Case Series

Surgical Ciliated Cyst of the Maxilla: A Case-Series of Three Cases

Marcarius M. Abdelsayed1, Jeffrey N. James2, Kyle B. Frazier3, Brian Sellers4, Rafik Abdelsayed5 and Andrew C. Jenzer6*

1Intern, Department of Oral and Maxillofacial Surgery, Augusta University, Augusta, Georgia, USA
2Program Director and Associate Professor, Department of Oral and Maxillofacial Surgery, Augusta University, Augusta, Georgia, USA
3Resident, Department of Oral and Maxillofacial Surgery, Augusta University, Augusta, Georgia, USA
4Private Practice, East Georgia Center for Oral and Facial Surgery, Swainsboro, Georgia, USA
5Professor, Department of Oral Biology and Diagnostic Sciences, Augusta University, Augusta, Georgia, USA
6Associate Professor, Department of Oral and Maxillofacial Surgery, Augusta University, Augusta, Georgia, USA

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ABSTRACT

The surgical ciliated cyst is an iatrogenic lesion occurring after surgeries in which the Schneiderian membrane has been exposed, such as in orthognathic surgery or maxillary sinus procedures. This lesion has been infrequently documented in western countries. In this case series, we present three cases of surgical ciliated cysts of the maxilla.

Surgical curettage is the mainstay for the treatment of surgical ciliated cysts. The intent of this article is to present three additional cases diagnosed at the Dental College of Georgia at Augusta University of this relatively rare iatrogenic lesion and review the relevant literature.

Case Reports

Case Report I

Case I is a 26-year-old Caucasian male who received an open reduction and internal fixation of a LeFort I fracture after an automobile accident. The patient subsequently reported to the Oral and Maxillofacial Surgery Clinic at the Dental College of Georgia six months post-operatively with complaints of pain and swelling in the left mid-face region. Clinical examination revealed slight fullness in the left mid-face region. Upon intraoral examination, there was an expansion of both buccal and palatal cortical plates in the left maxillary premolar/molar region with mobility of teeth 12, 14, and 15 (Figure 1). The panoramic radiograph depicts a well-demarcated radiolucency associated with the fixation plate and screws on the left zygomatic buttress (Figure 2). Resorption of the

*Correspondence to: Andrew C. Jenzer, DDS, Associate Professor, Department of Oral and Maxillofacial Surgery, Augusta University, 1120 15th Street, Augusta, Georgia, 30912, USA; E-mail: andrew.jenzer@gmail.com

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maxillary posterior teeth roots was also noted. Total enucleation of the lesion was performed with removal of the adjacent maxillary hardware and submission of the specimen for pathologic report (Figures 3 & 4). This case was signed out as an inflamed surgical ciliated cyst.

Case Report II

Case II is of a 39-year-old Caucasian female who received a Lefort I osteotomy to correct a maxillary deficiency. The patient reported 1-year post-operatively complaining of pain and tenderness of both cheeks. Radiographs reveal bilateral radiolucencies associated with fixation plates and screws placed during the previous orthognathic surgery (Figure 5). Treatment was total enucleation of the lesion with the removal of the associated hardware and submission of the specimen for pathologic report (Figure 6). The case was signed out as a surgical ciliated cyst.

Case Report III

A 53-year-old Hispanic female presented with a 10mm radiopaque solitary unilocular lesion in the left maxillary sinus present for about 5 years (Figure 7). The patient had an unremarkable medical history but did have a left Caldwell-Luc sinus lift in 2014. Curettage of the lesion was performed, revealing a well-defined bony cavity with communication to the sinus membrane (Figure 8). The case was signed out as a surgical ciliated cyst (Figure 9).
in the literature. Further research is required to explain the low number of cases of surgical ciliated cysts diagnosed in the western hemisphere and the recurrence rate of this pathologic entity.

Conflicts of Interest
None.

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