Definition Cyst is a pathological cavity lined by epithelium and containing fluid or semi fluid material. Displacement of teeth, with facial asymmetry is common. Cystic content: keratin, yellowish or dirty white material similar to pus without offensive odor. Radiographic features: multilocular, radiolucent area with typical "soap - bubble appearance" scalloping border. Histopathological features: Parakeratinized odontogenic cyst? Cystic cavity lined by keratinized stratified odontogenic epithelium, with no rete peg? basal epithelial layer is made up of tall, columnar cells, 6-10 cells in thickness, showing palisading arrangement (tombstone) o Epithelium is thin, folded and loosely attached to the underlying connective tissue. ? Mitotic activity is frequent. ? Keratin shows remnants of nuclei (parakeratinized). Histopathologic Features Surface corrugated with a parakeratotic surface thin, regular , continuous layer of st . sq . ep . 6-8 cells thick & smooth b.m. Histopathological features : ? The WHO : parakeratinizing keratocyst the keratocystic odontogenic tumor cystic lumen shows a corrugated (uneven) appearance and contains keratin connective tissue stroma is thin, few inflammatory cells. -Connective tissue wall shows small islands of epithelium similar to the lining epithelium (daughter or satellite cysts). Ortho - keratinized primordial cyst Less common than parakeratinized type (15 %) Less aggressive o Lower recurrence rate The surface is smooth (non - corrugated) Subsurface layer of granular cells o Basal cell less prominent recurrence rate is very high (due to the presence of daughter cysts, the loose attachment between epithelium and connective tissue; and the high mitotic activity) OKC has been found to be associated with nevoid basal cell carcinoma syndrome. Dentigerous Cyst (Follicular Cyst): ? Cyst that encloses the crown of an impacted tooth at its neck portion. o arises due to fluid accumulation between reduced enamel epithelium and enamel surface resulting in a cyst in which the crown is located within the lumen. Enlargement is slower than periodontal or primordial cyst due to lower mitotic index = number of mitosis per length of epithelium). Dentigerous Cyst (Follicular Cyst): Radiological features: ? well defined , unilocular , radiolucent area , enclosing the crown of an impacted tooth, and the periphery of the lesion is bordered by a radiopaque margin. Radiological types seen are: central, lateral and circumferential types. Histopathological Features: Presence of cystic cavity, lined by a thin layer of odontogenic epithelium, supported by a connective tissue stroma. cystic epithelial cells are usually flat or cuboidal, epithelium is nonkeratinized. o Mucous cells may be seen within the lining epithelium. Complications of dentigerous cyst Jaw fracture Can give rise to ameloblastoma Malignant transformation into mucopeidermoid or squamous cell carcinoma. Eruption cyst Superficial dentigerous cyst. A soft tissue cyst that arise from enamel organ epithelium after enamel formation . Age : children o Site : unerupted deciduous teeth or permanent molar Appearance : soft round bluish swelling X - ray: negative. Keratinizing and / or calcifying epithelial odontogenic cyst (Gorlin cyst) o It is a relatively uncommon odontogenic cystic lesion of the jaw bones . ? There are three variants of this: Solid, cystic, neoplastic o (75 % of cysts are intraosseous, 25 % extraosseous) Clinical features: The cyst develops in the second decade of age; occurring in the anterior part of maxilla and mandible. Bony, hard swelling of the jaw with expansion and distortion of cortical plates and displacement of regional teeth .KCOC Radiological features: - Shows a unilocular or multilocular radiolucent area with a well - corticated margin . o - Multiple , small , radiopaque calcified foci , of varying radiodensity are found .KCOC Histopathological features: ? - A cystic cavity lined by an

odontogenic, keratinized epithelium; the cells are columnar or cuboidal showing a palisading arrangement. -Basal cell nuclei are darkly stained and polarized away from basement membrane -Above the basal layer, there is a layer of loosely arranged epithelial cells resembling the stellate reticulum cells Some epithelial cells may proliferate to fill the cystic lumen lumen, giving the cyst the picture of a solid neoplasm. Cystic epithelium shows the presence of many "ghost cells "Ghost cells : a) swollen, have hyaline eosinophilic cytoplasm, ill defined outline, their nuclei undergo karyolysis b) may become keratinized or calcified Irregular eosinophilic masses of dentinoid matrix are seen within the epithelium Calcified bodies: multiple, small, basophilic, seen within the epithelial lining of the cyst . Toxins exit from apex Periapical inflammation, apical periodontitis, periapical granuloma Stimulation (inflammatory hyperplasia) of epithelial rests of Malassez Epithelial mass increases in size and its central area undergoes liquefaction necrosis caused by a lack of blood supply This creates an epithelial lined cavity filled with fluid, i.e. Granuloma become a cyst. Mechanism of cyst enlargement IClassification of Cysts Shear's Classification: Cysts of the jaws: A. Epithelium: odontogenic: developmental: Primordial, Gingival cyats of Infants, Gingival cysts of adulte, Lateral periodontal, Dentigorous, Eruption cysts ,Calcifying odontogenic cyst .*inflammation: radical , reaidual , paradental cyst .ODONTOGENIC CYSTS : These are cysts in which the epithelial lining of the lumen is derived from epithelial rests of tooth forming tissue, such as: a- Epithelial rests of Malassez b- Reduced enamel epithelium c - Remnants of dental lamina (epithelial rests of Serres). Inflammatory periapical cyst(radicular cyst): Clinical features -Smaller lesions are asymptomatic -Larger cysts produce slow, enlarging, bony hard swelling of the jaw, expansion and distortion of cortical plates .3. Cysts of soft tissues of mouth, face and neck: Dermoid and epider- mold cyst ,Branchial cyst ,Thyroglossal duct cyst, Cystic hygroms Cysts of salivary glands ,Parnaitic / hydatid cysts.2 – osmotic pressure within the cyst becomes higher than hydrostatic pressure, causing fluid transport across the epithelial lining and C.T., from outside to inside the cystic cavity 3- Cystic growth will stimulate osteoclatic activity & bone resorption 4- Inflammatory mediators (prostaglandin) stimulate bone resorption a small cystic cavity, lined by non keratinized stratified squamous epithelium, 1-5 cell layers thick (resembles reduced enamel epithelium) with focal thickenings. The Botryoid odontogenic cyst is a polycystic variant of the lateral periodontal cyst, resembling a cluster of grapes. Clinical features: ?2.1.??