Gingival Cyst of the Adult Involving Alveolar Mucosa and Gingiva: Case Report

Cisto Gingival do Adulto Envolvendo Mucosa Alveolar e Gengiva: Relato de Caso

Quiste Gingival del Adulto con Compromiso de Mucosa Alveolar y Gengival: Reporte de un Caso

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Abstract

The gingival cyst of the adult is an uncommon odontogenic cyst, etiologically related to the dental lamina. The aim of this study was to report a clinical case of gingival cyst of the adult. A 60-year-old male patient was referred to evaluate a lesion located in the anterior region of the left maxilla, close to the teeth #21 and #22. The patient’s medical history was not remarkable. Intraoral examination showed a nodular lesion covered by normal-appearing oral mucosa, asymptomatic, well-defined, with evolution of approximately 5 months. Since the periapical radiograph examination did not reveal any bone changes, the main diagnostic hypothesis was gingival cyst of the adult. By microscopy, typical features of gingival cyst of the adult were observed. The patient was monitored and, after 3-year follow up, no signs of recurrence were demonstrated. Although rare, the gingival cyst of the adult should be considered in the differential diagnosis of any swelling involving the gingival region.

Descriptors: Odontogenic Cysts; Gingiva; Diagnosis, Differential.

Resumen

El quiste gingival del adulto es un quiste odontogénico poco común, su etiología está relacionada con la lámina dentaria. El objetivo de este estudio fue reportar un caso clínico de quiste gingival del adulto. Paciente de sexo masculino, 60 años, fue encaminado para evaluación de una lesión localizada en la región anterior del maxilar izquierdo, próxima a los dientes 21 y 22. El historial médico del paciente no era digno de nota. El examen intraoral evidenció una lesión nodular recubierta por mucosa oral de aspecto normal, asintomática, bien definida, con evolución de aproximadamente 5 meses. Como el examen radiográfico periapical no reveló alteraciones óseas, la principal hipótesis diagnóstica fue un quiste gingival del adulto. A examen microscópico, fueron observadas características típicas de quiste gingival del adulto. El paciente estaba en acompañamiento y, después 3 años de acompañamiento, no había signos de recurrencia. Embora raro, el quiste gingival del adulto debe ser considerado en el diagnóstico diferencial de cualquier tumefacción envolviendo a región gingival.

Descriptores: Cistos Odontogénicos; Gengiva; Diagnóstico Diferencial.

Introduction

The gingival cyst of the adult (GCA) is a rare odontogenic cyst of developmental origin, with an incidence of 0.3% among all odontogenic cysts. Clinically, it appears as a small, single asymptomatic swelling covered by mucosa of normal-appearance or bluish hue due to the cystic fluid; the most common location is the canine and premolar area of the mandible and less frequently in the maxilla.3-5 Rarely, it may occur in multiple locations, either unilaterally or bilaterally, or on the lingual surface of the alveolar process. In some cases, an alveolar bone resorption may be present with a scoop-like pattern, frequently noted during surgical excision of the cyst. Histopathological evaluation demonstrates non-keratinized epithelial lining with or without focal areas of acanthosis containing clear cells of glycogen-rich cytoplasm.4 The GCA is considered the counterpart that reaches soft tissue of the lateral periodontal cyst (LPC) and its prognosis is good.

Clinical Case

A 60-year-old male patient was referred to evaluate a lesion located in the anterior region of the left maxilla, close to the teeth #21 and #22. The patient's medical history was not remarkable. Intraoral examination showed nodular lesion covered by normal-appearing oral mucosa, asymptomatic, well-defined, with evolution of approximately 5 months (Figure 1).
The lesion is lesion is -8 hours can be seen LPC and GCA should be effects patients between the fifth and sixth decades of life. The racial predilection is greater in Caucasians than in Asians. Histopathological analysis shows an uninfamed cystic capsule surrounding a lumen lined by squamous or cuboidal epithelium of 1–4 cell layer thickness, which may exhibit some areas of thickening and containing clear cells of glycogen-rich cytoplasm. These histopathological features show similarity with LPCs, and the differential diagnosis between LPC and GCA should be supported by clinical and imaginological examinations to verify the extraosseous (GCA) or intraosseous (LPC) location. Interestingly, rare cases may occur in edentulous alveolar ridge of adult patients, being the term “alveolar cyst of the adult” considered more appropriate.

Treatment by excisional biopsy is definitive. In the current case, after 3-year follow up, no signs of recurrence were presented, demonstrating that recurrence of this lesion is practically absent. Although rare, the GCA should be considered in the differential diagnosis of any swelling involving the gingival region.

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CONFLICTS OF INTERESTS
The authors declare no conflicts of interests.

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