

**Prevalence of tonsillolith in cone beam computed tomography images of patients attending Shahid Beheshti University of Medical Sciences**

**ABSTRACT**

**Aims:** The aim of the present study was to determine the prevalence and characteristics of tonsilloliths in the CBCT archive of department of oral and maxillofacial radiology in Shahid Beheshti Dental School.

**Study design:** the design of this study was descriptive cross-sectional.

**Methodology:** The CBCT imaging archive of Shahid Beheshti Dental School was investigated for presence and characteristics of tonsilloliths. In the axial view which is considered the best diagnostic view for detection of tonsillar calcifications, the medial region of the mandibular ramus adjacent to the lateral wall of oropharyngeal airway was probed. Presence of calcifications was confirmed by investigation in coronal and sagittal views.

**Results:** 290 CBCT images were evaluated for presence of tonsilloliths. Patients' age ranged between 6-79 years (mean=40.96±16.6). 59% of the patients were female and 41% were male. Prevalence of tonsillolith was 18.6%. Tonsilloliths were more common in 30-50 year old patients. However, presence of tonsilloliths was not significantly associated to age ( $P=0.098$ ) and gender ( $P=0.164$ ). Unilateral, multiple and irregular tonsilloliths were more common.

**Conclusion:** Prevalence of tonsillar calcifications in CBCT images was approximately 19% in our sample. These calcifications were more common in 30-50 year old patients. Therefore, tonsillar calcifications should be regarded as a differential diagnosis in middle-aged patients.

**Keywords:** tonsillolith, cone-beam computed tomography, prevalence

**1. INTRODUCTION**

Tonsillar calcifications or tonsilloliths are rare forms of calcifications in the palatal tonsils. These calcifications consist of calcium salts such as hydroxyapatite, calcium carbonate apatite, oxalate and magnesium salts and are result of chronic infection of the tonsils (1). Tonsilloliths are formed within desquamated epithelium, serum, food debris, and bacterial colonies (2). Tonsilloliths are reported in 2% to 16% of the population in patients ranging from 10 to 77 years without any gender predominance (3, 4) . Tonsilloliths vary from several millimeters to several centimeters in size (5). Moreover, they can be round or irregular, single or multiple, and unilateral or bilateral (6-8). Small tonsilloliths are usually

asymptomatic, but when they become bigger in size, they can cause pain, foreign body perception in the pharynx, swallowing discomfort, peritonsillar abscess, and halitosis (1).

Tonsilloliths can be found accidentally in panoramic images (5). In panoramic radiography, tonsilloliths present as radio-opaque shadows in the anterior border of oropharyngeal airway or the middle part of ascending ramus (7, 9, 10). Depending on the location of calcification, tonsilloliths can be mistaken with foreign bodies, odontomas, sialoliths, phleboliths, calcified lymph nodes, carotid atherosclerosis, and mineralization of the stylohyoid ligament. Moreover, soft and hard tissue superimpositions and ghost images can mislead the clinician to diagnosis of pathologic lesions (11). Computed tomography (CT) can be helpful in order to overcome these diagnostic problems. Currently, CT is the most accurate technique in detection of tonsilloliths and the clinician can detect size and location of the calcification and peripheral inflammation (12). 3-dimensional imaging modalities help to improve the information provided by 2-dimensional images and can lead to a more accurate diagnosis and treatment planning (13). Cone-beam computed tomography (CBCT) as a newer imaging modality possesses lower radiation dose, less exposure time, and higher spatial resolution compared to conventional CT. However, detection of tonsilloliths is not a common indication for CBCT (4, 14-18).

The aim of the present study was to determine the prevalence and characteristics of tonsilloliths in the CBCT archive of department of oral and maxillofacial radiology in Shahid Beheshti Dental School.

## 2. METHODOLOGY

In this descriptive cross-sectional study, the CBCT imaging archive of department of oral and maxillofacial radiology in Shahid Beheshti dental school from 2011 to 2014 was investigated for presence and characteristics of tonsilloliths. All images were obtained using NewTom VGi (NewTom, Bologna, Italy) in a setting of 110 kVp, 0.5 mA, 3.6 s and standard resolution with 200  $\mu$ m voxel size.

Images were assessed and excluded if the field of view was not suitable for detection of tonsilloliths. Included images were evaluated by a trained examiner for presence or absence of tonsillolith using multiplanar view. In the axial view which is considered the best diagnostic view for detection of tonsillar calcifications, medial region of the mandibular ramus adjacent to the lateral wall of oropharyngeal airway was probed. Presence or absence of calcifications was confirmed by investigation in coronal and sagittal views. Figure 1 demonstrates tonsillar calcifications in different views.



**Figure 1. Tonsillar calcifications in axial, sagittal, and coronal views of CBCT images**

Data was entered into Statistical Package for the Social Sciences (SPSS, version of 19, Chicago, IL, USA). Binominal test, Fisher's exact test, and Chi-square test were used for statistical analysis.

### **3. RESULTS AND DISCUSSION**

A total number of 290 CBCT images were evaluated for presence of tonsillar calcifications. Age of the patients ranged between 6-79 years with a mean age of  $40.96 \pm 16.6$ . 59% of the patients were female and 41% were male. Tonsilloliths were observed in 54 of the 290 images. Therefore, the prevalence of tonsilloliths was 18.6%.

Prevalence of tonsilloliths was not significantly different between genders ( $P=0.497$ ). Tonsillar calcification was significantly more common in patients with 30-39 and 40-49 years of age ( $P=0.037$ ). Table 1 demonstrates age distribution of tonsillar calcifications.

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**Table 1. Age distribution of tonsillar calcifications**

Age (years)	Frequency	Percent
Less than 30	7	12.9
30-39	15	27.8
40-49	17	31.4
50-59	7	12.9
More than 60	8	14.8
Total	54	100

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93 Unilateral calcification was observed in 64.8% of the images, while 35.2% of the images showed bilateral  
 94 calcifications. Fisher's exact test failed to prove significant relation between distribution of tonsilloliths and  
 95 gender ( $P=0.164$ ). Moreover, Chi-square test did not show significant relation between distribution of  
 96 tonsilloliths and age ( $P=0.098$ ). 35.2% of the tonsillar calcifications were on the right side and 29.6 were  
 97 on the left side.

98 46.3% of the tonsilloliths were round in shape and 53.7% were irregular. No significant difference was  
 99 observed regarding the shape of the tonsilloliths ( $P=0.583$ ). 59.3% of the calcifications were multiple and  
 100 40.7% were solitary.

101 Based on the results of the present study, prevalence of tonsillar calcification was 18.6%. A study  
 102 performed by Fauroux et al in France reported that tonsilloliths were present in 24.6% of CT images (19).  
 103 Moreover, Centurion et al reported a prevalence of 27% in 100 CBCT images (13). Oda et al in their  
 104 study in Japan reported that tonsillar calcification was present in 46.1% of the 482 CT images (20). In a  
 105 former study carried out in Shahid Beheshti dental school prevalence of tonsilloliths in panoramic  
 106 radiographs was 4.9% (21). Different prevalence of tonsillar calcification in these studies may be  
 107 attributed to different geographical, racial, and nutritional factors and also different age range of the target  
 108 population. CBCT is more accurate in detection of tonsilloliths and this can justify more prevalence of  
 109 tonsilloliths in CBCT images compared to panoramic radiographs. Oda et al in their study compared  
 110 panoramic radiography and CBCT images in detection of tonsilloliths and reported that panoramic  
 111 radiography can detect less tonsilloliths compared to CBCT (20). Moreover, in another study prevalence  
 112 of tonsilloliths in the same patients was 18% and 27% in panoramic and CBCT images, respectively (13).

113 Our study demonstrated statistically significant higher prevalence of tonsillar calcifications in 30-39 and  
 114 40-49 years age groups. In the study performed by Aghdasi et al tonsilloliths were more frequent in

patients with 40-60 years of age (21). Moreover, Garay et al reported higher prevalence of tonsilloliths in patients older than 40 years (22). Therefore, our study along with similar studies shows that tonsillar calcifications are less common in younger patients. Moreover, In our study no statistically significant difference was observed in prevalence of tonsilloliths between different genders which is in agreement with similar studies (13, 20, 21, 23, 24).

Unilateral tonsillolith was significantly higher than bilateral calcifications. This is consistent with other studies utilizing CT images (19). However, in the study of Aghdasi et al 50% of tonsillar calcifications were bilateral (21). This may be due to less accuracy of panoramic radiography in detection of these calcifications. As shown by Misirlioglu et al, 29% of bilateral calcifications in panoramic radiographs were in fact unilateral calcifications in CBCT images (25).

In our study, tonsilloliths were more common on the right side. Different studies report different results in this regard (21, 23). Also in the present study multiple calcifications were more common which is in agreement with the study of Fauroux et al (19).

#### **4. CONCLUSION**

Prevalence of tonsillar calcifications in CBCT images was approximately 19% in our sample. These calcifications were more common in 30-50 year old patients. Therefore, tonsillar calcifications should be regarded as a differential diagnosis in middle-aged patients.

#### **CONSENT**

Not applicable

#### **ETHICAL APPROVAL**

Helsinki Declaration was followed in the research study. Patient information was not transferred out of the CBCT imaging archive of Shahid Beheshti Dental School.

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