



DMDI NEWS

dental & medical diagnostic imaging

A Centre of Excellence



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Odontogenic Keratocyst

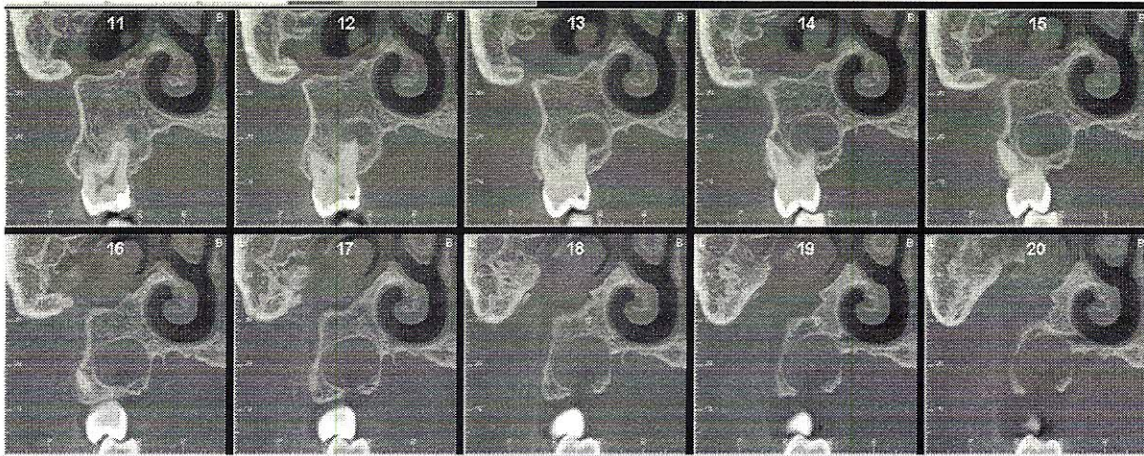


Fig 1. Patient with a history of prior OKC enucleation in the right posterior maxilla. These coronal views from the CBCT scan show a cyst-like lesion in the floor of the right maxillary sinus. This most likely represents a recurrent OKC.

What is an Odontogenic Keratocyst (OKC)?

- It is an odontogenic cyst derived from remnants of the dental lamina
- Appears as uni- or multi-locular radiolucencies on medical imaging
- An OKC may cause jaw expansion
- Has a thin cyst lining
- Can have a high recurrence rate following surgery due to the presence of satellite cysts deep to the cyst lining
- Requires thorough surgical removal to reduce chance of recurrence
- Requires regular and long term clinical and radiographic reviews with an oral and maxillofacial surgeon to monitor for recurrence

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If you require a referral pad you can write to us at referral@dmdi.com.au
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If you wish to speak with our radiographer, please call 03 9889 1771.

Location - Unit 9 1175 Toorak Road Camberwell Victoria 3124

Gorlin-Goltz Syndrome (also known as nevoid basal cell carcinoma syndrome, basal cell nevus syndrome, multiple basal cell carcinoma syndrome)

Gorlin Goltz Syndrome is an inherited condition which involves abnormalities of the skin, eyes, nervous system, endocrine glands, and bones.

Clinical manifestations include

- Multiple recurrent basal cell carcinomas mainly of the skin of the face, back and chest.
- **Multiple odontogenic keratocysts of the jaws.**
- Hyperkeratosis of the palms and soles.
- Skeletal abnormalities (eg rib shape changes).
- Intracranial ectopic calcifications such as calcifications of the falx cerebri.
- Facial dysmorphism such as frontal bossing, hypertelorism and prognathic mandible.

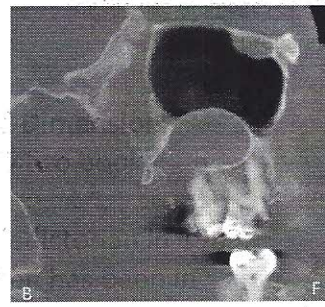
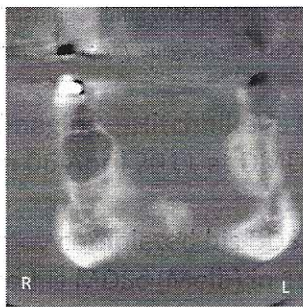


Fig 2 and 3 - Patient with **Gorlin Goltz Syndrome** and who, over the previous ten years, had undergone a number of OKC enucleation procedures. These CBCT images were taken for screening purposes. These images show two cyst-like lesions which are strongly suggestive of recurrence - one in the body of the right mandible and the other in the posterior left maxilla. Histopathology after enucleation will establish a definitive diagnosis.

CBCT (Morita Accuitomo A170) is an accurate and effective way to monitor this type of facial anomaly. It's low dose and high resolution imaging, along with patient comfort, provide accurate information for any surgical workup or screening.

DMDI would like to acknowledge and thank

Mr Michael Schenberg, Oral and Maxillofacial Surgeon, for the use of images of his patients, and for assistance in the preparation of this article

“Diagnostic Imaging—Hitchhiker’s Guide to the 3rd Dimension”

PD session on 06 April 2011 at DMDI— call 9889 1771 to book.

Dr Alex Yusupov completed his BSc (Melb) as a valedictorian in 1989. He completed his MSc (Melb) in 1992 and since then has been in specialist private practice.

He specialises in adult and multidisciplinary treatments and has lectured extensively on complex treatment planning, adult orthodontics, orthodontic-periodontic interface, and orthodontic-restorative dilemmas.

Dr Yusupov strives for excellence in finishing. Treatment planning relies on excellent diagnostic records. His talk will focus on the use of 3D cone beam imaging in diagnosis and management of eruption problems in young patients and also how 3D cone beam imaging assists in complex, multidisciplinary treatments.

He welcomes referrals and enquiries to 9525 8666.

