

○ DONTOGENIC CYSTS → Developmental → all others ↓ - From unknown etiology
→ Inflammatory → Radicular cyst, Residual cyst, paradental cyst
From inflammation

RADICULAR CYST (periapical cyst), a cyst = cavity lined by epithelium. Odontogenic cyst - the epith. is odontogenic in origin } ①

DENTIGEROUS CYST → Separation of the follicle from around the crown of an unerupted tooth.
• Most Common Developmental O. cyst.

LOCATION: MAND 3rd M then MAX Canines

• Has Pericoronal Radiolucency - unilocular w/ well defined sclerotic border, Must be > 3-4mm. } ②

Treatment: enucleation, removal of unerupted tooth

Complications: can develop into ameloblastoma, SCC, Muco-Ep.

PRIMORDIAL CYST → A Radiolucent cyst found in place of a tooth → Now we know all are OKC's } ①

Odontogenic Keratocyst → arises from Cell rests of Dental Lamina

Location: Mandible MOLAR/RAMUS Area

• Well defined RL area w/ corticated margins, Uni or Multilocular - looks like dentigerous, radicular, residual, lateral periodontal or Globulomaxillary cyst → ON radiograph. } ③

Histo: *Need histo to diagnose OKC. 6-8 cell thick strat-squamous epith. FLAT Epith-CT interface. Flattened parakeratotic Epith. cells w/ corrugated appearance.

Palisaded basal layer which are hyperchromatic

• Multiple OKC's - might be Gorlin Syndrome (Nevoid Basal cell Ca.).

• tx: enucleation/curettage. Can Recurr.

NEVOID BASAL CELL CARCINOMA SYNDROME

• Multiple Basal cell carcinomas of SKIN, jaw cysts, Rib+Vertebral anomalies, Intracranial calcifications. } ④

• Frontal Bossing, Prognathism

• Bifid rib most common skeletal anomaly, 50% have kyphoscoliosis, some have spina bifida
- most have Falx cerebri calcification

• 75% have OKC jaw cysts. frequently Multiple

GINGIVAL CYST OF NEWBORN

Alveolar process (maxilla more common). Can't see in Radiograph (soft tissue). Smaller than 2mm, multiple. } ①

No Tx

Gingival cyst of ADULT - Soft tissue counterpart of Lateral Perio. cyst (derived from rests of dental lamina). } ②

• Mand. Canine/PM area

• Painless Dome-like swelling. Blue-Blue/gray. May cause superficial "cupping out" of bone.

• Tx = excision

LATERAL Periodontal Cyst: Asymptomatic. Tooth is VITAL. Origin = Dental lamina Rests. (can't diagnose on x-ray.) } ②

• Cyst occurring in the lateral perio. region in which Inflammatory cyst or OKC has been excluded

• 65% in Canine/PM region (mand.), usually Unilocular RL lateral to tooth root.

Calcifying Odontogenic cyst (Gorlin cyst) - Classified as a Neoplasm but most are true cysts.

• Incisor-canine region. Well defined U.L. R.L., may have opaque foci, some assoc. w/ unerupted tooth } ②
• Most have fibrous capsule w/ 4-10 cell thick lining epith. Stellate reticulum appearance of overlying epith. GHOST cells (no nucleus), sometimes the ghost cells have calcifications. 20% have an associated odontoma