

A case of unusual mandibular cyst

Sir,

A 62-year-old woman presented to our oral and maxillofacial surgery clinic with a 6-week history of the left lower mandible swelling. She denied having any pain or paresthesia. Examination showed a cystic-like soft tissue swelling arising from her left hemimandible. An orthopantomogram showed large radiolucent unilocular cyst in the body of her left mandible associated with an unerupted molar tooth [Figure 1, asterisk]. The inferior dental nerve (IDN) canal [Figure 1, black arrows] was noted to be traversing the cyst cavity. The cyst was surgically enucleated under general anesthesia, but the tooth was unusually fused to the lower border and was subsequently decoronated. The IDN was visualized and preserved on the cyst floor. Histological analysis confirmed the clinical diagnosis of benign dentigerous cyst. Recovery was uneventful, but the patient sustained mild hypesthesia to her lower lip. The patient was discharged on soft diet and currently undergoing regular follow-up. Dentigerous cysts are common developmental jaw pathology related to unerupted teeth and usually appear in the mandible.^[1] They are usually asymptomatic but can present with pain, swelling, infection, or pathological fractures.^[2] Once suspected by the general dental practitioner, patients should be referred to a

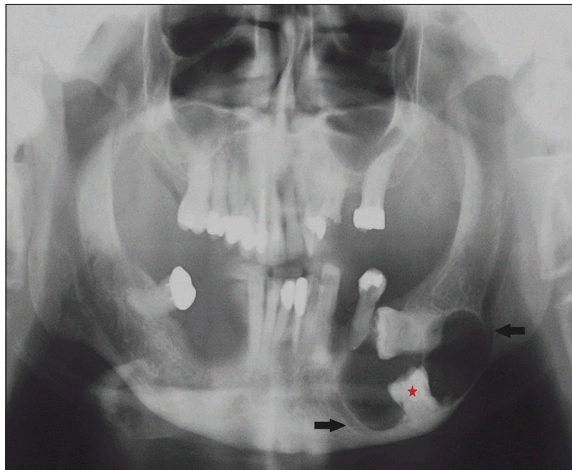


Figure 1: An orthopantomogram showed large radiolucent unilocular cyst in the left mandibular body associated with an unerupted molar tooth (asterisk). The inferior dental nerve canal (black arrows) is noted to be traversing the cyst cavity

specialist surgeon for detailed assessment. Enucleation is usually needed to differentiate it from other odontogenic and nonodontogenic cysts.^[3]

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Conflicts of interest

There are no conflicts of interest.

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