Dentigerous cyst associated with an impacted mesiodens in a 45-year-old woman: a case report

Samira Mostafazadeh¹, Aisan Ghaznavi², Khadijeh Abdal³*

Received: 11 Nov, 2017; Accepted: 23 Jan, 2018

Abstract

Dentigerous cysts are the most common odontogenic cysts of the jaws. The dentigerous cyst arise from around the crown of impacted, embedded, or unerupted teeth. Most often they involve mandibular third molars followed by maxillary canines, maxillary third molars. The main reason of dentigerous cyst is unknown but it rarely occurs around a supernumerary tooth. Only 5% of dentigerous cysts involve supernumerary teeth, around a mesiodens in the anterior of maxilla. Mesiodens is a developmental problem that occasionally find in children and results malocclusion. Most of mesiodens are related to a complication and only 26.9% were asymptomatic. The incidence of mesiodens which is a supernumerary in the midline of upper central incisors varies between 0.09% and 2.05% in different researches. This paper describes a case of dentigerous cyst associated with a mesiodens in a 45-year-old woman that caused a painless swelling in maxillary anterior region.

Keywords: Dentigerous cyst, Mesiodens, Supernumerary tooth

Address: Department of Oral and Maxillofacial Pathology, School of Dentistry, Ilam University of Medical Sciences, Ilam, Iran

Tel: +98 9123974479

Email: Abdal-kh@medilam.ac.ir

Introduction

Dentigerous or follicular cysts are the most common developmental cysts of the jaws. The dentigerous cyst arising from the crown of impacted, embedded, or unerupted teeth. Most often involve mandibular third molars followed by maxillary canines, maxillary third molars, and mandibular second premolars (1). Dentigerous cysts rarely involve unerupted deciduous teeth. The pathogenesis of this cyst is uncertain (2). These cysts are caused by expansion of dental follicles resulting from accumulation of fluid between the reduced enamel epithelium and the tooth crown (3).

Dentigerous cysts are the second most common odontogenic cysts after radicular cysts, accounting for approximately 24% of all true cysts in the jaws (4). Dentigerous cysts most frequently occurs in patients between 10 and 30 years of ages and there is a slight males predilection (5). Clinically, Small dentigerous cysts are usually asymptomatic and are discovered on a routine radiographic examination or to determine the reason for the failure of a tooth to erupt. Dentigerous cysts can grow to a considerable size, and large cysts may be associated with a painless expansion of the bone in the involved area (6). Radiographically, dentigerous

1 Department of Oral and Maxillofacial Pathology, School of Dentistry, Urmia University of Medical Sciences, Urmia, Iran
2 Department of Oral and Maxillofacial Radiology, School of Dentistry, Urmia University of Medical Sciences, Urmia, Iran
3 Department of Oral and Maxillofacial Pathology, School of Dentistry, Ilam University of Medical Sciences, Ilam, Iran (Corresponding Author)
cyst typically shows a unilocular radiolucent area with a well-defined sclerotic border associated with the crown of an unerupted tooth (7). First named by Bolk in 1917 Mesiodens is common supernumerary tooth occurring in anterior maxillary region (8). It is a rare entity with a prevalence of 0.15-1.9% in general population with males being affected twice (9).Mesiodens is a kind of supernumerary tooth that bring about median diastema and cause delayed eruption of the permanent central, thus mesiodens is a common supernumerary tooth occurring. Dentigerous cysts around supernumerary teeth account for 5% of all dentigerous cysts in anterior region of maxilla (10).This paper report a rare case of dentigerous cyst associated with a mesiodens in an 45-year-old woman.

**Case Report**

A 45-year-old woman patient referred to the Department of Oral and Maxillofacial Surgery, School of Dentistry at Urmia University of Medical Sciences, Urmia, Iran, with the chief compliant of a painless swelling in maxillary anterior region since 8 month ago. The patient had no systemic disease.Trauma and familial history we're not seen.

Extra oral examination revealed asymmetry due to the swelling in the upper anterior region of the face. The swelling was slightly fluctuant, diffuse and non tender from midline to the left maxilla.

The intra oral clinical examination revealed a solitary swelling involving labial and palatal of left central incisor to the canin with palatal cortical plates expansion.

Intra oral panoramic radiograph showed well-defined unilocular radiolucency with sclerotic borders attached to the crown of the impacted mesiodens in the left alveolar process of the anterior maxilla (figure1).

Computed tomography (CT) scan, in axial and coronal section showed a large unilocular lesion with crown of mesiodens in the anterior maxilla (figure1).

![Panoramic radiograph](image)

**Figure 1**: Panoramic radiograph shows a well-defined unilocular radiolucency in the anterior maxilla crossing the midline (a). The CT in axial section showed showed unilocular lesion with crown of mesiodens in the anterior of maxilla (b).

The radiographic findings suggested a diagnosis of dentigerous cyst associated with mesiodens. Before surgery, fine needle aspiration (FNA) cytology of the swelling performed. Aspiration biopsy findings, showed a viscous yellow – brown colored fluid and few inflammatory cells.

Under local anesthesia palatal, the lesion was totally enucleated together with the supernumerary tooth, and specimens were sent to the Department of Oral and
Maxillofacial Pathology to evaluate the lesion. According to the clinical, radiographic findings differential diagnosis was periapical cyst, dentigerous cyst, nasopalatin duct cyst and odontogenic tumor.

The histopathological examination showed a cystic lumen lined by layers of flattened non-keratinizing stratified squamous epithelium with underlying stroma consisting of loosely fibrovascular connective tissue, the junction of the epithelium and the connective tissue was flat and without rete ridges (Figure 2). No evidence of malignant changes was noted.

![Histopathological section of the lesion (H&E, ×10)](image)

Figure 2: Histopathological section of the lesion (H&E, ×10) (A). Histological appearance revealed cyst walls composed of loosely arranged fibrovascular connective tissue, lined by flattened non-keratinizing stratified squamous epithelium (H&E x40) (B).

According to the clinical, radiographic and histopathological features confirmed the final diagnosis of dentigerous cyst associated with a mesiodens. The patient was followed up for 9 months and no symptoms of recurrence were observed (figure 3).

![X-ray image of the patient](image)

Figure 3: The patient followed up, no symptoms of recurrence was observed

Discussion

Swelling of the maxillary anterior region may result from different conditions including types of developmental cysts such as nasopalatine duct cyst, odontogenic cysts such as (dentigerous cyst, glandular odontogenic cyst) and neoplasms such as (ameloblastoma, adenomatous odontogenic tumor, odontogenic kerato cyst, central giant cell granuloma) (11). The dentigerous cyst is the most common type of developmental odontogenic cyst and second most common type of odontogenic cyst is after the radicular cyst. This cysts defined as a cyst that originates by the separation of the follicle from around the crown of an unerupted tooth (1). Dentigerous cysts are typically asymptomatic and may be large with a painless expansion of the bone in the involved area. In this
Dentigerous cyst associated with an impacted mesiodens…. Samira Mostafazadeh, et al


