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Giant follicular cysts extended in pterygo-maxillary fossa, antro-naso-ethmoidal and orbital space associated to exophthalmos and diplopia in young patients



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ABSTRACT

Follicular cysts develop from the enamel epithelium of an un-erupted tooth. Two cases of extremely large and extended follicular cysts related to the upper impacted third molars in young patients and treatments are described. **Case 1** Female, aged 16 with swelling of the right cheek and oral vestibule, right exophthalmos and diplopia. Spiral Computed Tomography (CT) showed a massive lesion occupying the maxillary sinus with extension into the pterygo-maxillary space, due to the destruction of the posterior antral bone wall. Above the lesion was compressing the orbital floor. Transantral surgical excision was performed approaching to the pterygo-maxillary space and orbital structure also using the operating microscope. 5-years follow-up shows good restoring of the involved structures without relapse. **Case 2** - Female, aged 22, with swelling of the left cheek and oral vestibule, left nasal obstruction, orbital pain and diplopia. Spiral CT-MR integrated study allowed a very accurate analysis: the lesion occupied the entire maxillary sinus, the pterygo-maxillary space, the left nasal cavity, ethmoidal structures with posterior orbital compression. Transantral surgical excision was performed approaching to the pterygo-maxillary space; nasal-ethmoidal and orbital structures were approached by endoscopic technique. Follow-up shows good clinical, anatomical and functional conditions. Histological examination confirmed in both cases the diagnosis of follicular cyst. Giant follicular cysts require an accurate preoperative study due to the delicate structures that may be involved. In the reported cases, the operating microscope and endoscopic surgical procedures were needed in the delicate surgical steps to perform the detachment in deep areas.

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Fig. 1. a. Clinical and radiological aspect of the patient at the admission. b. Spiral CT showing the involvement of the hard palate, the pterygo-maxillary region and the ethmoidal-orbital right structures, both on axial and coronal scan. c. MRI integrated study shows extension of the lesion (T2 sequences).

1. Introduction

Follicular cysts of the jaws are osteolytic lesions developing from the follicular dental epithelium. Compared to the other dentigerous cysts, they own a growth, differentiation and degeneration potential greater than radicular cysts. Due to their tendency to expand rapidly and to displace the teeth germs, when they are associated with impacted superior third molars, their extension can include the antral cavity and the surrounding anatomical structures. This event occurs as a result of compression of the cyst on the osseous thin maxillary boundary walls, causing the thinning of the cortical bone [1,2].

Thus cystic expansion into the pterygo-maxillary area, the nasal cavity, the ethmoidal and the orbital regions can cause morphological, functional, nervous and inflammatory complications. In particular, ocular issues as diplopia can arise; eyesight reduction, including blindness represent dangerous complications due to severe orbital infection [2]. We reported two cases of follicular cysts of the maxilla, unusual for dimensions involving meso- and sovrastructure describing the clinical diagnostic strategies and the surgical procedures adopted.

2. Cases presentation

2.1. Case 1

A caucasian female 16 years old patients was admitted to Maxillofacial Surgery Operative Unit of University of L'Aquila - Italy presenting a swelling of the right cheek and oral vestibule, referred to be appeared few weeks earlier, right exophthalmos and diplopia (Fig. 1a). Orthopantomogram (OPG) showed very deep impacted right upper third molar and an opacity of the maxillary sinus area. Spiral Computed Tomography (CT) showed a massive homogeneous lesion, involving the whole maxillary sinus with extension into the pterygo-maxillary space. The posterior antral bone wall appeared completely resorbed. Above the lesion was compressing the orbital floor (Fig. 1b). Due to the delicate nature of the involved structures,

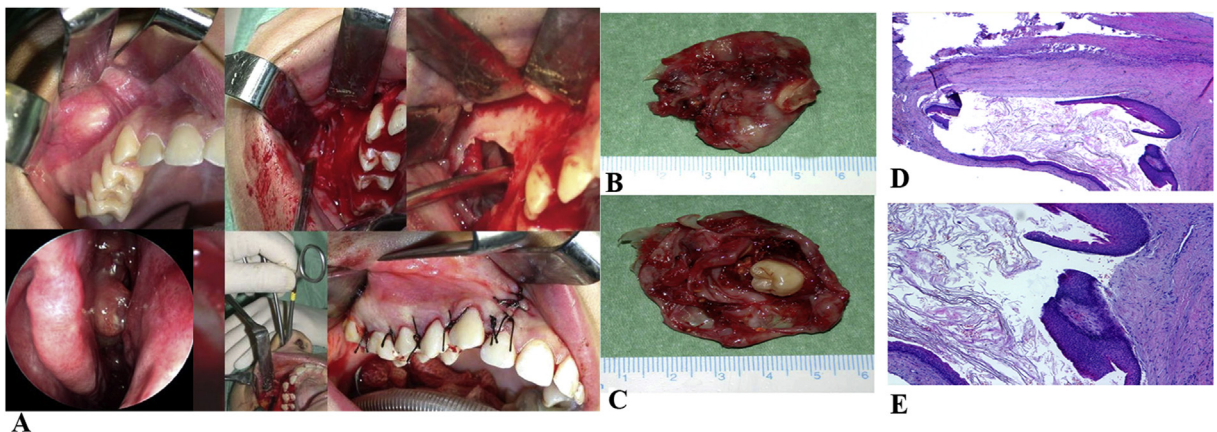


Fig. 2. a. Surgical steps of the cyst removal, also using of endoscope microscopy. b. Whole lesion, measuring 4 cm. c. opened lesion showing the bonding with the dental collar. d-e- histological pattern (5x and 10x magnifications Hematoxylin-Eosin stain). The epithelial layer appears stratified and squamous.

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