

Clinical Image

Eruption Cyst

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A 6 year old male patient reported to the department of oral medicine and radiology with chief complaint of blue colored swelling in the gums on left side of the jaws since 1 week. Patient was medically fit and on intraoral examination there was a bluish, dome shaped swelling of 1x2 cm, roughly oval shape, seen in the 36 region, covering the ridge. On palpation the swelling was non tender and soft in the centre, but not fluctuant. Provisional diagnosis of eruption cyst with d/d of eruption haematoma was given and patient was kept under observation. After 15 days, there was eruption of 36 seen and the swelling had disappeared.

Eruption cyst is deliberated as the soft tissue analogue of the dentigerous cyst but believed to be a distinct clinical entity resulting from fluid accumulation within the follicular space created due to separation of the dental follicle from the crown of an erupting tooth. Early caries, trauma, infection and the deficient space for eruption are considered as possible causative factors though the exact etiology is unknown. The color of these lesions can range from normal to blue-black or brown, depending on the amount of blood in the cystic fluid. Most of the time, eruption cysts are found to be asymptomatic but there can be pain on palpation due to secondary factors such

as trauma or infection. Differential diagnosis should be considered before delivering any treatment and varies from granuloma, amalgam tattoo and eruption hematoma. Mostly, the eruption cysts do not require treatment and majority of them disappear on their own. Surgical intervention is required when they are infected or when esthetics is of concern [1-4].



Figure 1:

References

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