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## Dentigerous Cyst in a Young Boy-Case Report.

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### ABSTRACT

Dentigerous cyst is the most common developmental cysts of the jaws. Conservative treatment is very effective to this entity and aims at eliminating the cystic tissue and preserving the permanent tooth involved in the pathology. . The purpose of this case report was to describe the management of dentigerous cysts of a male child.Surgical management allowed rapid healing of the lesion and eruption of the permanent teeth without the need for orthodontic treatment

**Keywords:** dentigerous cyst, , surgical treatment of cyst,cyst

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## INTRODUCTION

Cysts of the jaw present as swellings of jaws and midface. Of the different varieties, odontogenic cysts are the ones, that develop from epithelial remnants of the toothforming- organ. Dentigerous cyst is that type of odontogenic cyst, that arises from the reduced enamel organ as a result of fluid accumulation between its layers. This occurs due to obstruction of the venous outflow as a result of compression of tooth-follicle by the erupting tooth (Main, 1970). Dentigerous cyst with huge swelling of the maxilla, though not common, mostly comes to the treating surgeons in adult age. In the present case, the huge swelling of the face & nasal obstruction occurred at the age of 10 years, which is a rare presentation in case of dentigerous cyst. This progressive increase in the swelling had forced the patient & attendents to seek medical attention.

## CASE REPORT

The present case is a 10 years old boy, who presented with a left maxillary swelling of 3.5 cm x 5 cm. size of 10 months duration on August 2015 with a history of gradual enlargement of left jaw & the swelling had displaced the lateral wall of the nose on the left side upto the nasal septum in ENT OPD,SBMC&H. The swelling also encroached onto the upper alveolar process on the left side and adjoining hard palate upto the midline. The swelling was bony hard in consistency and fixed to the left maxilla. The upper canine tooth was missing on the left side The swelling was not tender but egg-shell crackling was elicited. The radiograph of the paranasal sinuses showed a hazy left maxillary antrum with expansion and thinning of all its bony walls with the left upper canine tooth, pushed up to the floor of the orbit. Based on all these findings, a diagnosis of left maxillary dentigerous cyst was made. The cyst was operated on under general anaesthesia by the Caldwell-Luc approach and enucleated along with removal of the displaced canine tooth (Fig.III). It occupied the whole of the left maxillary antrum and contained a pale yellow fluid. The lining epithelium was found to surround the crown of the unerupted canine tooth with attachment to its neck.

## DISCUSSION

Dentigerous cyst is commoner in the 3rd & 4th decades (Shear, 1992). But it has also been reported in younger age, as in a 13 years old female by Shah N. J.(1994). Our patient was only 10 years old at the time of presentation. Dentigerous cyst most commonly develops around the crown of the 3rd mandibular molar tooth. But in this case, left maxillary canine was found to be the cause of the dentigerous cyst. Neglect for over an year may allow expansion of dentigerous cyst to produce impingement on surrounding structures like nasal septum, orbit, alveolar arch, hard palate, which was present in this case. Treatment of dentigerous cyst depends on size, location, disfigurement & often requires variable bone removal to ensure total removal of the cyst, especially in cases of large ones. This may even require Weber-Ferguson incision, as stated by Shah N.J. (1994). Nowadays, Scott- Brown (1997) has stated that marsupialization of the cyst lining is the treatment of choice for dentigerous cyst in children in order to give a chance to the unerupted tooth to erupt. But, in this case, as a tooth, displaced to orbital floor far away from alveolar arch with a questionable viability, is unlikely to erupt on its own, so enucleation with removal of the displaced tooth was favoured.

Moreover, as the enlarging cyst had occupied & already lined the antral cavity, its marsupialization would lead to an oroantral fistula with consequent antral sinusitis, so we had gone for enucleation of the cyst by Caldwell-Luc route with closure of oral wound after intranasal antrotomy.

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