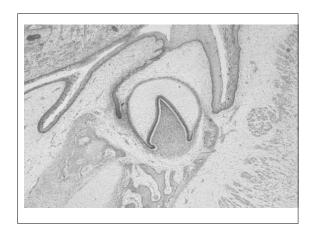
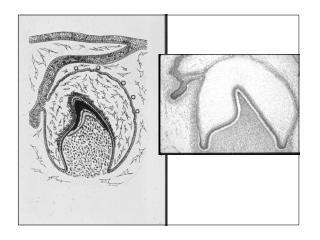
Origin of Odontogenic Cysts & Tumors

Odontogenic Apparatus

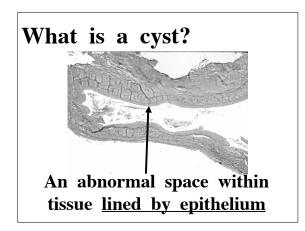




Origin of Odontogenic Cysts & Tumors

Odontogenic Apparatus

- Remnants of dental lamina
- · Reduced enamel epithelium
- Odontogenic rests
- Basal cell layer of oral mucosa
- Dental papilla (ectomesenchyme)
- · Lining of odontogenic cysts



Odontogenic Cysts

- Inflammatory
- Developmental

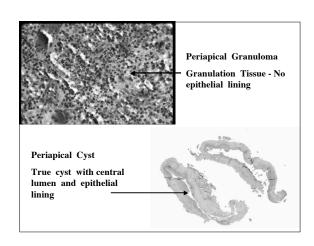
Odontogenic Cysts

- Inflammatory
 - Periapical (radicular) cyst
 - Residual periapical (radicular) cyst
 - Buccal bifurcation cyst (usually first molars)
 - Paradental cysts (partially erupted third molars



Periapical Cyst vs. Periapical Granuloma

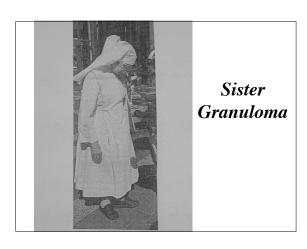
- CANNOT TELL THE DIFFERENCE BY X-RAY
- CAN ONLY TELL BY HISTOLOGY

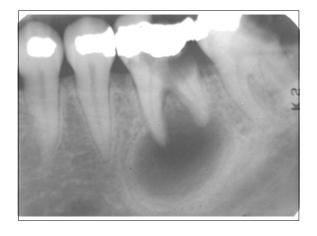


Periapical Cyst vs. Periapical Granuloma

- Differential diagnosis must include both
- <u>DO NOT INCLUDE</u> <u>PERIAPICAL ABSCESS</u>

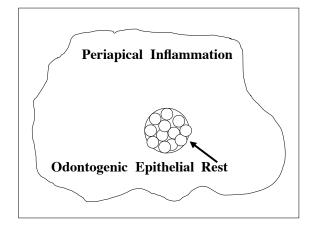
(Rohrer disagrees with the text)

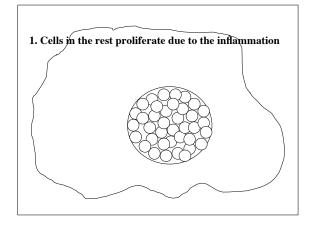


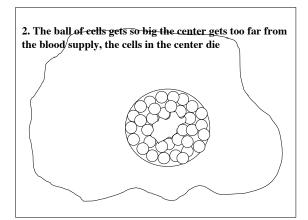


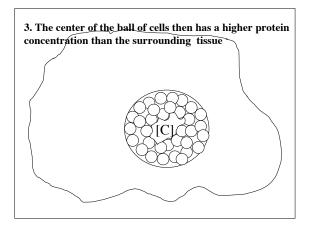
Why does a periapical cyst form instead of just a granuloma?

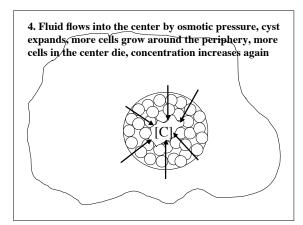
Simply the chance of Rests of Malassez being in the area of inflammation

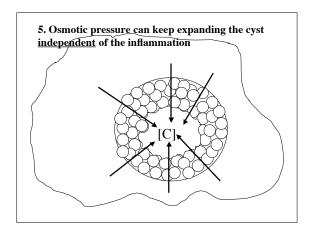


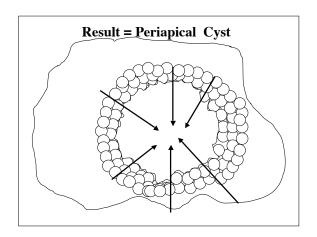


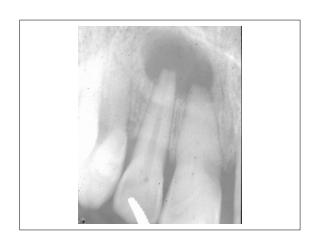












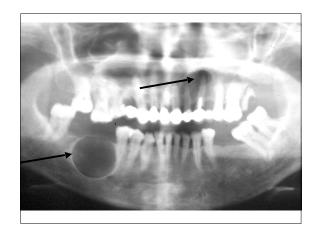
A radiolucency in the jaws <u>must</u> be investigated

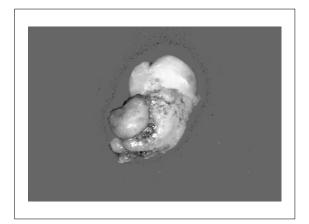
If the teeth in the area are vital, you <u>must</u> biopsy the radiolucent area.

If non-vital, obviously RCT



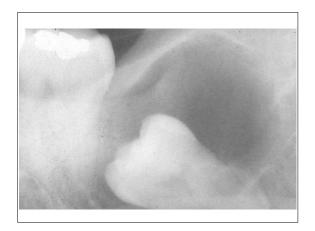
Vitality Test!
Vitality Test!
Vitality Test!
Vitality Test!
Vitality Test!
Vitality Test!

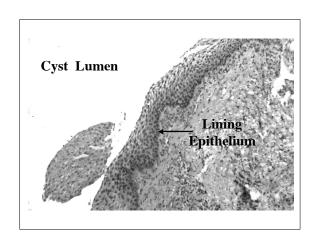


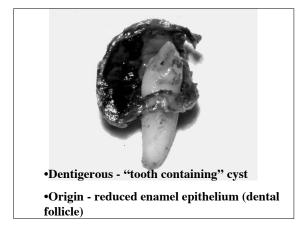


Odontogenic Cysts

- Developmental
 - Dentigerous cyst
 - Odontogenic keratocyst
 - Orthokeratinized odontogenic cyst
 - Gingival (alveolar) cyst of the newborn
 - Gingival cyst of the adult
 - Lateral periodontal cyst
 - Calcifying odontogenic (Gorlin) cyst
 - Glandular odontogenic cyst
 - Eruption cyst



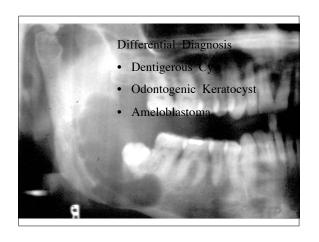


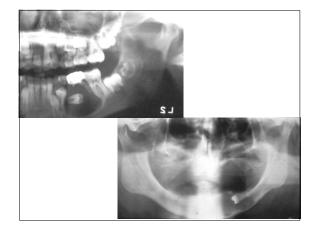


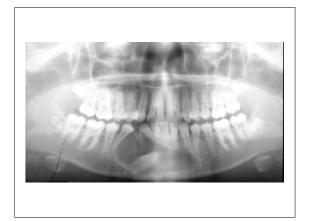


If a radiolucency is ASSOCIATED with an unerupted tooth

Dentigerous cyst should be your <u>FIRST</u> differential diagnosis







Odontogenic Keratocyst

Because of its behavior, many oral pathologists now consider the OKC an odontogenic tumor that has a cystic form 2005 Classification by the W.H.O.

Keratinocystic Odontogenic Tumor

Odontogenic Keratocyst (Keratinocystic Odontogenic Tumor)

Three important things associated with this diagnosis:

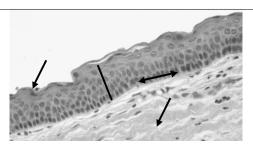
- 1. High recurrence rate (up to 60%)
- 2. Highly aggressive (now considered by W.H.O. to be an odontogenic tumor)
- 3. Relation to Gorlin syndrome

Odontogenic Keratocyst

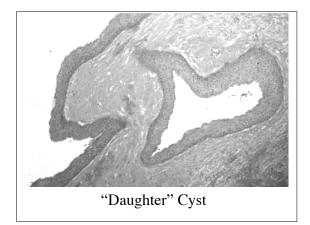
- Can be in the location of any odontogenic cyst
- Can be isolated in the jaws

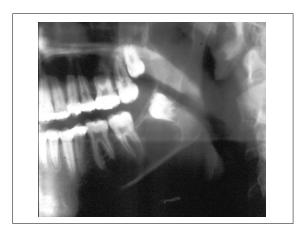
Odontogenic Keratocyst

Diagnosis entirely depends on the histology of the <u>cyst lining</u>



- 1. Uniform (5-8 cells) thickness
- 2. Hyperchromatic, cuboidal or columnar basal cell layer
- 3. Corrugated parakeratin layer
- 4. Virtually no inflammation in cyst wall



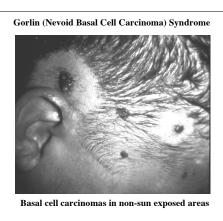


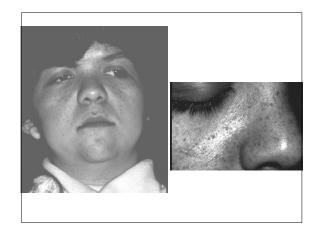


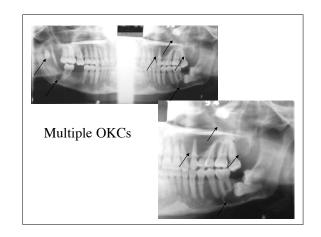


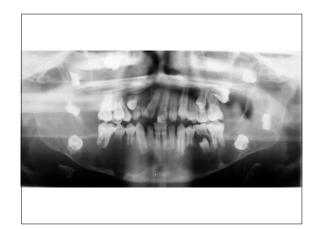
Nevoid Basal Cell Carcinoma (Gorlin) Syndrome

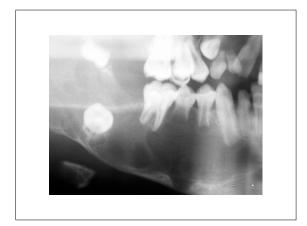
- Multiple basal cell carcinomas
- Multiple jaw cysts (odontogenic keratocysts)
- Numerous bone abnormalities including bifid ribs, intracranial calcification, vertebral anomalies
- Mild ocular hypertelorism
- Epidermal cysts of the skin
- Etc.

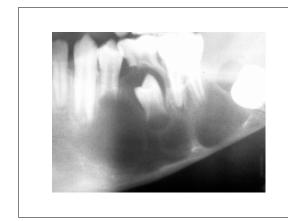




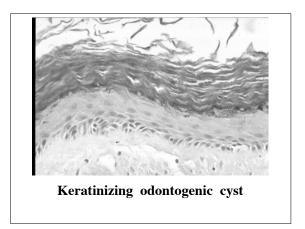


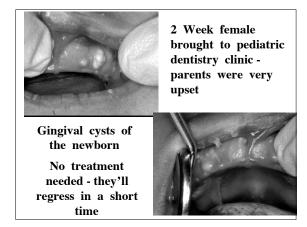


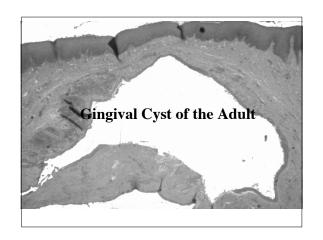




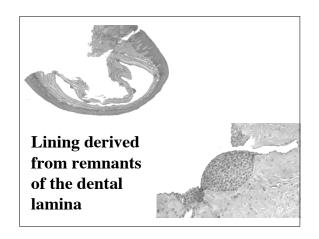


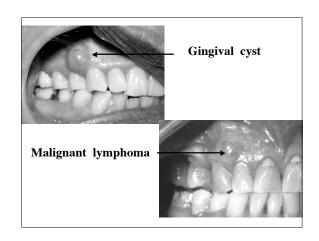


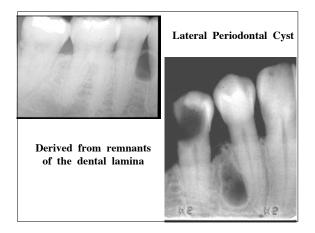






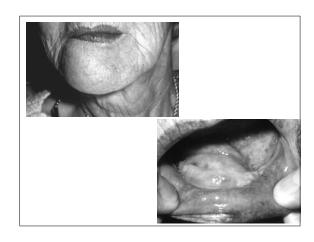


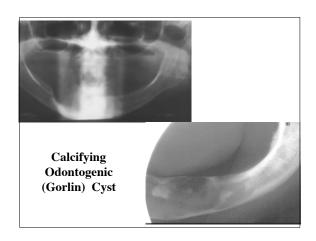


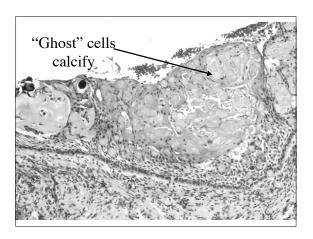




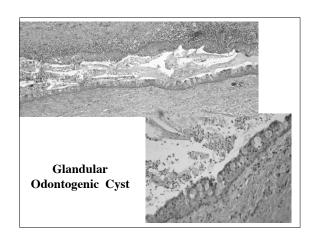


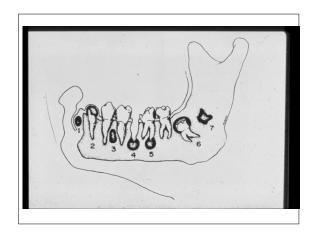


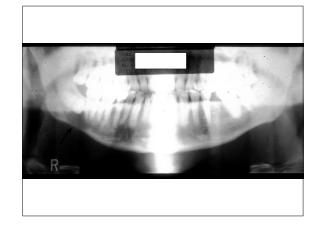


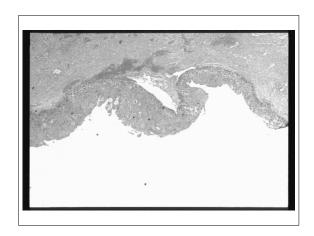


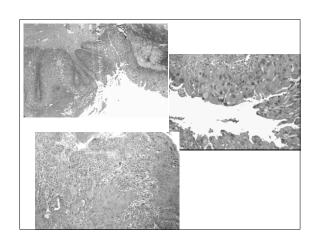












Squamous cell carcinoma arising in the epithelial lining of a cyst

A rare, but definite possibility in any cyst

Don't <u>ever</u> throw tissue away

You'll have trouble explaining to your kids why you can't afford to send them to college