

# Torus palatinus

Muthiah Vaduganathan, MD, MPH, Ariel E. Marciscano, MD, and Kristian R. Olson, MD, MPH

## CASE DESCRIPTION

A 78-year-old Asian-American woman was incidentally noted to have this 3 cm mass on the roof of her palate during hospitalization for right lower lobe pneumonia (*Figure*). The patient reported no symptoms related to this mass, which was present since her teenage years. She stated that her mother and one maternal relative had similar lesions.

## DISCUSSION

Tori are benign bony outgrowths from the mandible and hard palate that are relatively common, with a prevalence of roughly 27 of 1000 adults (1, 2). Torus palatinus, or oral exostosis, generally occurs along the midline, while torus mandibularis appears on the lingual surface and is often bilateral. Tori are more common in females and in specific ethnic and racial groups, especially Asians (3). The underlying pathogenesis is thought to be largely genetically driven (4), but local stressors and micro trauma may be contributory (5). Tori have a benign natural history and are slow growing and noninvasive. Removal is required only if they are symptomatically burdensome or interfere with denture placement in edentate individuals. It was determined that her relatively small, broad-based, multilobulated torus did not confer increased risk of aspiration. Surgical correction of the mass was considered but deferred given her age, comorbidities, and lack of evident symptoms.



**Figure.** Torus palatinus: benign, broad-based, multilobulated torus located on the midline of the palate.

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From the Department of Medicine, Massachusetts General Hospital, Harvard Medical School, Boston, MA.

**Corresponding author:** Muthiah Vaduganathan, MD, MPH, Department of Medicine, Massachusetts General Hospital, Harvard Medical School, 55 Fruit Street, GRB 740, Boston, MA 02114 (e-mail: muthu@md.northwestern.edu).