

原文題目(出處)：	Decompression of large cystic lesions of the jaw: a case series. Oral Surg 2012;5:13-7.
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報告日期：	101/4/9

內文：

I. Introduction :

1. The most common type of **odontogenic** cyst is the **radicular** cyst, followed by the **dentigerous** cyst and **keratocystic odontogenic tumour**.
2. Several surgical approaches exist for the management of larger cysts of the jaws. These include **enucleation, marsupialisation and decompression**.
3. Decompression involves the creation of a small window/fenestration in the cystic wall, lining of the cyst lumen to become confluent with the oral cavity.
4. The insertion of a decompression **stent/drainage tube** is required so that continuity between the cystic lumen and the oral cavity is maintained.

II. Materials and method

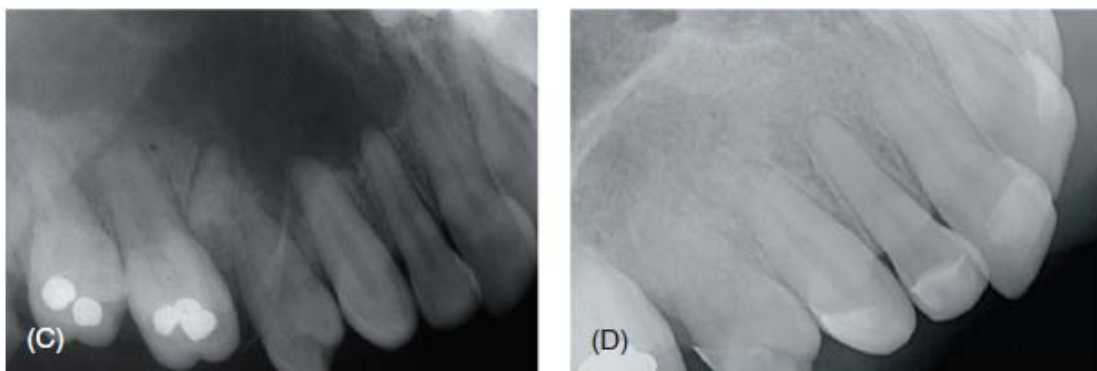
1. Eleven male and three female patients with cysts of odontogenic origin were treated by decompression in the Combined Department of Oral and Maxillofacial Surgery and Oral Medicine at the Edinburgh Dental Institute site, UK.
2. Patient age ranged from 13 to 78 years.
3. Eight of the cysts were located in the maxilla and six in the mandible.
4. Eleven patients were treated under local anaesthetic, one with the addition of conscious intravenous sedation and two under general anaesthesia.
5. Nine patients presented with swelling and pain, one of which was associated with a history of altered sensation. Four cysts were asymptomatic. For each of the patients, a thorough history was recorded, and appropriate radiographs were taken.
6. The length of the tube was chosen to correspond with the distance between the wall of the cyst and the oral mucosa, it has a **radiopaque** marker, which is considered important to monitor stent position and for patient safety.
7. A fenestration was created surgically in the cystic wall, and a specimen from the cystic wall was obtained for histopathological analysis in all of the cases. The surgical stent was sutured into place with non-resorbable sutures to maintain patency of the opening between cystic and oral cavities.
8. patients were reviewed weekly for irrigation of the cavity with saline. After a few weeks, patients were supplied with a syringe to irrigate the cavity at home, and were reviewed at intervals for a period of between 2 and 25 months after insertion of the stent.
9. The majority of dentigerous cysts in this series were treated with decompression alone. The radicular cysts were treated with a combination of decompression and adjuvant extraction/endodontic treatment of the non-vital tooth. In four of the



cases , a second surgical procedure was required to enucleate the remaining cystic lining. All cases were followed up until complete resolution of the cyst was noted both clinically and radiographically.

III. Results

1. Complete resolution was noted in those cysts that were treated with simple surgical decompression.



2. Resolution was also observed in those cases that required a second intervention to enucleate the reduced size cyst.
3. Dentigerous cysts associated with an unerupted tooth, there was also evidence of spontaneous eruption/movement of the tooth.
4. Cysts involved the maxillary antrum, there was evidence of repneumatization/re-expansion of the antrum.

IV. Discussion

1. **Enucleation** comprises the complete removal of the cyst lining. Developing tooth buds associated with dentigerous cysts are removed together with the lining and are consequently lost.
2. **Marsupialisation** is the conversion of a cyst into a pouch. The cystic roof is removed in its entirety, and the cut edges of the remaining cyst wall are sutured to the adjacent soft tissue.
3. **Surgical decompression** could be considered a minimally invasive technique that enables the conversion of a large lesion into a smaller one, which can be managed surgically with less associated morbidity. Marsupialisation and surgical decompression are based on the same principle.
4. Fenestration and decompression provide a sample of the cystic wall that can be subjected to histopathological examination, a definitive diagnosis is established before embarking on a more aggressive treatment such as enucleation or resection.
5. **Incisional biopsy** is required because dentigerous cysts, keratocystic odontogenic tumours, unilocular ameloblastomas, and other odontogenic and non-odontogenic tumours may have a similar radiographic appearance.
6. **Bony infill and reduction in cystic size** was noted radiographically in all 14 cases, and only four cases required further surgical intervention for enucleation and curettage of the remaining cyst.
7. In the dentigerous cysts, we noted spontaneous migration of the unerupted tooth towards the crest of the alveolar ridge and away from vital structures, such as the inferior alveolar canal and maxillary antrum.
8. The technique demands patient **cooperation** and requires close observation, and therefore several review appointments, to monitor shrinkage of the cyst.

V. Conclusion

1. Cystic decompression is a conservative approach in the management of large cystic lesions that may significantly reduce the associated morbidity and costs.
2. The technique is limited by the need for patient compliance and repeated post-operative review, and occasional need for secondary surgical intervention.

題號	題目
1	Surgical decompression may be unusually used for (A) Dentigerous cyst (B) Keratocystic odontogenic tumor (C) Eruption cyst (D) Cellulitis
答案 (C)	出處：Oral and Maxillofacial Pathology 2nd edition Ch.15
題號	題目
2	Surgical decompression has some advantages, except (A) It can be carried out as a first-line treatment for all cysts. (B) It enables the conversion of a large lesion into a smaller one. (C) It can reduce the morbidity of cysts. (D) It may reduce the need for general anesthesia.
答案 (A)	出處：Decompression of large cystic lesions of the jaw: a case series S. Sammut, A. Morrison, V. Lopes & N. Malden