

A Rare Case of Bilateral Nasolabial Cyst

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Abstract

Nasolabial cyst is a rare non odontogenic developmental cyst originating in the nasolabial region. Nasolabial cyst accounts for about 0.7% of all cysts in the maxilla-facial region and 2.5% of non-odontogenic cyst. It usually presents as painless swelling in the nasolabial fold causing alar nose elevation and upper lip projection and nasal obstruction. Clinical suspicion and NCCT face and PNS aid in diagnosis. Intraoral sublabial resection of nasolabial cysts is considered the standard treatment modality.

Key Words: Nasolabial cyst, non-odontogenic cyst

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I. Introduction

Nasolabial cyst is a rare non-odontogenic developmental cyst which originates in the nasolabial region.(1) It accounts for about 0.7% of all the cysts in the maxillofacial region and 2.5% of non-odontogenic cyst.(2)It is common in females than males in a ratio of 6.5:1 and mostly extraosseous in occurrence.(3)

There are two hypotheses regarding the pathogenesis of nasolabial cyst. According to first hypothesis, the cyst is derived from epithelial cells retained in the mesenchyme after fusion of medial and lateral nasal processes at approximately 4th week of intrauterine life. The second hypothesis suggests the persistence of epithelial remnants from the nasolacrimal duct extending between the lateral nasal process and maxillary prominence.(4)

Clinically patients present with a painless swelling in the nasolabial fold, which is slowly progressive causing elevation of alar part of nose and upper lip and nasal obstruction. On palpation it is soft fluctuant in consistency. Sometimes this can become painful if the cyst becomes infected.

II. Case Report

A 48 year old female named Jhansi residing at Rajampeta came to ENT OPD with chief complaints of swollen right nasal alar base noticed since 3 months which is insidious in onset & gradually progressive and later developed nasal obstruction. On examination there is a raised nasal alar base noted on both sides along with projection of upper lip. On NCCT face and PNS a well described oval lesion is seen at both alar bases. Patient was planned for excision of the cyst under general anesthesia by sub labial approach. Patient was prepared for surgery and lied in supine position, infiltration with 1% xylocaine with 1 in 100000 adrenaline dilution give submucosally at the incision site. Incision is given over upper gingivolabial sulcus just below the pyriform aperture, and the tissues were dissected gently until the smooth cystic lesion was exposed. Then the cyst was separated and removed from underlying bone and surrounding soft tissues in total. Incision was closed with 3.0 vicryl. Postoperative course was uneventful, and patient was discharged on postoperative day 2.



Figure 1: clinical picture of bilateral nasolabial cyst Figure 2 : NCCT showing nasolabial cyst



Figure 3-a,b,c: intraoperative image of excision of nasolabial cyst

III. Discussion

Nasolabial cysts represent about 0.7 percent of all cysts in the maxillofacial region and 2.5 percent of non-odontogenic cysts. (2) When they occur generally cause nasal obstruction and esthetic problems. Differential diagnosis for nasolabial cyst are odontogenic lesions such as canine space abscess, follicular, periodontal and residual cysts and salivary glands neoplasm. Infected nasolabial cyst may be mistaken for furuncle of the nasal vestibular floor. The cyst consists of respiratory epithelium, (pseudo stratified ciliated cylindrical or stratified ciliated cylindrical with goblet cells). (5) Squamous metaplasia may occur in infected cyst. (6) Injection of sclerotic substances, endoscopic/open marsupialization and surgical removal are available options for nasolabial cysts. (7)

IV. Conclusion

This report has presented classic clinical features and histological findings suggestive of nasolabial cyst. This lesion should always be kept considered in the differential diagnosis of soft tissues swelling in nasal alar region. It is necessary to be careful because nasolabial cyst can show bilateral occurrence. After conservative surgical excision, recurrence is rare.

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