
Imaging diagnosis

Case 333

4.Odontogenic keratocyst > 1.Ameloblastoma

[Progress]

He received surgical resection of cystic lesion of left mandibular bone. Pathologic examination revealed odontogenic keratocyst.

[Discussion]

Solid and cystic lesions exist on mandibular bone. Solid lesions are divided into with calcifying component or without. Solid lesions without calcification include squamous cell carcinoma from gingiva or paranasal sinus (1). Osteomyelitis is also found with symptoms of inflammation such as fever, pain and swelling.

Cystic lesions of mandibular bone are often encountered when interpretation on dental imaging is served. Radicular cyst or dentigerous cyst is most experienced. These cysts are post-inflammatory emerging. The tooth adjacent to cyst, either around root or including tooth, is inactive (2-6). Other representative cystic lesions are melanoblastoma and odontogenic keratocyst (2-6). It is crucial to keep in mind that when cystic lesion on mandibular bone, four disease should be listed: radicular cyst, dentigerous cyst, odontogenic keratocyst and ameloblastoma.

In our case, the lesion is possibly diagnosed with ameloblastoma on panorama radiograph and CT. However, histologic examination revealed odontogenic keratocyst.

[Summary]

We presented a fifty-six-year-old male for health care check revealing he had a lesion with cystic components. It is borne in mind that there exists two common cystic lesions of radicular cyst and dentigerous cyst and two uncommon cystic lesions of ameloblastoma (enamel epithelial tumor) and odontogenic keratocyte.

【References】

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