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
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
Differential Diagnosis

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

- Final Diagnosis – Odontogenic Keratocyst
Recurrent
61 SM

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

Calcifications

32 WM
1 year post marsupialization

Persistent lesion above antegonial notch
Maxillary lesions less common, but can be quite aggressive.

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


• Thurston, M and Singe, G et al, Gorlin-Goltz syndrome. Radiopaedia