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內文：

Summery:

The odontogenic keratocyst (OKC) 因為潛在侵略性的行為很容易復發，要利用組織病理切片小心診斷。但是OKC很少發生在maxilla，發生在maxillary sinus更不尋常。此篇文章提出兩個男孩的case，此兩個case均是與OKC發生在上顎maxillary sinus未萌發的molar有關。這兩個case的處理方式均是用surgical的方式且在觀察數年後沒有再復發的現象。此篇文章並加以討論OKC的臨床和治療方式。

Introduction:

- ◎ OKC與odontogenic cysts全然不同，因為它有aggressive clinical behaviour and high rate of recurrence，應小心診斷
- ◎ Multiples OKCs 或許會與basal cell nevus syndrome有關
- ◎ 由於OKC沒有具體專一的clinical and radiographic features所以容易與ordinary cysts搞混，導致診斷誤差，甚至治療錯誤，嚴重者會造成不必要的再復發，因此想要有成功的治療結果，就必須有精確的診斷加上適當的手術方式和有耐心的追蹤。
- ◎ 以下借紹兩個cases :與以往有關的OKC文獻不同的是，此兩個cases 的lesions 完全被限制在sinus cavity裡面，沒有侵犯到maxillary alveolar bone.此兩個cases均用手術方式移除且F/u 8年和5年，值得一提的是都沒有復發的傾向。

Case reports

Case1: 17歲，白人男性

◎主訴：持續頭痛一個禮拜

◎Past medical history : no contributory

◎Extra and Intra-oral examination : no alteration was developed

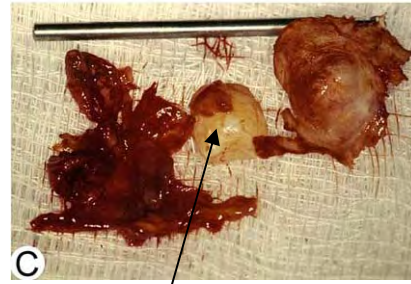
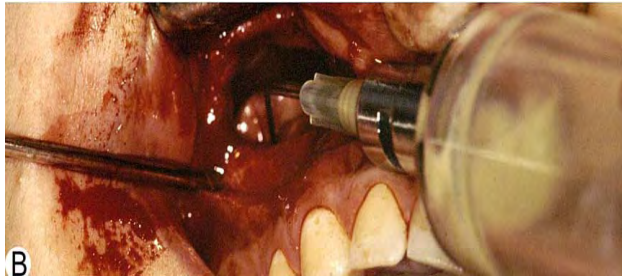
◎Lateral and PA radiographs:

--An opaque mass with an image of the third molar in the left maxillary sinus

--The lesion 似乎完全被限制在maxillary sinus cavity裡面，沒有侵犯到 nasal sinus or maxillary alveolar bone

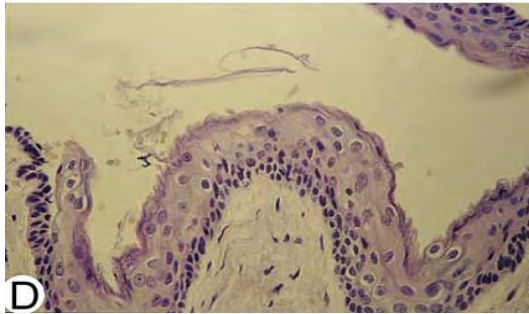


◎Aspirating biopsy of the cystic lesion: showing milky liquid



Removed tooth with fragmented cystic lesion.

◎Light microscopic image (H&E 40).:



- epithelial lining exhibiting parakeratotic layer
- thin spinous cell layer
- hyperchromatic columnar cells in the basal layer, with no ridges into the connective tissue

◎ Histopathological exam diagnosis : Odontogenic keratocyst

◎治療: under LA

- The cyst containing the tooth-> enucleate in pieces and soft tissue curettage
- Followed-up for 8 years -> no signs of recurrence.

Case2: 14歲，白人男性

◎主訴 :抱怨bad taste in mouth for two years

◎Past medical history: unremarkable

◎Intra-oral examination :在buccal face，17的上方有purulent fistula

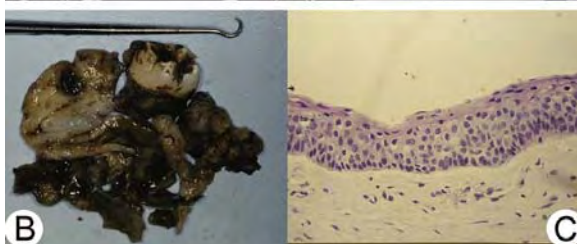
◎Computer tomography and Lateral radiographs: ectopic 17 involved by a radiopacity filling in the upper posterior portion of the maxillary sinus No alveolar bone involvement was noticed

◎The histopathological exam diagnosis: Odontogenic keratocyst

◎治療: under GA

-cystic lesion ->執行Cald-Well-Luc approach and removed in pieces
sinus walls->Curettage

-Followed-up for 5 years -> no signs of recurrence.



(B) Removed tooth with fragmented cystic lesion (formalin-fixed).

- (C) Micrograph showing:
 -epithelial lining with parakeratotic layer
 -about six layers of spinous cells and hyperchromatic columnar cells in the basal layer in a palisaded arrangement.
 -The epithelial-connective tissue junction is plain (H&E 100X)

Discussion:

- ◎ -目前研究還是支持OKC源自於dental lamina
 -但有些學者認為OKC為benign cystic neoplasm
 (因為它的 growth capacity 和 development characteristics 和 suppressor tumor gene(PTCH)有關
 -近來甚至發現intracystic fluid pressure牽涉 OKC growth
- ◎ OKC最常發生在:
 -男性
 -posterior region of mandible
 -11-30歲
 -<1% with sinus involvement in the maxilla
- ◎ 關於OKC的recurrence :
 -最常recurrence的時間多在手術後的5年這段期間，復發率由0%~62%均有主要決定於手術方式以及觀察的期間
 -recurrence的原因主要基於上皮細胞的mitotic activity和 growth potential 以及殘餘的dental lamina 和epithelial islands
 基於以上的理由學者建議如果發現有沾黏的OKC最好能夠用Eradiate的方式將cyst epithelium components清除乾淨。
- ◎ -治療方式如果只有做enucleation→常常復發(尤其是有combined teeth的OKC)
 -治療方式如果做enucleation+ bone curettage→復發率較低
 -而我們提出的兩個case所採取的方式: enucleation+ bone curettage→分別F/U 8年和5年沒有再復發的情形
- ◎OKC很少發生在maxilla，發生在maxillary sinus更不尋常，因此我們要善加利用CT小心診斷，臨床上OKC與Dentigerous cyst(radiographic image) 和Ameloblastoma難以D.D.，因此最好做biopsy examination去決定最適當的治療方式避免不必要的再復發。

題號	題目
1	下列哪一項針對OKC的敘述有錯誤? (A) There is a slight male predilection (B) In associated to basal cell nevus syndrome keratocysts (C) Most involve mandible bone and expansion sinus (D) Always sinus involvement in the maxilla
答案 (D)	出處：Oral & Maxillofacial Pathology P594(倒數第4行) P595(第14行)
題號	題目
2	請問OKC源自於? (A) Enamel organs (B) Entrapped epithelium at the junction of the globular part of the medial nasal process (C) Rest of dental lamina (D) Lack of epithelial lining
答案 (C)	出處：Oral & Maxillofacial Pathology P594