

**Case Report****Cystic Lesion of Mandible: A Case Report**

Authors

**Dr Mohsin Bilal<sup>1</sup>, Dr Md Misbahul Mannan<sup>2</sup>, Dr Ankit Roy<sup>3</sup>, Dr Abhishek<sup>4\*</sup>**<sup>1</sup>Senior Lecturer, Shree Bankey Bihari Dental College & Research Centre, UP, India<sup>2</sup>Medical Officer, CHC Kadwa, Katihar, Bihar, India<sup>3</sup>Private Practitioner, Buxar, Bihar, India<sup>4</sup>Assistant Professor, Dentistry Department, Katihar Medical College & Hospital, Al-Karim University, Katihar, Bihar

\*Corresponding Author

**Dr Abhishek**

Assistant Professor, Dentistry Department, Katihar Medical College &amp; Hospital, Al-Karim University, Katihar, Bihar, India

**Abstract**

*Lesion when grows remains a topic of debate among the Dentist and Specialist. Patient are more concern when it grows, and it gives unpleasant facial profile. Lesion should be diagnosed and cure as soon as possible otherwise it will grow and damage the surrounding structure.*

**Keyword:** *Cyst, Katihar Medical College, Al-Karim University.*

**Introduction**

Cystic lesion diagnosis over the parts of the world determine the location, position and nature of the lesion.<sup>1</sup> Our oral cavity is very peculiar and dynamic structure of the body. The occurrence and prevalence of Oral lesion varies according to geographical area.<sup>2</sup> The British Standards Institution<sup>3</sup> defines a cyst as “an abnormal cavity within a tissue, the contents of which may be fluid or semi-fluid, but not pus, at least at the onset”, and conventionally the benign cystic lesions occurring in the jaws are subdivided into odontogenic, fissure and bone cysts”. Aetiology of the cyst may be Developmental, Inflammatory and Traumatic Neoplastic.

A Case of swelling in the lower left side back region of jaw came in the Dentistry Department,

Katihar Medical College, Al-Karim University (Figure 1a, 1b, & 1c). The history says of swelling of 8 to 9 months. Patient also report of painless swelling but increase of soft tissue.

**Figure 1a:** Extra Oral Photograph



Figure 1b: Extra Oral Photograph



Figure 1c: Intra Oral Photograph

On examination there is swelling in the lower left side of canine region. The surface was smooth and the skin over the area is stretched having no discharge.

**Orthopantomogram**

After examination of the patient we advise the patient for OPG (Orthopantomogram) Convention radiograph is sufficient to detect cyst in the mandible.<sup>4</sup> (Figure: 2a & 2b)



Figure 2a: OPG



Figure 2b: OPG of the patient showing cystic lesion

After examination of the OPG we go for FNAC of the patient which also conforms of cystic lesion. (Figure: 3)

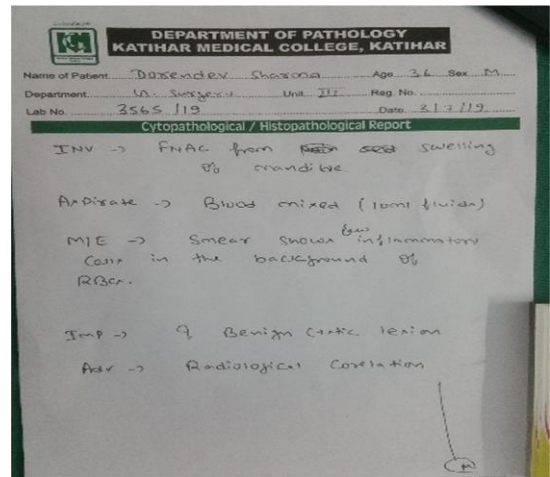


Figure 3: FNAC Report

By seeing the reports and x-ray this cyst is diagnosed as Radicular Cyst. Radicular cysts arise from epithelial residues in the periodontal ligament as a result of low-grade irritation. (inflammation). The inflammation follows upon necrosis of the dental pulp and cysts arising in this way are found most commonly at the apices of non-vital teeth.

Radiographically, the radicular cyst is a well circumscribed periapical, unilocular, radiolucency. The cyst may cause the neighbouring structures to be displaced, especially in the maxillary sinus and the mandibular canal. Root resorption is occasionally seen

### Discussion

Radicular cyst also known as periapical cyst, periodontal cyst, root end cyst or dental cyst, originates from epithelial cell rests of malassez in periodontal ligament as a result of inflammation due to pulp necrosis or trauma. Radicular cysts, with an incidence of 0.5-3.3% of the total number in both primary and permanent dentition.<sup>5</sup> Radiographically most radicular cyst appear as round or pear-shaped radiolucent lesion in the periapical region. Greater likelihood of radiolucency being radicular cysts rather than chronic periapical periodontitis lesions with increased size of radiolucency, particularly those over 2cm<sup>6</sup>.

### Conclusion

Cyst of any type should be removed as soon as possible if it is diagnosed earlier otherwise the damage of structure is more when left for few to more years.

### Consent

A written Consent has been taken from the Patient for publication of report.

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