INTRODUCTION

The radicular cyst is the most common cystic lesion of the oral cavity. It is characterized by a cavity lined by non-keratinized stratified squamous epithelium and connective tissue with inflammatory cells and small blood vessels. Despite the fact that the diagnosis can only be confirmed by histologic analysis, the radiographic exams are essential for the differential diagnosis and for the long-term control of the lesion's evolution.

CASE REPORT

Male patient, 48 years old, a smoker, without any general health problems, first came to the clinic in January 2016 reporting pain in the 4th quadrant. Clinically, teeth 44 and 45 presented extensive cavities and coronary destruction. The radiographic exam showed a radiolucent unicocular lesion with radiopaque contour.

DECOMPRESSION BY RACING OF A DRAIN

In the next appointment, teeth 44 and 45 were extracted and a drain was placed along the alveolus of tooth 45. Healing through 1st intention was obtained by suturing with silk 4-0. The drain was removed with nylon 4-0.

Prednisolone 5mg 4 pills/day, single administration for 5 days, clonixin 300mg up to 8/8 hours during the first 48 hours and as needed after, deflazacort 30mg 2 pills/day during 3 days and Ibuprofen 600mg 8/8 hours starting on the 3rd day were prescribed. The patient was instructed to finish the antibiotic.

DECOMPRESSION – 3 MONTHS CONTROL

Patient was asymptomatic and with good soft tissue healing. One week after the procedure the patient was asymptomatic and with a good soft tissue healing. The sutures were removed.

DECOMPRESSION – 7 MONTHS CONTROL

Loss of the drain was reported. Irrigation with a saline solution was done. The new CT showed that the lesion decreased in size. The distance to the alveolar nerve was increased by 2mm.

ENUCLEATION OF THE CYSTIC LESION

A crestal incision and subcuticular incision with a mesial releasing incision on tooth 43 was done. During surgery we realized that there was mental nerve involvement which was visible at the inferior cystic wall. Furthermore, the lesion extended apically to teeth 43 and 42. Suturing was done with silk 4-0.

The histopathological exam confirmed the provisional diagnosis of radicular/inflammatory cyst.

DISCUSSION

The radicular cysts are the most frequent cystic lesion in the oral cavity. Their treatment depends on their dimensions and their proximity to noble structures. In this case report, the lesion showed significant expansion and close relationship with the alveolar nerve. Therefore, before the enucleation was done, it was decided to perform decompression by placement of a drain. This approach made it possible to decrease the lesion's volume and to minimize the risk of damaging the vascular and nervous structures.

CONCLUSION

Periapical lesions can be asymptomatic for long periods of time and they can grow up to very significant dimensions. This leads to more complex treatments that may need to be done in various stages.