**Dentigerous Cyst**
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 **Overview**
Dentigerous cysts, also called follicular cysts, are the most common, benign, slow growing, non-inflammatory developmental odontogenic cysts. Dentigerous cysts are most commonly seen with molars and canines and involve the crowns of unerupted teeth.

**Etiology**
Follicular involves the dental follicle, which is the sac that contains the developing tooth and the odontogenic organ. Dentigerous cysts results from the separation of the dental follicle from the crown of an unerupted tooth. This means that the follicle will separate and attach to the neck of the cementoenamel junction. There will be a change of reduced enamel epithelium, which will lead to fluid accumulation between the crown and epithelium. This happens during development while the tooth is progressing toward eruption. It only occurs in bone and erupting teeth.

**Clinical Presentation**

Clinically, dentigerous cysts will be discovered during a routine radiographic examination most commonly around mandibular third molars. They are painless. Sometimes, the cyst can get large enough to cause pain, expansion, displacement of teeth and root resorption. Clinically, if there is expansion, a firm swelling will be present in the area of the missing tooth.

**Demographic**
Dentigerous cysts are usually seen in the 2nd-4th decades of life because they are associated with unerupted or impacted teeth. Due to this, they will not be seen in childhood. Men are affected more than females.

**Biopsy / Histology / Radiographs**
There is no biopsy taken. Stratified squamous nonkeratinising epithelium lines the cysts. Radiographically, it will present with an impacted unerupted tooth with radiolucency around the crown of the tooth. It will appear as though it is “ballooning” around the crown but it will appear bigger than follicle by 4mm.

**Differential Diagnosis**
Dentigerous cysts can most commonly be mistaken with an ameloblastoma and odontogenic keratocyst.

**Treatment**
Treatment will include complete surgical removal. An untreated dentigerous cyst will continue to grow. If expansion has occurred, the surrounding bone will need to be squeezed back into position.

**Prognosis**
The dentigerous cyst rarely recurs after surgical removal.

**Professional Relevance**
The dentigerous cyst is relevant to dental hygiene because of how common impacted unerupted teeth are. The dental hygienist needs to recognize that there fluid accumulation that can affect surround teeth and not simply dismiss the impacted teeth just because they have not erupted.

**Bibliography**

<http://www.rdhmag.com/articles/print/volume-20/issue-8/columns/case-study/a-36-year-old-male-visited-a-dentist-for-a-routine-checkup-radiographic-examination-revealed-a.html>

<https://radiopaedia.org/articles/dentigerous-cyst>