

## Clinical Image

# Palatal Swelling Secondary to Radicular Cyst

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## CLINICAL IMAGE

A 34-year-old male reported with a chief complaint of swelling in the palate since ten days. There was history of trauma to the anterior teeth since childhood. There was no significant family history or medical history. Intraoral examination revealed well defined swelling over the anterior palatal region. Swelling was non tender, firm in consistency and fixed to the underlying structure. Fracture of maxillary central incisors was also observed (Figure 1). Intraoral periapical radiograph of the region revealed a well defined radiolucency at the apex of the maxillary central and lateral incisors. Laminadura of the teeth were discontinuous (Figure 2). This case was diagnosed as radicular cyst. Surgical enucleation of the cyst was carried out with root canal treatment of fractured teeth.



Figure 1 Swelling the anterior region of the palate.



Figure 2 Intraoral radiograph showing well defined radiolucency at the apex of the teeth.

The radicular cyst originates from epithelial remnants stimulated to proliferate by an inflammatory process originating from necrosis of the pulp [1]. Radiographically the cyst appears as a round or oval, well-circumscribed radiolucent image involving the apex of the fractured or carious tooth [2]. The treatment of the cysts can be either non-surgical management or surgical management being either marsupialization or enucleation [3].

## REFERENCES

1. Kadam NS, Ataide Ide N, Raghava P, Fernandes M, Hede R (2014) Management of large radicular cyst by conservative surgical approach: a case report. *J Clin Diagn Res* 8: 239-241.
2. Penumatsa NV, Nallanchakrava S, Muppa R, Dandempally A, Panthula P (2013) Conservative approach in the management of radicular cyst in a child: case report. *Case Rep Dent* 2013: 123148.
3. Valois CR1, Costa-Júnior ED (2005) Periapical cyst repair after non-surgical endodontic therapy: Case report. *Braz Dent J* 16: 254-258.