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IMAGES IN PAEDIATRICS

Cystic mandibular lesion in a thirteen-year-old male patient

Lesión mandibular quística en varón de trece años

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A boy aged 13 years with an unremarkable history visited his primary care pediatrician for assessment of a painless mass in the left mandibular ramus first noticed two years prior. The examination revealed painless enlargement without external or intraoral signs of inflammation.

The initial imaging test was al ultrasound scan, which showed a hypoechoic cystic lesion with expansion of cortical bone (Fig. 1). The orthopantomograph evinced the presence of a lytic lesion involving the body and ramus of the left mandible and displacing several teeth (Fig. 2).

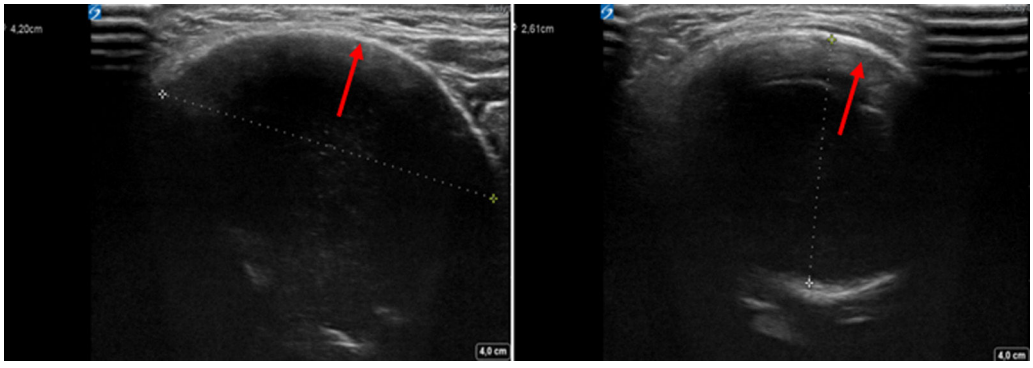

Figure 1 Ultrasound scan showing a hypoechoic cystic lesion measuring 4 cm at minimum and expanded and seemingly intact cortical bone (red arrow).

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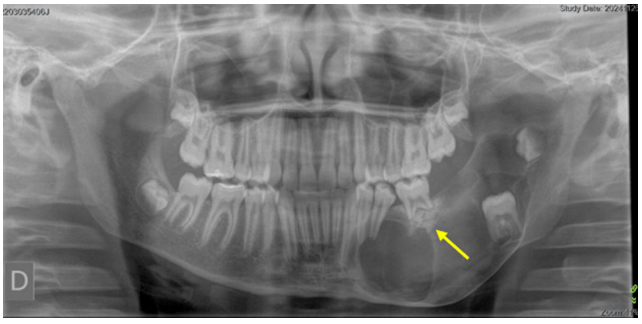

Figure 2 Orthopantomograph showing a lytic lesion with sclerotic edges located in the body and ramus of the left mandible. Displacement and separation of teeth 37 and 38. Root erosion in tooth 36 (yellow arrow).

Figure 3 Computed tomography scan, bone window. (A) Curved planar reconstruction: large multilocular cystic lesion located in the located in the body and ramus of the left mandible with thin inner septae and subtle scalloped outline of the inner cortical bone. (B) Axial plane: hypodense content without involvement of soft tissues; displacement of teeth.

The evaluation was completed with a CT scan that confirmed the presence of a large cystic lesion, with no involvement of soft tissues, suggestive of a calcifying odontogenic cyst (COC) (Fig. 3).

The management consisted of cystectomy through enucleation of the lesion and extraction of teeth numbers 37 and 38. Last of all, the histological analysis confirmed the diagnosis of COC.

Calcifying odontogenic cysts account for fewer than 1% of odontogenic cysts. They are benign tumors, usually painless, do not affect one sex more than the other and tend to appear between the second and third decade of life. They may be associated to other diseases, such as odontoma. The diagnosis is confirmed by histological analysis, based on the detection of ghost cells. The treatment consists in the enucleation of the lesion. The prognosis is favorable, but adequate follow-up is necessary to detect a potential recurrence.[1–3]

Declaration of competing interest

The authors have no conflicts of interest to declare.

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