17 year-old African American female presented with 6-month history of stuffy nose and trouble breathing through right side of her nose.

Alan Lurie, DDS, PhD

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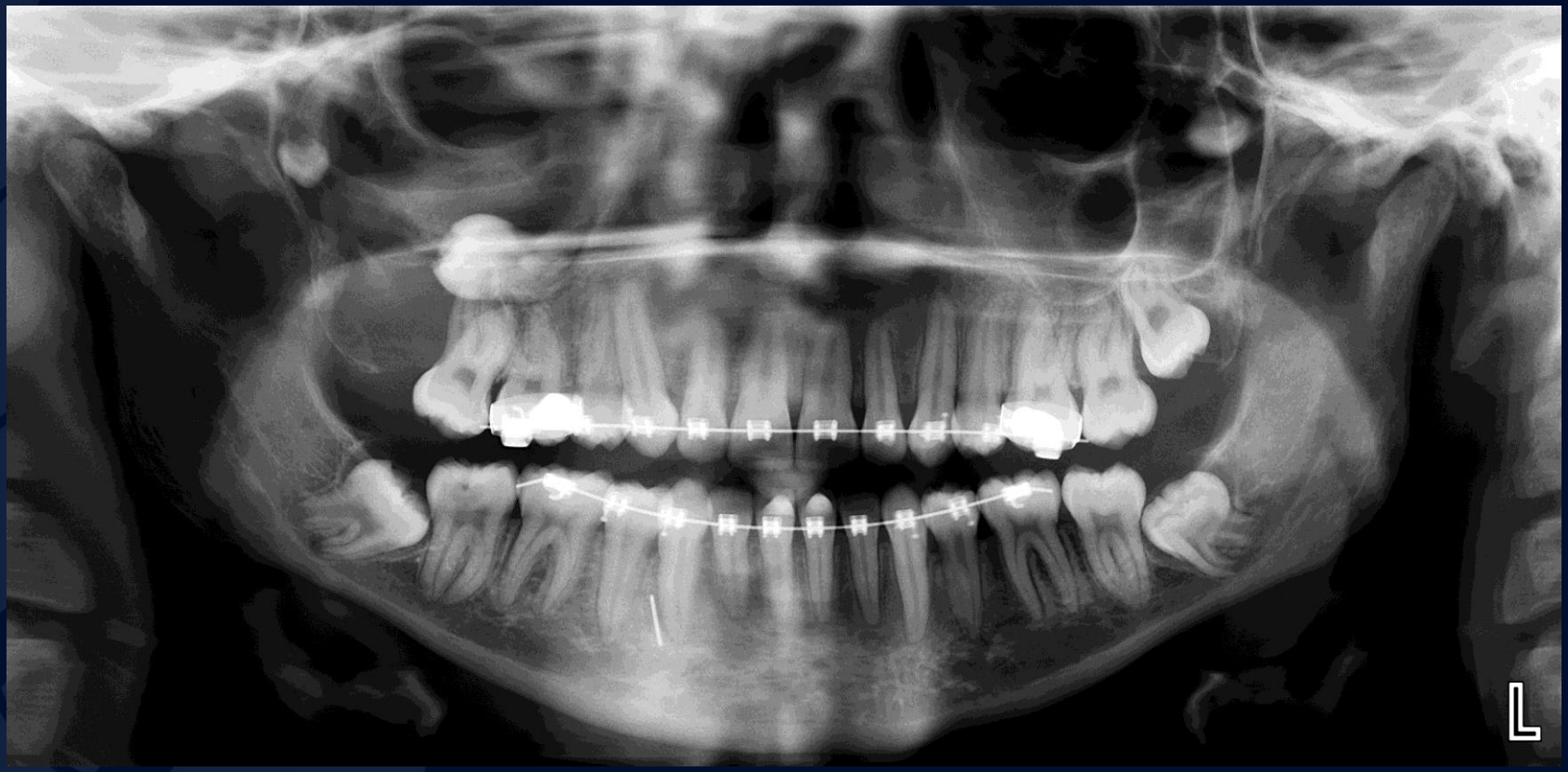

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Description: Critical Features

- Expansile, radiolucent lesion in right posterior maxilla.
- Marked displacement of third and fourth molars (teeth 1 and 1A)
- Floor of maxillary sinus not visible
- Expanded alveolar crest in tuberosity region with possible discontinuity immediately distal to crown of tooth #2

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Differential Diagnosis

- Odontogenic Keratocyst (OKC; aka Keratocystic Odontogenic Tumor – KOT)
- Dentigerous Cyst
- Other odontogenic tumor or cyst

- Final Diagnosis – Odontogenic Keratocyst

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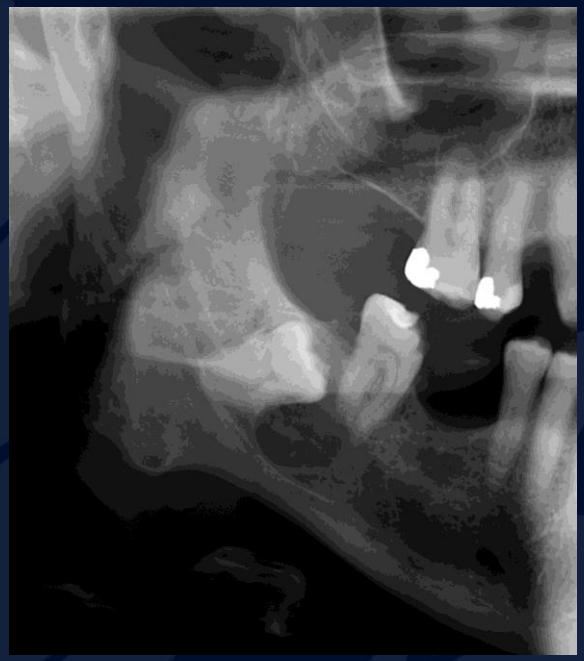
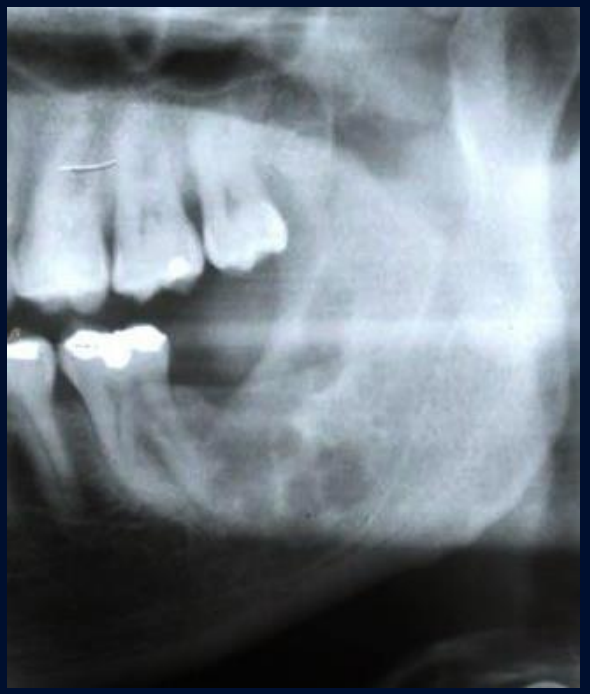
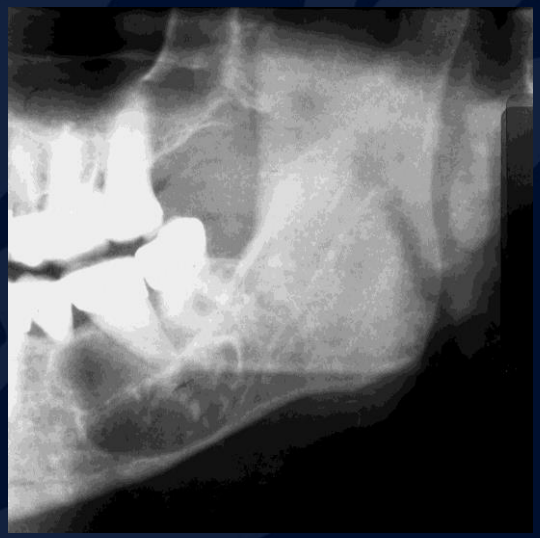


32 WM



Recurrent
61 SM



Calcifications

Other OKCs – variable appearances
High rate of recurrence due to satellite lesions outside of periphery of the primary lesion

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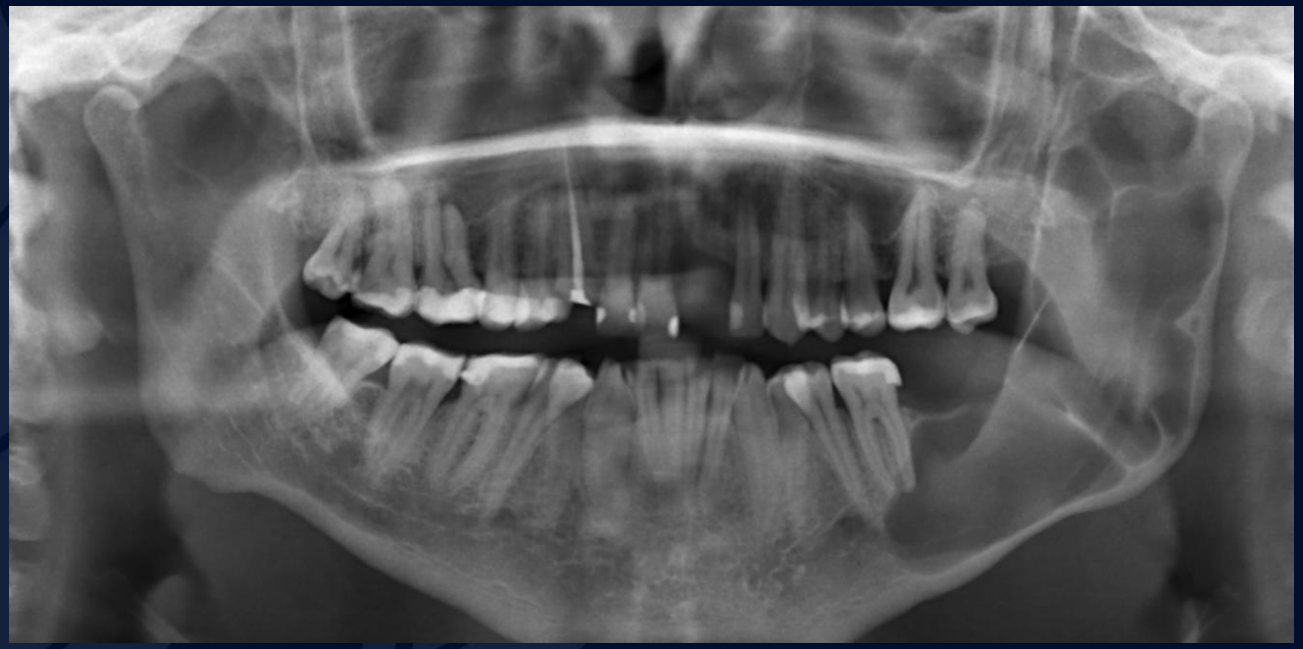
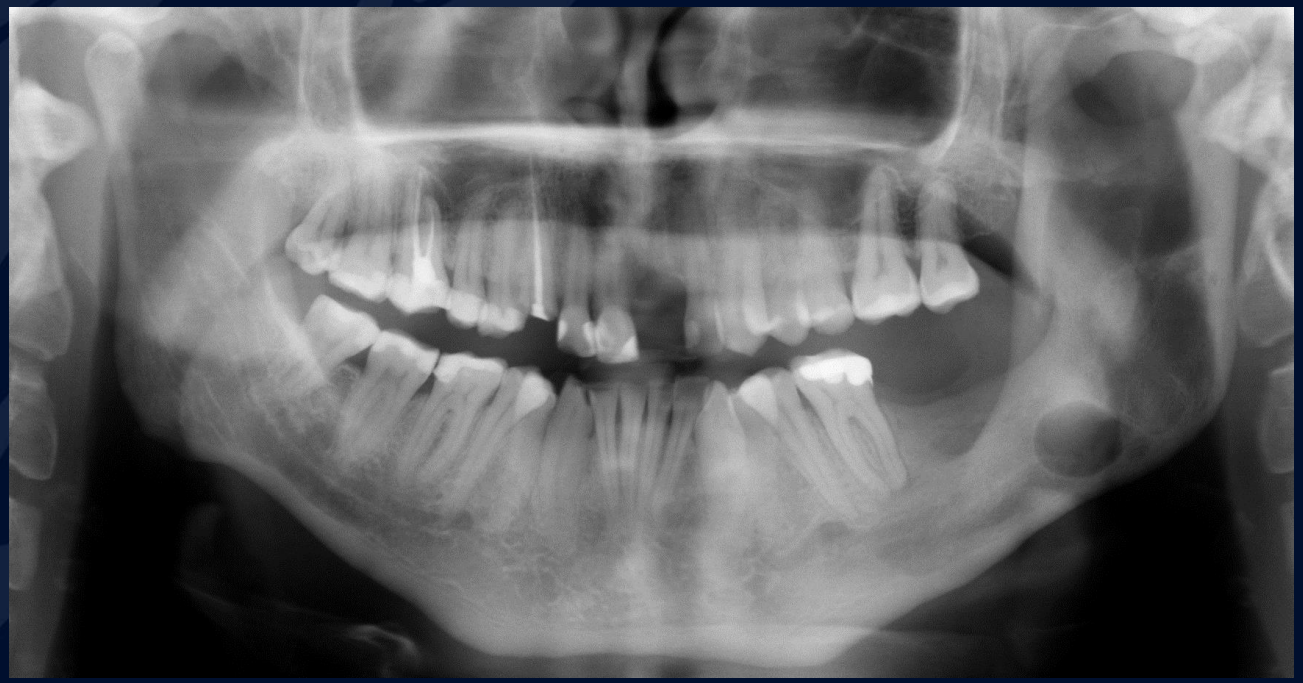


35 HM



1 year post marsupialization

Persistent lesion above antegonial notch

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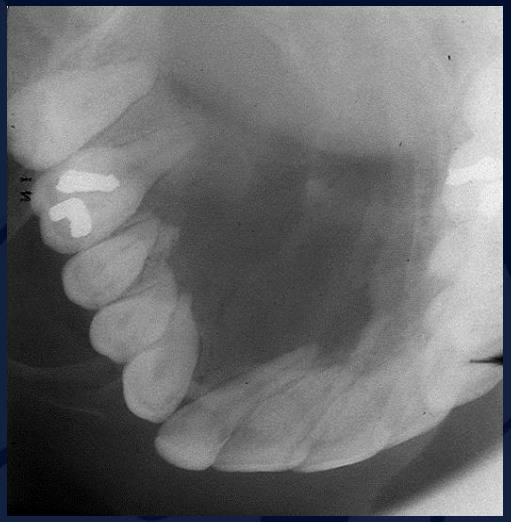

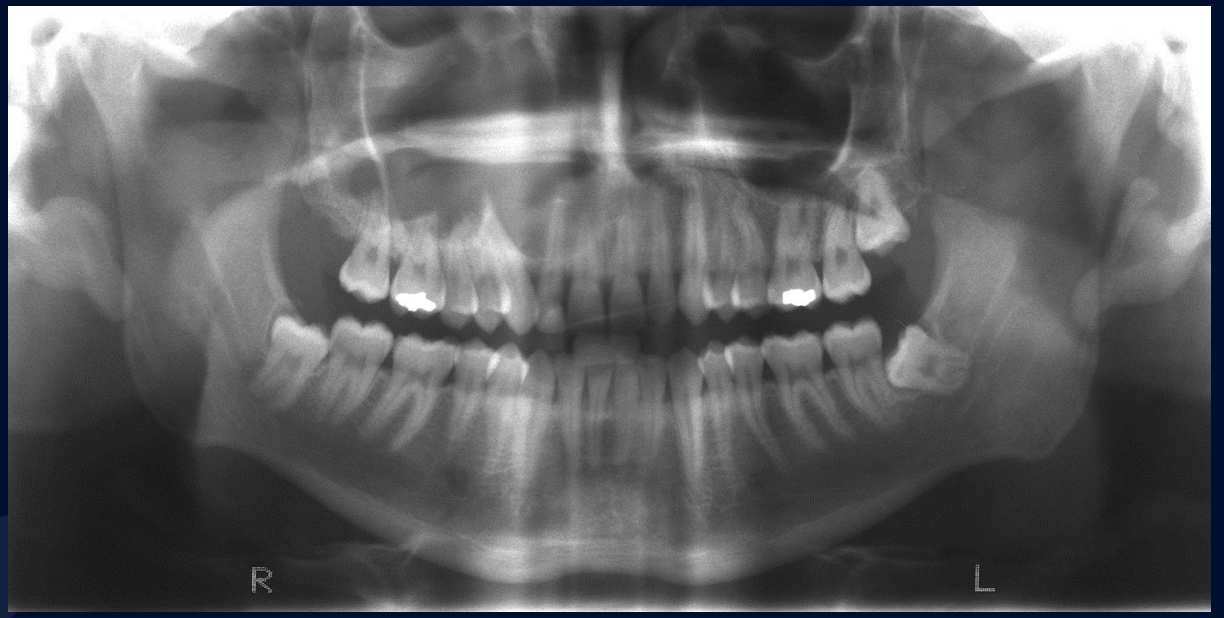

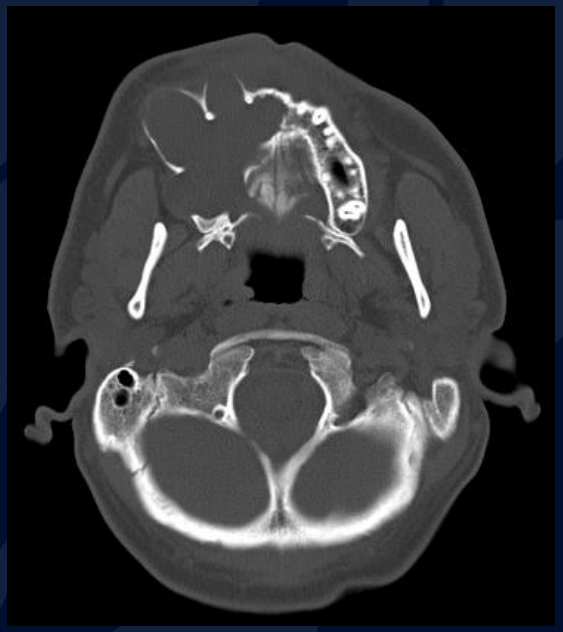

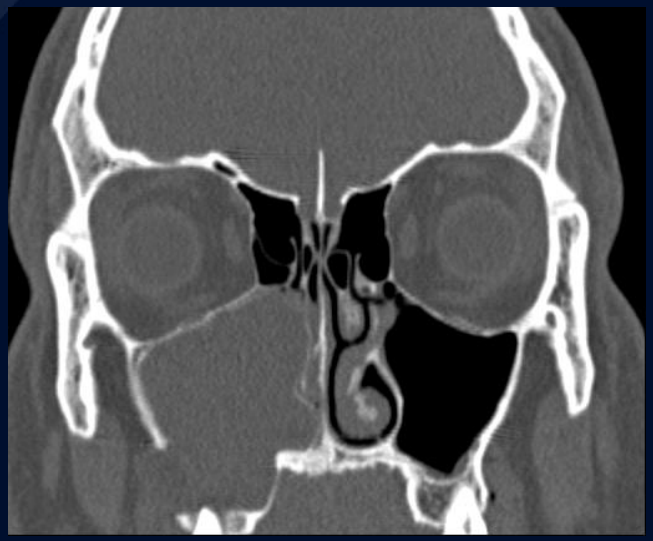

Maxillary lesions less common, but can be quite aggressive.

Note elevated orbital floor “double” sinus margins, buccal expansion and perforation

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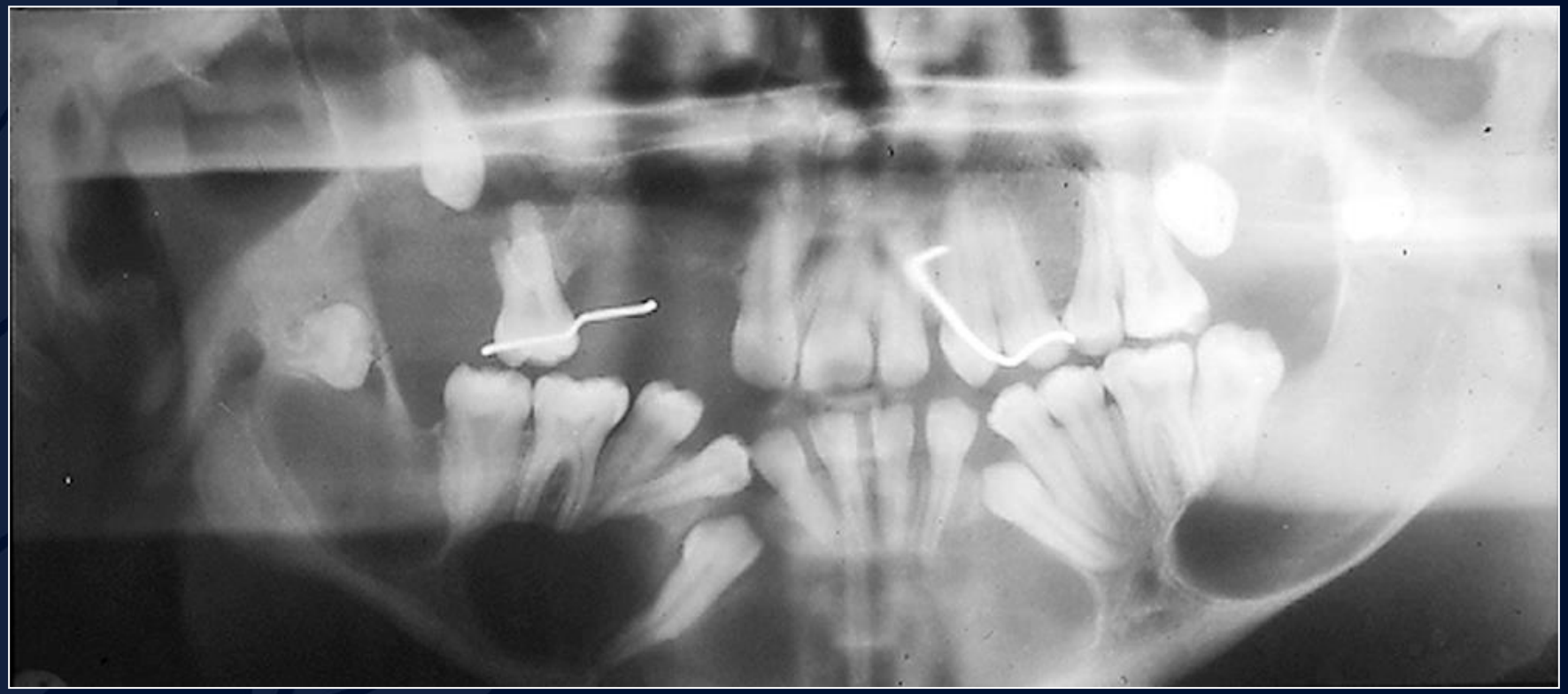

Multiple lesions, and relentless appearance of new lesions, always termed KOT, are a major feature of Gorlin-Goltz Syndrome (Nevoid basal cell carcinoma syndrome, basal cell nevus syndrome). Bifid ribs, intracranial calcifications, numerous basal cell nevi, which can transform to basal cell CA complete the gamut.

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References

- MacDonald-Jankowski, DS, Keratocystic odontogenic tumour: systematic review. Dentomaxillofacial Radiology, 40:1-23, 2011.
- Berge, TI et al, Pattern of recurrence of nonsyndromic keratocystic odontogenic tumors. OOOO, 122:10-16, 2016.
- Thurston, M and Singe, G et al, Gorlin-Goltz syndrome. Radiopaedia

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