

Dentigerous cyst: a common lesion in an uncommon site

Mudit Gupta,¹ Sundaresh KJ,² Rakesh Yadav,³ Vandana J Rathva⁴

¹Department of Oral Medicine & Radiology, Uttaranchal Dental and Medical Research Institute, Dehradun, Uttarakhand, India

²Department of Conservative Dentistry and Endodontics, K.M. Shah Dental College & Hospital, Sumandeep Vidyapeeth, Vadodara, Gujarat, India

³Private Dental Practice, Bangalore, Karnataka, India

⁴Department of Periodontics, K.M. Shah Dental College and Hospital, Vadodara, Gujarat, India

Correspondence to

Dr Vandana J Rathva, drvandana07@hotmail.com

DESCRIPTION

A 14-year-old boy presented with missing tooth in his lower right back tooth region since 6–7 years. There was no history of pain, swelling or extraction of tooth in the same region. On intraoral examination, there was a missing permanent right mandibular first molar tooth (46; figure 1). A provisional diagnosis of submerged tooth 46 was given and a differential diagnosis of congenitally missing tooth 46 was made. On intraoral periapical X-ray and orthopantomogram examinations (figure 2), an apically displaced tooth 46, which was surrounded by a well-defined unilocular radiolucency attached at cemento-enamel junction on mesial and distal aspect, was found. A radiographical diagnosis of dentigerous cyst of tooth 46 was made. Lesion was surgically excised. Histopathologically, the specimen revealed a cystic lining of non-keratinised stratified squamous epithelium, thus confirming final diagnosis of dentigerous cyst of tooth 46.

Dentigerous cyst is the most common type of non-inflammatory odontogenic cyst. These cysts develop around unerupted/impacted tooth due to fluid accumulation between follicular epithelium and unerupted tooth. It most commonly involves mandibular third molar and maxillary canine.¹ Involvement of mandibular first molars is rare and very few cases have been reported in the literature.² This cyst can cause displacement and resorption of adjacent teeth. Radiographically, it appears as unilocular or sometimes multilocular lesion surrounding the crown of the unerupted tooth.³

Learning points

- ▶ Asymptomatic dentigerous cyst can involve a large amount of jaw, thus necessitating periodic radiographical follow-up of unerupted/impacted tooth.
- ▶ Owing to its resemblance to follicular space, it is sometimes difficult to differentiate from enlarged follicular space.
- ▶ When large, dentigerous cyst can cause pathological fracture of jaws.

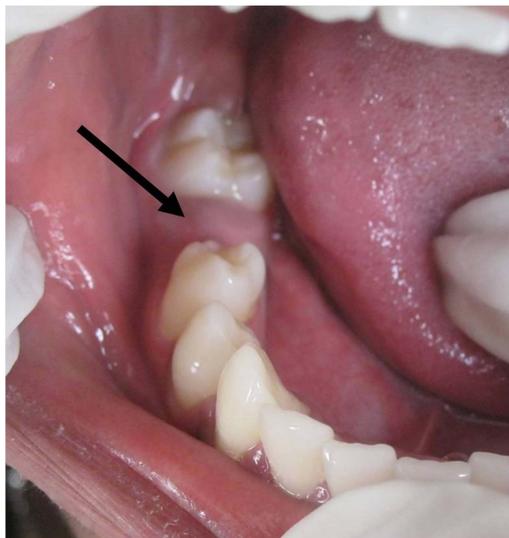


Figure 1 Intraoral photograph showing missing tooth 46.

Competing interests None.

Patient consent Obtained.

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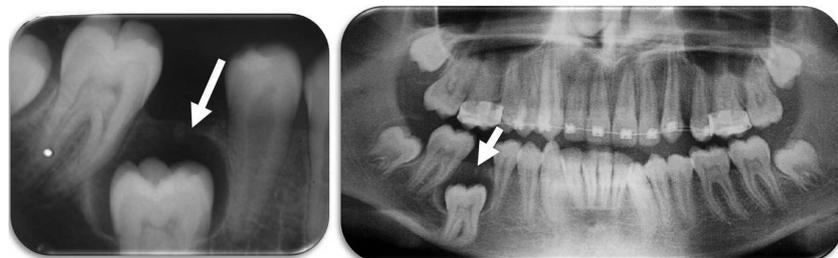


Figure 2 Intraoral periapical radiograph and orthopantomogram showing apically displaced tooth 46. Note the unilocular radiolucency surrounding crown of tooth 46 attached at cemento-enamel junction (arrow).



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