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Short Case Report

Unicystic ameloblastoma mimicking a dentigerous cyst: short case report

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Abstract – Observation: This case reports an unusual morphology and localisation of ameloblastoma that imitates a dentigerous cyst on an inclused mandibular canine. **Comments:** Ameloblastoma is a local odontogenic benign tumour which often relapse. It is usually described in its polycystic form in the posterior mandibular part.

Observation

A fifteen-year-old patient was referred by his orthodontist for consultation to treat the dental avulsions of several teeth including 14, 24 (on the arch) 38, 48, and 43 (Fig. 1).

An intraoral exam revealed an asymptomatic swelling had been developing in the anterior vestibular area for months, but there was no coronal exposure on 43. There was no pain or hypoesthesia of the incisors or labiomental area. Pulp vitality testing on the mandibular incisal area was positive for all the teeth. The patient did not have any relevant medical history except for intermittent asthma, for which he/she occasionally received with beta-2 mimetics. Panoramic X-ray showed that the impacted tooth 43 had a translucent image around its crown, which suggested possible diagnosis of a dentigerous cyst.

A three-dimensional cone-beam computed tomography (CBCT) was performed to define the anatomical limits of the lesion (see Fig. 2).

Given the radiological aspect of this homogeneous osteolytic lesion (measuring 20 mm on the long axis, well circumscribed, with a slow and pericoronal evolution), we put forward our hypotheses as a benign odontogenic tumor akin to a dentigerous cyst. The surgical intervention was scheduled under general anesthesia and extractions of 14, 24, 38, 48 were performed. Tooth 43 was extracted via a vestibular approach and the lesion is similarly removed. Careful curettage of the cystic cavity was performed after extraction. The surgical sample was sent for pathological examination. The postoperative follow-up was without complications. Analgesics combined with a local antiseptic were prescribed upon discharge. Follow-up at 1 weeks did not indicate any hypoesthesia or pulpal sensitivity disorder.

The histopathological findings confirmed the existence of a unicystic ameloblastoma caused by the impacted tooth 43 (Figs. 3 and 4). The patient and his parents were informed of the prognosis, and clinical and radiological follow-up was instituted to detect any recurrence.

Discussion

The primary difficulty with managing unicystic ameloblastomas is diagnosing them; they account for 10–15% of the ameloblastomas [1].

Diagnosis is often retrospective once the operating specimen is sent for histopathological analysis [2]. Unicystic ameloblastoma predominantly affects young adults and is often related to the crown of an impacted tooth that is clearly visible on imaging [3]. Its unicystic form is often very misleading and is often confused with the dentigerous or inflammatory cyst [4]. Care remains the same as with its multicystic form—*i.e.*, an enucleation must be performed with a larger bone resection. The risk of recurrence is high and clinical and radiographic monitoring is essential.

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Fig. 1. Dental panoramic showing a unilocular mandibular cyst extending from 44 to 41 associated to a mandibular inclused canine.

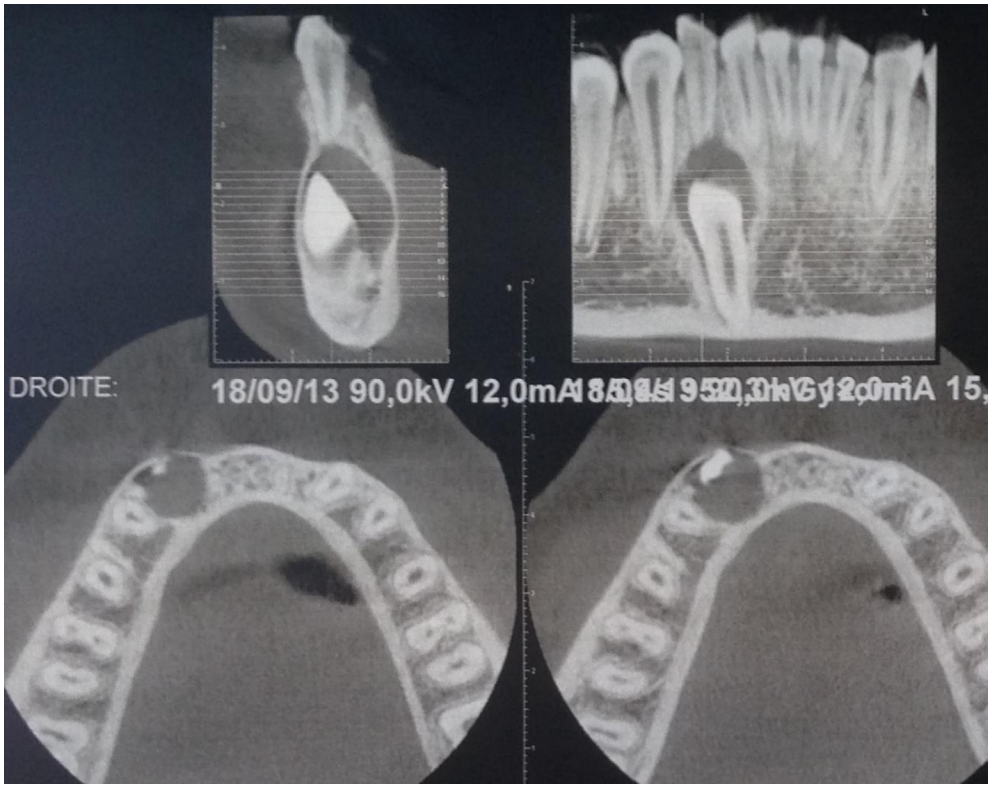

Fig. 2. Axial and coronal section of CBCT.

Fig. 3. Histological section, magnification × 4, HES staining.

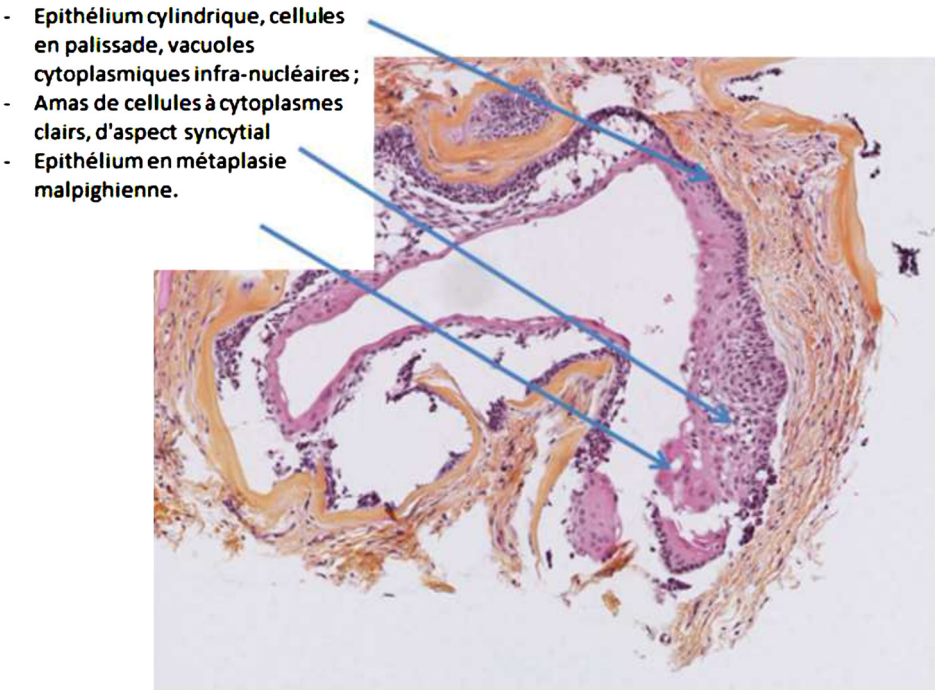

Fig. 4. Histological section, magnification × 20, HES staining.

Conflicts of interest: The authors declare that they have no conflicts of interest in relation to this article.

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