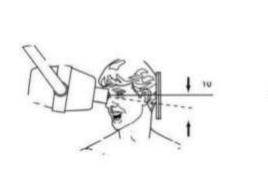
FIG. 25-8 Transpharyngeal projection. A, The central ray is oriented superiorly 5 to 10 degrees and (B) posteriorly approximately 10 degrees, centered over the TMJ of interest. Note that the mandible is positioned at maximal opening.







### **TRANS ORBITAL**



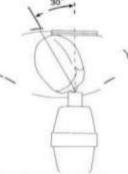


FIG. 25-10 inansorbital projection, the central ray is onenteo downward approximately 10 degrees and laterally approximately 30 degrees through the ipsilateral orbit, centered over the TMJ of interest.

A

Transorbital projection showing a frontal view of the condyle. The lateral pole is indicated with an *arrow*.

Exposure Parameters Intra Oral X-ray Machine kVp – 65-70 mA – 7-10 Seconds – 0.8 Extra Oral X-ray Machine kVp – 40 mA – 40 Seconds – 1







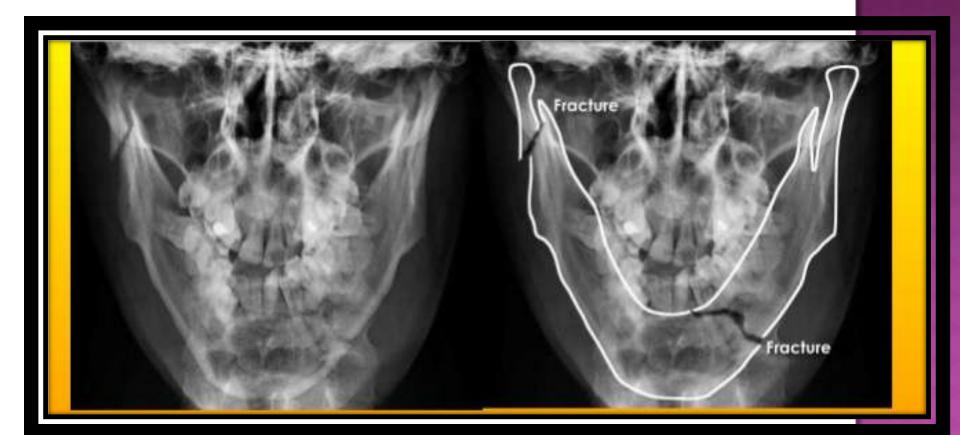
Forehead –nose position

> Appreciation of condyle on left side

> > REVERSE TOWNE'S (Eric Whaites)













- Oral Radiology: Principles and Interpretation (Mosby) (Hardback) By (author) Stuart C. White, By (author) Michael J. Pharoah
- Essentials of oral and maxillofacial radiology (Freny R Karjodker)
- Essentials of Dental Radiography and Radiology BY Eric Whaites







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