NONODONTOGENIC CYSTS
NONODONTOGENIC CYSTS of SOFT TISSUES

- Cyst of the Incisive Papilla
- Nasolabial Cyst
- Sialocysts (Mucous Retention Cyst)
- Sebaceous Cyst, Epidermal Cyst
- Thyroglossal Tract Cyst
- Branchial Cleft Cyst
Cyst of the Incisive Papilla

Soft tissue cyst from epithelial remnants of the incisive canal. Lined soft tissue counterpart to the incisive canal cyst.
Nasolabial Cyst

- A rare cyst theorized to arise from embryonic remnants of facial process fusion
- Adults, no sex predilection
- Fluctuant swelling of the upper lip, elevated the ala of the nose
- Microscopic: Lined by columnar epithelium, often with cilia
- Tx: local excision/enucleation
- Does not tend to recur
Nasolabial Cyst
Sialocyst (Mucous Retention Cyst)

• A cyst of the oral mucosal tissues derived from salivary duct epithelium. Some may represent obstructed dilated ducts

• Older adults

• Lips and buccal mucosa most common sites

• Elevated fluctuant mass, often bluish in color that resembles a mucocele

• Microscopic: lined columnar epithelium, mucous metaplasia is common, some show oncocytic change and yet others have intraluminal papillary projections

• Tx: Enucleation
Mucous Retention Cyst
Sebaceous Cyst of Skin

Dermal keratinizing cyst derived from sebaceous gland ducts found on skin, common on face, neck and scalp.
Thyroglossal Duct Cyst

- A cyst derived from remnants of the thyroglossal tract, the thyroid analagen
- Located at the fexure of the skin in the midline just above the larynx. The cyst often wraps around the hyoid bone.
- Lined by pseudostratified columnar epithelium, may see thyroid follicles in the cyst wall
- Surgical excision may be complicated by association with hyoid bone.
Thyroglossal Duct Cyst
Branchial Cleft Cyst

- A cyst derived from epithelial remnants of the branchial arch/cleft complex or possible ectopic salivary ductal tissue within a cervical lymph node
- A fluctuant mass in the lateral neck below the angle of the mandible
- Microscopic: Lymphoid tissue with germinal centers surrounding a SSE lined cyst
- Rare cases have undergone malignant transformation: “Branchogenic Carcinoma”. Most such cases turn out to be metastatic carcinoma that has undergone cystic change within a lymph node.
- Tx: simple excision/enucleation
Branchial Cleft Cyst

- SSE lining
- Lumen
- Lymphoid tissue
CYSTS OF THE JAWS

- ODONTOGENIC CYSTS
- NONODONTOGENIC CYSTS
- PSEUDOCYSTS
NONODONTOGENIC CYSTS of BONE

• INCISIVE CANAL CYST
• MEDIAN MANDIBULAR CYST
• MEDIAN PALATAL CYST
• SURGICAL CILIATED CYST OF MAXILLA
Incisive Canal Cyst

- Also termed Nasopalatine Duct Cyst
- Arises from epithelial embryonic remnants of the incisive canal that become entrapped adjacent to the neurovascular bundle
- Adults, no sex predilection
- Well circumscribed inverted “light bulb” or “pear shaped” radiolucency above the apices of the maxillary central incisors. Root divergence is a common finding
- Microscopic: lined stratified squamous and respiratory epithelia with neurovascular elements in the fibrous wall of the cyst
- Teeth test vital, ruling out an apical periodontal cyst
- Treatment: Curettage
Incisive Canal Cyst

- (Nasopalatine Duct Cyst)
Incisive Canal Cysts

Injected with contrast media
Median Mandibular Cyst

- A rare developmental cyst thought to be derived from entrapped epithelium from embryonic fusion of the two mandibular processes
- Adults, no sex predilection
- May be confused with an apical periodontal or lateral periodontal cyst
- Teeth test vital
- Midline unilocular radiolucency of the mandible
- Microscopic: cyst lined by nonkeratinized stratified squamous epithelium
- Tx: Curettage
Median Mandibular Cyst
Surgical Ciliated Cyst of the Maxilla

• A lesion that evolves subsequent to maxillary sinus surgery via a Cauldwell Luc procedure, entering the antrum from the maxillary vestibule
• Adults, no sex predilection
• Well circumscribed radiolucency in the posterior maxilla interposed between alveolus and sinus floor
• Microscopic: cyst lined by respiratory epithelium
• Not to be confused with a low sinus
• Tx: Curettage
Surgical Ciliated Cyst
PSEUDO CYSTS

- TRAUMATIC BONE CYST
- ANEURYSMAL BONE CYST
- STAPHNE’S CYST
- SUBLINGUAL GLAND DEPRESSION
- LOW SINUS FLOOR
- OSTEOPOOROTIC BONE MARROW DEFECT
**Traumatic Bone Cyst**

- Teenagers, young adults
- No sex predilection
- Mandible, extremely rare in maxilla
- Theorized to evolve after intraosseous hemorrhage, with subsequent lysis leading to a cavity in bone that often contains yellow fluid
- Apical radiolucency that scallops up between roots, partially circumscribed
- Asymptomatic
- Hx of trauma to jaw is solicited in only 50% of cases
- At surgery, a vacant cavity is encountered with no conspicuous soft tissue lining
- Microscopic: a few fragments of bone and fibrous tissue, no epithelial lining present
- Tx: open a window in the cortex and scrape the cavity walls to induce hemorrhage, healing occurs in 6-9 months
Traumatic Bone Cyst
Traumatic Bone Cysts
Big Mother TBCs
Traumatic Bone Cyst
Aneurysmal Bone Cyst

- Teenagers, young adults
- No sex predilection
- Expansile, unilocular or multilocular radiolucency
- Aspiration will yield blood
- Microscopic: Sinsusoidal blood spaces lined by fibrous tissue with multinucleated giant cells and reactive bone
- Often found in conjunction with other fibro-osseous lesions such as fibrous dysplasia and ossifying fibroma
- Blood flow and pressure through the lesion is slow and pulsatile
Aneurysmal Bone Cyst

sinusoids
Salivary Depressions

- During growth and development, a depression occurs on the lingual surface of the mandible in which lobules of normal salivary tissue reside
- Nonexpansile radiolucencies, asymptomatic
- Submandibular Gland Depression (Staphne cyst)
  - Well circumscribed corticated unilocular radiolucency in the second/third molar region below the inferior alveolar canal
- Sublingual Gland Depression
  - Well circumscribed corticated unilocular radiolucency in the premolar/cuspid apical region
Submandibular Gland Depression

- (Staphne Cyst)
Sublingual Gland Depression