A RARE KLESTADT'S CYST

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ABSTRACT

BACKGROUND

Nasolabial cyst is a rare, non-odontogenic cyst. It occurs from the maxillofacial soft tissue. It was first described by Zuckerkandl[(1)] in 1882. It is mainly seen in the nasolabial crease. It is a rare tumour, which is slowly progressive in nature. In this paper, we report a rare case of nasolabial cyst presented with a swelling in the right alar crease.

KEYWORDS

Nasolabial Cyst, Jaw Cysts, Lateral Rhinotomy.

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BACKGROUND

Jaw cysts[(2)] are the cysts seen in the jaw bones. The bones of the jaws, the mandible and maxilla, are the bones with the highest prevalence of cysts in the human body. This is due to the abundant amount of epithelial remnants that persists in the bone after tooth formation. It is divided into odontogenic and non-odontogenic. In these cysts, the epithelial lining is derived from sources other than those involved in tooth development. Nasolabial cyst is a rare non-odontogenic cyst arising from maxillofacial soft tissue. It was first described by Zuckerkandl in 1882. Incidence of the cyst is 0.7% in overall maxillofacial cysts; 90% unilateral and 10% bilateral. Also known as nasoalveolar cyst, fissural cyst,[(3)] epithelial inclusion cyst and Klestadt's cyst. Two main theories are proposed, one states that nasolabial cyst arises from entrapped nasolacrimal tissue, other states that nasolabial cysts are embryonal fissural cysts.

CASE REPORT

A 58 years old female presented with a swelling in the (R) cheek for 2 months which was painless, gradual in onset and progressive in nature. Examination showed single 3 * 2 cms ovoid, smooth swelling in the upper part of (R) nasolabial fold with normal skin over the swelling. The swelling was mild, tender, firm in consistency and mobile in horizontal plane. She was managed conservatively with needle aspiration of pus from the abscess, which was sent for culture.

Patient was hypertensive and was on anti-hypertensive for last 8 years.

His general physical examination and systemic examination including lymph node assessment was within normal limits.

On local examination of nose showed raised right ala of nose, vestibule and columella normal, anterior rhinoscopy and posterior rhinoscopy were WNL.

Examination of eyes showed vision and all extraocular muscles WNL.

Examination of Ear, Throat, Head and Neck were WNL.

DNE showed normal.

Aspiration of the swelling showed 2.5 mL of straw coloured clear fluid.

Routine blood investigation results were WNL.

CT scan PNS (contrast) showed abnormal 2.1 x 1.7 x 2.2 cm size soft tissue density noted in the right lateral nasal wall near the nasal vestibule on the right side, posteriorly abutting the maxillary bone with adjacent scalloping. On contrast, there is no significant enhancement. Most likely benign lesion.

HPE revealed Nasolabial Cyst

Patient underwent total excision of the mass through Lateral Rhinotomy approach under GA.

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DISCUSSION

The bones of the jaws, the mandible and maxilla, are the bones with the highest prevalence of cysts in the human body. This is due to the abundant amount of epithelial remnants that persists in the bone after tooth formation. Jaw cyst is divided into odontogenic and non-odontogenic. Nasolabial cyst is a non-odontogenic cyst. Common in females (3:1) in fifth decade, which is a slowly enlarging asymptomatic swelling seen on the nasolabial fold and projection of upper lip and ala which is non-tender, fluctuant and mobile with pain and nasal obstruction a rare feature usually lined by non-ciliated pseudostratified columnar epithelium[4] with some goblet cells. These goblet cells are responsible for collection of straw coloured fluid inside the cyst. In long-standing cases, the cyst wall may contain fibrous tissue. The presence of this fibrous tissue in the cyst capsule will facilitate complete enucleation[5] of the cyst during surgery

POST-OP DAY-2

POST-OP DAY-10

AFTER 1 MONTH

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