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Case Report

Dentigerous Cyst in Ectopically Positioned Tooth in the Maxillary Antrum

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Dentigerous cyst is the second most common form of developmental cyst which is benign in nature, caused due to accumulation of fluid between the crown of unerupted tooth and reduced enamel epithelium^[1-3]. If the maxillary teeth get involved, the tooth may get displaced into ectopic positions and often get displaced into the maxillary antrum^[4]. A 32 year old male reported to our clinic with chief complaints of pain and heaviness over right side of face since 3 months. History of present illness revealed that there was salty discharge from the upper right side of jaw since 30 days. Primary evaluation revealed missing 18 and sinus opening in relation to distal of 17 **[Figure-1]**. Aspiration was carried from the sinus opening and dark coloured fluid was obtained. A contrast enhanced computed tomogram was obtained which was suggestive of thick epithelial lining in the right maxillary antrum surrounding a ectopically positioned molar **[Figure-2]**. The patient was taken up for surgery under GA and approach involved incision over the maxillary vestibule and entering into the maxillary antrum by window osteotomy technique **[Figure-3]**.



Figure 1 Pre-operative



Figure 2 Coronal section of contrast enhanced computed tomography



Figure 3 Intra-operative



Figure 4 Ectopic tooth and soft tissue of debrided lining

The lining of the cyst was carefully debrided and ectopic tooth was carefully extracted [Figure-4]. Nasal endoscope was introduced into the antrum via the middle meatus and careful exploration and debridement of the residual lining was done. An antral pack medicated with povidine-iodene was placed for 48 hrs. Post-operative healing was uneventful. The biopsy of the lining revealed collagenized fibrous connective tissue wall with chronic inflammatory cells. The epithelium showed varying layers of hyperplasia with anastomosing rete ridges with no signs of cellular atypia. Dentigerous cyst of maxillary antrum have been rarely depicted in literature. The high rate of recurrence may be attributed to residual lining of the epithelium^[3]. In this case the use of nasal endoscope facilitated the operator to aid in almost complete removal of the epithelium.

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