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Clinical case blog

Title: Surgical Enucleation of a Massive Residual Cyst

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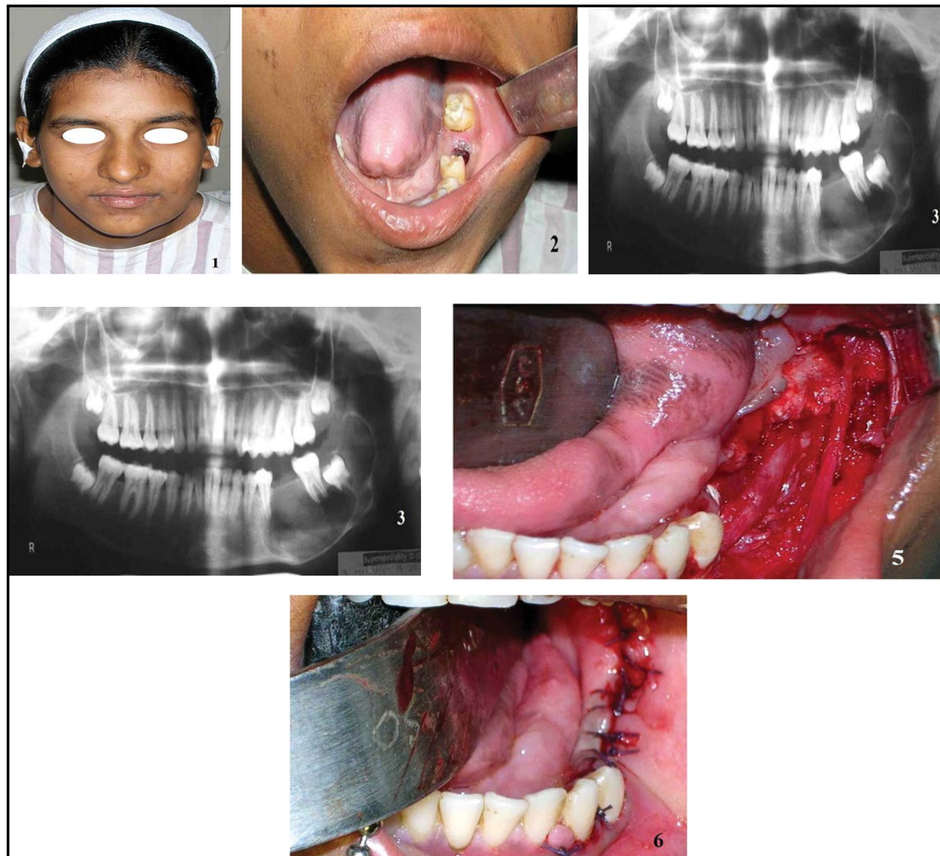

Figure 1: Female patient aged 22 reported to who reported to the out patient Department of Oral Medicine and Radiology, with the swelling in lower left mandible since 1year.

Figure 2: Intra oral examination showing exfoliated site of mandibular left first molar with small remnants of root, and also showing swelling on left buccal side.

Figure 3: Mandibular occlusal radiograph showing massive buccal cortical bone expansion.

Figure 4: OPG showing massive multilocular radiolucent area in left mandible, extending from distal aspect of second premolar to sigmoid notch, with displacement of lower border of mandible.

Figure 5: Surgical enucleation of a residual cyst

Figure 6: Post-surgical suturing

A residual cyst is a cyst that remains after incomplete removal of the original cyst. The term residual is used most often for a radicular cyst that may be left behind, most commonly after extraction of a tooth. Clinically a residual cyst usually is asymptomatic and often is discovered on radiographic examination of an edentulous area. However, there may be some expansion of the jaw or pain in the case of secondary infection. As seen in present female patient aged 22yr who reported to the out patient Department of Oral Medicine and Radiology.

Residual cysts occur in both jaws, although they are found slightly more often in the mandible. The epicenter is positioned in the former peri apical region of the involved and missing tooth. In the mandible the epicenter is always above the inferior alveolar nerve canal with a cortical margin; the internal aspect of a residual cyst typically is radiolucent. Dystrophic calcifications may be

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present in longstanding cysts with tooth displacement or resorption. The outer cortical plates of the jaws may expand and the cyst may depress the inferior alveolar nerve canal, most of which was evident in the present case.

When considering the differential diagnosis without the patient's history and previous radiographs, the clinician may have difficulty determining whether a solitary cyst in the jaws is a residual cyst. Other examples of common solitary cysts include odontogenickeratocysts. A residual cyst has greater potential for expansion compared with an odontogenickeratocyst. The epicenter of a Stafne developmental salivary gland defect is located below the mandibular canal (and thus is unlikely to be odontogenic in nature).

The treatment for residual cysts is surgical removal (enucleation) or marsupialization, or both, if the cyst is large. But in present case enucleation was done with proper post-surgical closure, the specimen was sent to oral pathology and patient was kept under observation and asked for review once in 6 month after removal of the sutures.