SYNONYMS
• Tonsillar stones
• Tonsillar calculi

ETIOLOGY
• Calcified masses of bacterial debris which form within the crypts of the palatine tonsils.
• Develop when calcium salts are deposited on a nidus consisting of bacterial aggregates, desquamated epithelial cell, and mucin.

TYPICAL RADIOGRAPHIC FEATURES
• Multiple circumscribed radiopaque masses superimposed on the mandibular ramus.
• Usually discovered as incidental findings on a panographic radiograph.

OTHER USEFUL CLINICAL INFORMATION
• More common in adults.
• More common in men.
• The patient may have a history of chronic tonsillitis.
• May be associated with painful swallowing, chronic cough, and bad breath.

DIFFERENTIAL DIAGNOSIS
• Because of their distinct location and radiographic features, tonsilloliths are infrequently confused with other radiopaque lesions not associated with teeth.

DIAGNOSTIC STEPS
• No diagnostic steps other than recognition of the typical clinical and radiographic features.

TREATMENT RECOMMENDATIONS
• No treatment necessary if asymptomatic.
• Smaller stones can be removed by curettage.
• Tonsillectomy may be required in severe cases of chronic infection.

FOLLOW-UP
• Periodic re-evaluation

A tonsillolith located in a crypt of the palatine tonsils is superimposed on the mandibular ramus.