

Nasolabial cyst: a rare case of non-odontogenic developmental cyst

Nikhil Bansal^{1*}, Rudraksh Gupta¹, M. C. Baberwal², Hemant Kumar Mishra³

¹Resident, ²Professor, ³Professor and HOD, Department of Radio Diagnosis, Mahatma Gandhi University of Medical Sciences and Technology, Jaipur, Rajasthan, INDIA.

Email: nikhil.op.bansal@gmail.com

Abstract

Nasolabial cyst is a rare benign, non-odontogenic, soft-tissue cyst occurring in the sublabial and anterior maxillary region. A 34 year old female presented with soft mass in the right nasolabial area which was gradually increasing in size and having a history of long-standing breathing difficulty due to nasal congestion. The treatment can be made by surgical excision, injection of sclerosing materials in the cyst, and endoscopic marsupialization methods. There is no tendency for recurrence if it was removed completely. Malignant transformation is rare.

Keywords: Nasolabial cyst.

*Address for Correspondence:

Dr. Nikhil Bansal, Resident, Department of Radio Diagnosis, Mahatma Gandhi University of Medical Sciences and Technology, Jaipur, Rajasthan, INDIA.

Email: nikhil.op.bansal@gmail.com

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Majority of them are unilateral but there are few cases bilateral presentation reported. Mostly the cases are presented as asymptomatic swelling which gradually increases in size, pain can occur if the cyst becomes infected.³

CASE REPORT

A 34 year old female presented with soft mass in the right nasolabial area which was gradually increasing in size and having a history of long-standing breathing difficulty due to nasal congestion. On physical examination his upper lip was protuberant with lateral displacement of the nasal ala. The floor of both nasal vestibules was elevated, which produced narrowing of the anterior airway to one third its expected diameter. The swollen area was palpated intraorally, it was soft and nontender. The floor of nose was swollen and narrowed by a mass from the inferior side. Findings on blood and serum biochemistry were within normal limits. The CT scan revealed a nonodontogenic cyst in nasolabial area. The nasolabial cyst was excised and histopathological examination revealed nasolabial cyst.

INTRODUCTION

Nasolabial cyst is a rare benign, non-odontogenic, soft-tissue cyst occurring in the sublabial and anterior maxillary region. The name is given by Rao, which is most commonly used. It is also known by various other names like nasoalveolar cyst, nasal vestibular cyst, Klestadt's cyst and muroid cyst.¹ It is thrice more common in females, in fourth-fifth decades of life. Nasolabial cysts are seen in eastern peoples. Exact etiopathogenesis is unknown but there are multiple theories regarding its origin but because of lack of evidence to support them none of them is accepted.²

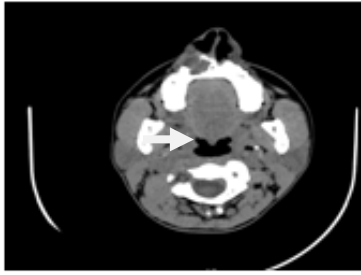


Figure 1

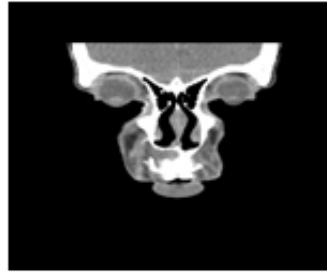


Figure 2



Figure 3

Legend

Figure 1: NCCT Scan in Axial view (arrow indicates the lesion).

Figure 2: NCCT Scan in Coronal view. (arrow indicates the lesion)

Figure 3: CT Scan in sagittal view. (arrow indicates the lesion)

DISCUSSION

Zuchercandl was the first person who described nasolabial cyst in 1892.¹ It accounts for 2.5% of all non-odontogenic cysts. The diagnosis of nasoalveolar cyst is clinical and radiological. Clinically, the patient presents with swelling which gradually increases in size, on examination most of the lesions present at the ventral inferior of piriform fossa region. Over the period of time it causes facial deformity and patient started complaining of nasal obstruction if cyst got infection which is present in approx. 50% of the cases, patient started complaining of pain. Sometimes it causes erosion of the adjacent bone, so radiological examination is very important in identification of its exact location, extent and distinguish the lesion from odontogenic or other non-odontogenic etiology⁴. The treatment can be made by surgical excision, injection of sclerosing materials in the cyst, and

endoscopic marsupialization methods.² There is no tendency for recurrence if it was removed completely. Malignant transformation is rare.⁵

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