INTRODUCTION

The gingival cyst of the adult (GCA) is a rare odontogenic cyst of developmental origin, with an incidence of 0.3% among all odontogenic cysts. Clinically, it appears as a small, single asymptomatic swelling covered by mucosa of normal-appearance or bluish hue due to the cystic fluid, the most common location is the canine and premolar area of the mandible and less frequently in the maxilla. Rarely, it may occur in multiple locations, either unilaterally or bilaterally, or on the lingual surface of the alveolar process. In some cases, an alveolar bone resorption may be present with a scoop-like pattern, frequently noted during surgical excision of the cyst. Histopathological evaluation demonstrates non-keratinized epithelial lining with or without focal areas of acanthosis containing clear cells of glycogen-rich cytoplasm. The GCA is considered the counterpart that reaches soft tissue of the lateral periodontal cyst (LPC) and its prognosis is good.

CLINICAL CASE

A 60-year-old male patient was referred to evaluate a lesion located in the anterior region of the left maxilla, close to the teeth #21 and #22. The patient's medical history was not remarkable. Intraoral examination showed nodular lesion covered by normal-appearing oral mucosa, asymptomatic, well-defined, with evolution of approximately 5 months. Since the periapical radiograph examination did not reveal any bone changes, the main diagnostic hypothesis was gingival cyst of the adult. By microscopy, typical features of gingival cyst of the adult were observed. The patient was monitoring and, after 3-year follow up, no signs of recurrence were demonstrated. Although rare, the gingival cyst of the adult should be considered in the differential diagnosis of any swelling involving the gingival region.

Descriptors: Odontogenic Cysts; Gingiva; Diagnosis, Differential.

Resumen

El quiste gingival del adulto es un quiste odontogénico poco común, su etiología está relacionada con la lámina dentaria. El objetivo de este estudio fue reportar un caso clínico de quiste gingival del adulto. Paciente de sexo masculino, 60 años, fue llevado para evaluar una lesión localizada en la región anterior del maxilar izquierdo, próxima a los dientes 21 y 22. El historial clínico del paciente no era de gran importancia. El examen intraoral, además de una lesión nodular, mostró una mucosa oral normal, asintomática, bien definida, con evolución de aproximadamente 5 meses. Como el examen radiográfico periapical no reveló alteraciones óseas, la principal hipótesis diagnóstica fue un quiste gengival del adulto. El examen microscópico, no mostró características típicas de quiste gengival del adulto. El paciente estuvo en seguimiento y, después de 3 años de acompañamiento, no habia signos de recurrencia. Aunque raro, el quiste gengival de 60 años debe considerarse en el diagnóstico diferencial de cualquier tumefacción en la región gengival.

Descritores: Cistos Odontogénicos; Encia; Diagnóstico Diferencial.
The lesions are soft, circumscribed swellings, usually less than 1 cm in diameter and may occur either in the attached gingiva or the interdental papilla. The surface is smooth and may be the color of normal gingiva or bluish. The lesions are soft and fluctuant, and the adjacent teeth are usually vital, the most common location is the canine and premolar area of the mandible and less frequently in the maxilla. The differential diagnoses include the LPC, gingival abscess, parulis (dentoalveolar origin), oral focal mucinosis, peripheral odontogenic tumor, mesenchymal neoplasm, and fibrous hyperplasia, which can be excluded by radiographic examination, subgingival probing and pulp vitality test. Regarding this latter, the current case presented a positive result. Brod et al. reviewed the literature findings of 195 cases of GCA, of which only 42 (21%) cases affected the maxilla, such as shown in the present report case.

In cases of GCA, there may be no radiographic changes or only a faint round shadow indicative of superficial bone erosion which is not usually detected in conventional radiographic imaging, but it may be noted during tomographic examination and/or surgical excision of the cyst. Noteworthy, in a Moskow et al. study, which assessed 46 cases of GCA, 41% of them demonstrated radiolucency on radiographic examination. This lesion usually affects patients between the fifth and sixth decades of life, with a slight female preference. The racial predilection is greater in Caucasians than in Asians. Histopathological analysis shows an uninfamed cystic capsule surrounding a lumen lined by squamous or cuboidal epithelium of 1–4 cell layer thickness, which may exhibit some areas of thickening and containing clear cells of glycogen-rich cytoplasm. These histopathological features show similarity with LPCs, and the differential diagnosis between LPC and GCA should be supported by clinical and imaginological examinations to verify the extrasosseous (GCA) or intraosseous (LPC) location. Interestingly, rare cases may occur in edentulous alveolar ridge of adult patients, being the term “alveolar cyst of the adult” considered more appropriate.

Treatment by excisional biopsy is definitive. In the current case, after 3-year follow up, no signs of recurrence were presented, demonstrating that recurrence of this lesion is practically absent. Although rare, the GCA should be considered in the differential diagnosis of any swelling involving the gingival region.

ACKNOWLEDGEMENT
Coordenação de Aperfeiçoamento de Pessoal de Nível Superior – Brasil (CAPES) [Finance Code 001].

REFERENCES

CONFLICTS OF INTERESTS
The authors declare no conflicts of interests.

CORRESPONDING AUTHOR
Profª. Drª. Camila Lopes Cardoso
Department of Oral Surgery, Unisagrado, Bauru - SP, Brazil.
Email: cardoso_lopes@yahoo.com.br

Received 02/12/2021
Accepted 22/02/2022