

Case Report

Dentigerous cyst involving an inverted mesiodens—a rare report with unusual findings

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Abstract

Dentigerous cysts are developmental cysts of odontogenic origin, which surround the crown of unerupted teeth, odontomas, or supernumerary teeth. It is formed by the accumulation of fluid between the reduced enamel epithelium and the crown, with consequent expansion of the tooth follicle, and is characteristically attached to the cervical area of the tooth. Dentigerous cysts involving an inverted mesiodens is a rare occurrence with only few cases reported. The aim of this article is to report a case of a dentigerous cyst of the anterior maxilla involving an impacted and inverted mesiodens which is extremely rare and unusual.

Keywords: Dentigerous cyst, inverted, mesiodens

INTRODUCTION

A dentigerous cyst encloses the crown of an unerupted tooth, attaching to the neck of the tooth and grows by expansion of its follicle. Dentigerous cysts are the second most common odontogenic cysts after radicular cysts.¹ They usually present in the second or third decades of life. Dentigerous cysts are usually solitary with multiple cysts reported on occasion in association with syndromes such as Gardner's syndrome, Maroteaux-Lamy syndrome, mucopolysaccharidosis, and basal cell nevus syndrome.² In 75% of the cases, they are located in the mandible.¹ The mandibular third molar and maxillary canine is involved most frequently.

Mesiodens is known to have a cone-shaped crown and a short root. It is a rare entity with a reported incidence of 0.15–1.9% and has a slight male predominance. Most mesiodens are located palatally to the permanent incisors.

Only a few lie in the dental arch or labially to the permanent incisors.³

We present the clinical and radiologic findings of a dentigerous cyst involving an impacted and inverted mesiodens which is a rare and unusual.

CASE REPORT

A 31-year-old male reported to the dental clinic with a chief complaint of a swelling in the upper front teeth region for the past 2 months. The swelling was small in size initially and had gradually increased to the current size. There was no associated pain. There was no difficulty in speech and mastication.

On examination a well-defined solitary swelling was seen in the region of the maxillary vestibule measuring 3 × 3 cm² in size. It extended from 21 to the distal line angle of 24. Superiorly it obliterated the labial vestibule and inferiorly it extended to the region of the attached gingiva. The mucosa over the swelling was normal. No surface discharge was seen. The swelling was mobile, nontender and soft in consistency, and fluctuant (Figure 1).

A provisional diagnosis of a nasolabial cyst was made. Intra-oral lipoma, peripheral odontogenic cyst, and peripheral adenomatoid odontogenic tumor was the clinical differential diagnosis.

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Figure 1 A swelling seen in the region of the maxillary vestibule measuring 3×3 cm² in size.

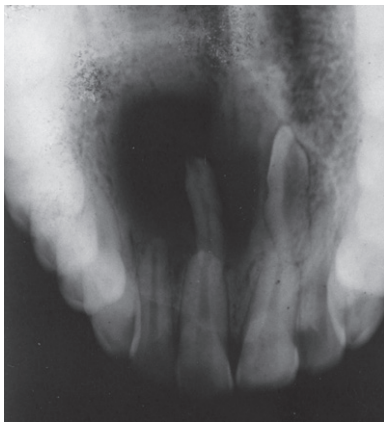


Figure 2 Occlusal view showing a large well-defined radiolucent lesion in relation to the maxillary anteriors; it shows the inverted mesiodens along with another supernumerary tooth adjacent to it.

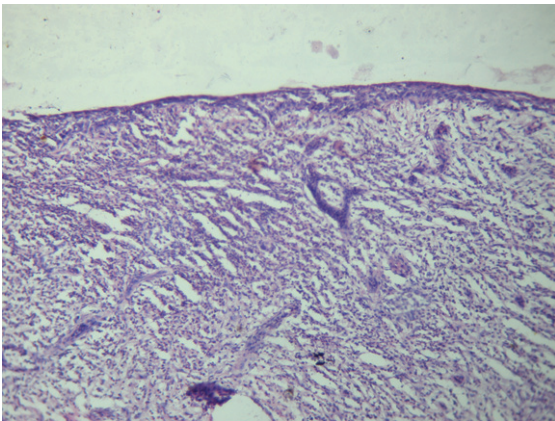


Figure 3 Hematoxylin and eosin staining (10× view) showing a thin nonkeratinized stratified squamous lining epithelium which was a few layers thick enclosing a cystic lumen.

Radiographic examination revealed a large well-defined radiolucent lesion extending from 13 to 23 region mediolaterally. It extended from the apices of the maxillary incisors to a few cm into the palate anteroposteriorly. Two supernumerary



Figure 4 A surgical flap was raised in the maxillary anterior region.



Figure 5 Intra-operative view showing the inverted mesiodens and the cystic cavity.

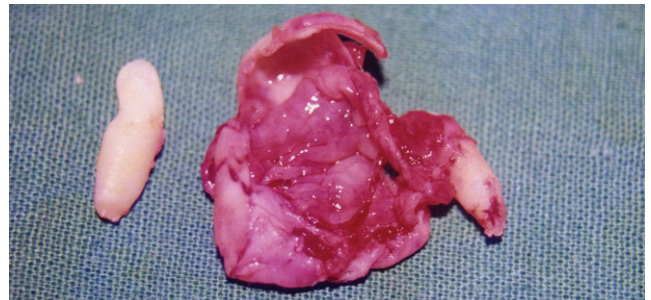


Figure 6 The gross specimen showed along with the inverted mesiodens. The larger supernumerary tooth was also removed.



Figure 7 Postoperative view after 1 week.

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