Inflammatory Antral Pseudocyst: A Case Report.

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Abstract

Antral pseudocysts are dome-shaped shadows (in radiographs) on the floor of the maxillary sinus and are discovered on routine panoramic radiography. Awareness of the apt nomenclature and correlation with clinical and radiographic and if necessary, histological features will result in a correct diagnosis.

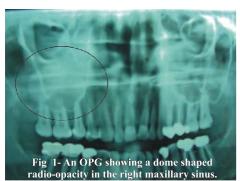
Case Report

A 25 year old female visited the dental clinic for a routine checkup. Intraoral examination revealed incomplete dental treatment with no symptoms of pain. An OPG was advised to review and complete the dental treatment.

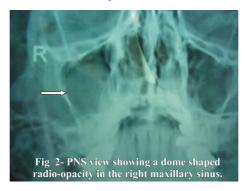
Clinical & Radiologic Examination

The patient's vital signs were within normal limits. Examination of the head and neck revealed no enlarged or palpable lymph nodes. Soft tissue examination did not reveal any unusual findings, but the dental examination revealed proximal fillings in 14, 15, 16, but no pain on percussion. Mandibular premolar required re-treatment with root canal filling.

Radiographic examination revealed a large smooth, dome shaped, homogenous mass projecting from the floor of the right maxillary sinus and completely occupying



it. (fig 1). The teeth on the right side were tested for vitality and were found to be vital. Another PNS Water's view (fig 2) was taken which showed the right maxillary sinus to be full with the hazy mass.



Differential diagnosis

A differential diagnosis of chronic maxillary sinusitis, a periapical abscess involving the maxillary sinus and an antral pseudocyst was made.²

Diagnosis

On the basis of lack of complaints in history, clinical and radiological findings a diagnosis of inflammatory antral psuedocyst³ was confirmed.

Treatment

Mostly asymptomatic hence no treatment is required. Aspiration biopsy can be done for confirmation.

Discussion

Antral pseudocysts are common findings on panoramic radiographs. They appear as dome-shaped, faintly radio-opaque lesions arising from the floor of the antrum. Their occurrence is due to the accumulation of an inflammatory exudate (serum) in the sub-periosteal region on the floor of the sinus. The exudate collects under the sinus mucosa resulting in a sessile

elevation. It is surrounded by connective tissue and the epithelial lining is superior to the fluid. Possible source of infection could have been from an adjacent odontogenic infection or a primary irritation of the sinus lining following rhinitis.⁴

References

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