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Management Of Cyst – Review Article

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ABSTRACT
Cystic lesions of the jaws are common pathologies of chronic swelling of the jaw in oral and maxillofacial region . Depending on the size of the cyst , its location and the patients age , several treatment options are available .

Keywords :Enucleation , Marsupialization , Tooth involved in the cystic lesions bone healing

INTRODUCTION

Cystic lesions of the jaws include pseudocysts [aneurysmal bone cyst and simple bone cyst] or cystic tumours [calicifying odontogenic cyst , glandular odontogenic cyst , or unicystic ameloblastoma] ,which may present similar in clinical and radiographic appreance[1] .some of the(odontogenic keratocyst [okc] calcifying odontogenic cyst, glandular odontogenic cyst, unicystic ameloblastoma , and botryoid cyst) (2) cyst can occur within bone or soft tissue

Based on the clinico –radiological picture treatment was performed by the time tested methods of enculeation ,marsupilization and or with various adjunctive procedure such as chemical cautery (using carnoy's solution) , peripheral ostectomy , bone grafting ' plate reconstruction , Caldwell luc procedure etc or the more mundane extraction ,RCT- apicocoectomy or open packing with idoform gauze , as per need curettage and segemental resection were performed in certain cases(3) .

Objectives And Principles

Complete elimination of the pathologic lesion , cause minimal destruction and damage to the surrounding soft and hard tissue .

MANAGEMENT OF CYST

Enucleation or curettage

Enucleation, also called the partsch [11] operation or cystectomy , is a surgical technique . The lesion separated from the bone without bone removal along the tissue plan between the connective tissue envelope and the surrounding bone(8) .the only bone that is removed is thatwhich requird for surgical acess.Modifications are enucleation and packing,enucleation and primary closure and enucleation and primary closure with bone graft/reconstruction.Curretage is a method in which the wall of the cyst cavity is surgerically scraped and its content removed .

Enucleation With Adjunctive Therapy

As result of the difficulity in enucleating thin fibrale wall cyst in one piece and to reduce chances of recurrence or eliminate the possible vital cells left behind the defect, enucleation followed by superficial cautering agent may be the perferrred treatmentapproach for some aggressive cystic lesions or cystic tumor

Marsupialization

Marsupialization, decompression, and the partsch operation all refere to creating a surgical window in the wall of cyst , evacuating in the contents of the cyst and maintaining continuty between the cyst and the oral cavity, maxillary siinus , or nasal cavity .The only portion of the cyst that is removed is the piece removed to produce the window . The remaining cystic lining is left in situ . Modification of marsupialization is waldron's method / partsch[11] .

Management Of Tooth / Teeth Involed In The Cystic Lesions

To extract or preserve the teeth involved in the cyst remains a dilemma usually encountered by surgerons (5) . Extraction of supernumerary teeth , impacted teeth , teeth without function, and those of recurrent cases are, no doubt, one of the necessary measures . However in other situations , the treatment of involved teeth remains undefined (6) . To reduce the relapse of cystic lesions , some authors recommend extraction of involved teeth after curettage (7) .

Bone Healing And Radiographic Appearance

Enucleation of cystic lesions with safe closure of the wound has been the standard procedure to the present day (10) , and numerous studies have evaluated the bone healing (11) .The radiographic appearance of new bone formation shows as round glass or radial bone spicules in the periphery of cystic lesions or the original bone cavity (12).

Resection And Reconstruction Defects

Resection of the cystic lesions of jaws remains a challenge for surgeons.This approach , including partial resection or total resection (maxillectomy and mandibulectomy) could be justified in some cases such as cystic lesions with multiple perforartions, cases of malignancy transformation within cysts and the patients with poor compilanceto follow up appointments.

CONCLUSION

Conservative surgery remains an initial approach that reduces the morbidity of aggressive surgeries and preserves the anatomical structure complete bone healing for defects less than 4 cm in diameters is fast obtained before 24 months postoperatively .

ETHICAL CLEARANCE – Not required since it is a review article.
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CONFLICT OF INTEREST - Nil .

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