

Clinical Image

Palatal Swelling Turning out to be a Periapical Cyst

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A 35 year old medically fit male patient came to department with a chief complaint of swelling in the palate since 4 months. The swelling was insidious in onset, initially small in size but slowly grew up to the present size. There was no associated symptoms except for the mild discomfort while talking. Patient gave a history of fall 1 year back following which his upper right front tooth fractured and fell off and was replaced by a fixed partial denture. On inspection, a well-defined solitary ovoid swelling was seen in the anterior hard palate, about 3 cm x 2 cm in size in the left paramedian position in relation to left central incisor and lateral incisor region crossing the midline. Mucosa over the swelling appeared normal. On palpation it was non tender, non-fluctuant, non-compressible, non-reducible, smooth and firm in consistency (Figure 1). Intra oral periapical radiograph (IOPA) taken in relation to the upper anterior region (Figure 2) and a maxillary true occlusal radiograph (Figure 3) revealed a well-defined radiolucency measuring more than 1.5 cm in diameter with a sclerotic border seen in relation to the periapical region of upper left lateral incisor with loss of lamina dura. Histopathological examination following Fine needle aspiration revealed hyperplasia of stratified squamous layer, presence of Rushton bodies all characteristic of radicular cyst. So a final diagnosis of Periapical cyst in relation to upper left central and lateral incisor was given. A treatment plan of enucleation of the cyst and endodontic evaluation of the associated teeth was given.

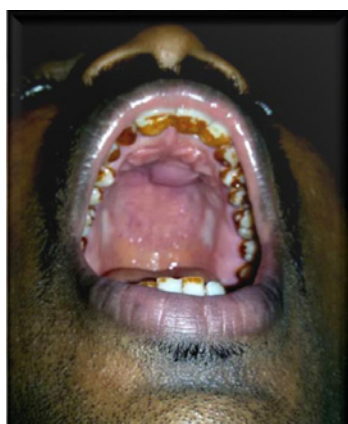


Figure 1: Palatal swelling radiolucency with sclerotic border.

Abstract

Palatal swellings can be confusing and often cause a dilemma to the dentists in eliciting the etiology. Here is a case of a patient who came with a chief complaint of a palatal swelling which turned out to be a periapical cyst.

Keywords: Palate; Perapical; Cyst



Figure 2: IOPA showing well defined peri apical to 22.

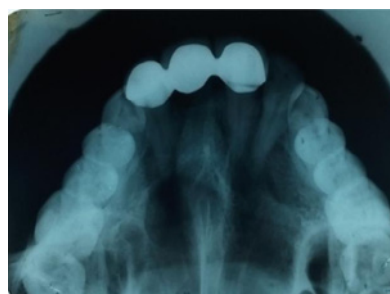


Figure 3: True maxillary occlusal radiograph showing the cyst.