Enucleation of Odontogenic Cyst with Bone Graft

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ABSTRACT: Periapical cyst originates from an inflammatory reaction in the body that occurs due to a long-term endodontic aggression. It is more prevalent in caucasian male, during the third decade of life, in the anterior portion of the maxilla. They are commonly radiographic findings, due to their asymptomatic aspect. This study reports a Periapical Cyst in the portion corresponding to teeth 21, 22 and 23, which was treated by enucleation of the cyst, apicoectomy and retrograde root filling with Mineral trioxide aggregate (M.T.A) of teeth 21 and 22, filling of the cyst cavity with xenogeneic bone graft Gen-Ox and a collagen membrane Gen-Derm. Observations after three months show good and rapid bone regeneration, periodontal and periapical health of the teeth involved.

KEY WORDS: odontogenic cyst, bone graft, periapical cyst.

INTRODUCTION


Radiographs routinely identify the cyst due to the absence of symptoms in most cases. In large cysts extension, observe swelling, asymmetry, fistula, mobility and dental displacement (Vasconcelos et al., 2012). Prevalent in previous jaw region (Araújo et al., 2013), are presented radiographically as radiolucent lesion, unilocular, ovoid or circular shape bounded well radiolucent in size halo and varies in each case (Pereira, 2013).

Treatment to odontogenic cyst and a topic much discussed in the literature. As Treatment Methods: conservative endodontic treatment, enucleation, marsupialization, decompression and extraction. Most cases presents interaction between OS treatments. The choice deelv therapy Take into account the age and circumstances of the patient, location of the injury SIZE and structures Involvement Anatomical so cause possible minor damage at the same.

This report presents the Treatment of periapical odontogenic cyst jaw in the area of elements 21, 22 and 23, with enucleation, apicoectomy and retrofilling to 21:22 with MTA, filling the cavity with bone graft Gen-Ox and covered with collagen membrane Gen-Derm. The therapy was developed because of the physical and psychological conditions of the patient, not even being the developer and holder of rheumatic disease with limited deit movements. In order to assess the outcome and characteristics acquired with the literature of different treatments.

CASE REPORT

Patient, male, 61, leucoderma. In anamnesis Chronic rheumatic disease with limited right hand drive. Without symptoms and painful complaints in the maxilla. If the clinical examination noted slight swelling in the buccal bone plate in the region of the elements 21, 22 and 23 and palate region correspondent.

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In the panoramic radiography observed if radiolucent lesion, well defined unilocular and well defined in the root tips of the elements 21,22 with endodontic treatments carried out previously. In tomography injury showed 13.79 mm high and 10.92 mm in the vestibule-palatal direction with buccal bone plate breaking. Laboratory tests showed no comorbidities.

In preoperative, one hour prior to surgery, were given two pills of dexamethasone 4mg and four pills of amoxicillin 500 mg. Regional anesthesia for lock, infiltrative terminal and subperiostal on the palate with articaine 4% with epinephrine 1: 100,000.

Held retail Novak-Peter, with relaxing incisions in mesial and distal 21 to 23. Detachment mucoperiostal retail and later ostectomies with drill 702 and assisted irrigation saline. Cystic enucleation and curettage of the store (Fig. 1). The capsule was sent to the pathology laboratory for histopathological analysis in 10 % formalin, with conclusive report of odontogenic cyst. The endodontic surgery began with scraping of the roots of 21:22 and cleaning of inter-root spaces. Later apicoectomy removing 3 mm apical. It was held retrofilling on element 23, as the apical third of this tooth was not involved in the injury. The retro-preparations were performed with P1M tip ultrasound device and retrofilling with endodontic cement MTA (Figs. 2 to 4).

Was part of Gen-Ox in the cavity with blood promoted in cystic store. The Gen-Derm membrane was cut in shape and size compatible covering the surgical cavity. Repositioning and suturing the flap with nylon thread 4-0 (Figs. 5 and 6).

Post-surgery with medical therapy Dipyrone Sodium 500 mg of 6 in 6 hours for 2 days and Ibuprofen 600 mg every 12 hours for 3 days and post-surgical guidance. After one week was removed sutures with excellent cleaning and scarring with no signs and symptoms of inflammation or infection.
After three months, tomography was performed and radiography control observing good bone regeneration, fill the cavity with bone grafting, periodontal health of teeth, sealed apical thirds and no infectious relapse signal. The patient remains in follow-up.

Enucleation of therapeutic, retrofilling and bone graft was determined because of the difficulty of hand movements and patient behavior. The treatment by decompression require irrigation of the surgical cavity with physiological saline three times daily and accurate oral hygiene. In the absence or difficulty of them, the infection was a complication possibly observed.

Decompression promotes discomfort with the use and daily care of the drains. In addition to pain, difficulty in cleaning, time consuming and result commitment of local anatomical structures (Pereira). In this case, the drain on the vestibular region locate the elements 21 and 22 working against the aesthetic and well being of the patient. Cystic enucleation is recommended for minor injuries and where there is no proximity to noble anatomical structures. This technique promotes complete removal of the lesion, preventing future recurrences (Pereira), in addition to achieving the histopathological study altogether. It is a definite need for further treatment without surgical intervention.

The paraendodontic surgery is indicated when there is failure of root canal treatment already done and in cases of persistent periapical lesions with cystic characteristics (Lodi et al., 2008). The non-surgical treatment for endodontic cyst require several months to follow, the switching delay of wound dressing to reduce injury and promote bone formation (Valois & Costa-Júnior), this time feasible by the patient.

The sealing of root canals provided by endodontic surgery, prevents micro-organisms and their endotoxins acometam the periapical tissues avoiding the recurrence of the lesion (Lodi et al.). The MTA is the material of choice in retro-obrurações because their sealing properties, biocompatibility and sealing; not being cytotoxic to tissue adjacent promotes bone regeneration (Teruya, 2007).

The injured bone tissue has regenerative capacity and repair, however, depending on the defect size, does not regenerate completely. The chosen biomaterial must be biocompatible, osteoinductive, osteoconductive, osteogenic, easily obtained, economic, among others. However no known biomaterial has all the requisite characteristics (Fardin et al., 2010).
The autograft adapts more to these characteristics, but the disadvantages such as the need for donor area, potential absorption and difficulty in adapting the receiving area, prevents that choice just in case. The xenogeneic graft was chosen because it reduces postoperative morbidity requiring no other surgical site (Fardin et al.).

Gen-Ox is an osteoconductive inorganic matrix of cancellous bovine cancellous bone structure and features similar to human bone. Your component is the natural hydroxyapatite of high purity. Used to cover bone defects, for anchoring implants, periodontal bone lesions and periradicular surgery.

Your bone healing time is between 7-9 months as has slow absorption. For be osteoconductive, Gen-Ox Inorganic allows new bone apposition on its surface, requiring the presence of pre-existing bone tissue as a source of osteoprogenitor cells (Fardin et al.).

The collagen membrane is essential for tissue regeneration guide. Gen-Derm is a resorbable membrane of bovine cortical bone. Used as a natural biological barrier and osteoprotetora, preventing intussusception not osteogenic cells in areas of bone grafting. It is reabsorbed after 45 days and does not require another surgical procedure for removal.

Three months after the surgery in tomography and radiography panoramic control, obses if entire cavity filled and bone regeneration, periodontal tissues of health and no sign and symptom recurrence.

CONCLUSION

The enucleation retrofilling and promotes bone graft in one session, total removal of the lesion and causes to fill the cavity. Observed quick result with bone formation, sealing the apex, periodontal health of teeth and no sign and symptom recurrence.

REFERENCES


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PALABRAS CLAVE: quiste odontogéneo, injerto óseo, quiste periapical.

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