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· 防治实践 ·

右下颌骨表皮样囊肿1例报道及文献回顾

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【摘要】 目的 探讨颌骨表皮样囊肿的病因、发病机制、临床特点、诊断及治疗, 为临床诊疗提供参考。方法 分析1例发生于右下颌骨且伴有乳牙滞留、继承恒牙埋伏阻生的表皮样囊肿病例, 并结合相关文献回顾分析。结果 患者主诉拍片发现右下颌骨肿物1个月; 查体发现83乳牙滞留, 43未萌出, 83、44、45牙舌侧牙槽骨膨隆, 无明显压痛, 无波动感, 未扪及乒乓球样感; 影像学检查: 83、44、45、46牙根尖部1.9 cm × 2.6 cm × 1.6 cm低密度影, 包绕43牙冠; 初步诊断为: ①右下颌骨肿物, 考虑含牙囊肿; ②43牙埋伏阻生; ③83牙乳牙滞留; 静吸复合麻醉下行右下颌骨肿物摘除术、43及83牙拔除术; 术中见肿物囊壁薄, 内含豆渣样物质; 组织病理学诊断为“右下颌骨肿物”表皮样囊肿; 术后随访1周患者无不适, 术区愈合良好。文献复习结果表明, 表皮样囊肿是由异位外胚层组织发育而来的良性囊肿, 可发生于全身, 发生于口腔者较少, 而位于颌骨者更是罕见; 颌骨表皮样囊肿临床表现不具有特异性, 易与含牙囊肿等牙源性囊肿及肿瘤混淆, 牙髓活力测验等技术可为临床医生提供参考, 确诊需借助组织病理学检查; 手术摘除是常用治疗方法, 预后良好, 复发率低。结论 颌骨表皮样囊肿与颌骨囊肿具有相似的治疗原则, 手术完整摘除囊肿预后良好。

【关键词】 下颌骨; 表皮样囊肿; 乳牙滞留; 埋伏牙; 外胚层; 锥形束CT; 牙髓活力测验

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【Abstract】 Objective To discuss the possible etiology, pathogenesis, clinical features, diagnosis and treatment of epidermoid cysts of the jaw and to provide a reference for clinical diagnosis and treatment. **Methods** A case of an epidermoid cyst in the right mandible with retained deciduous teeth and succedaneous impacted teeth was reviewed and analyzed in combination with the relevant literature. **Results** A patient presented with a mass in the right mandible that had persisted for 1 month after being found at imaging examination. Tooth 83 was retained, and tooth 43 was unerupted. Swelling was characterized by no obvious tenderness, fluctuation, or table tennis sensation and was observed in the lingual alveoli of teeth 83, 44, and 45. Imaging revealed a low-density shadow in the apex of teeth 83, 44, 45, and 46, approximately 1.9 cm × 2.6 cm × 1.6 cm in size, which wrapped around the dental crown of tooth 43. Preliminary diagnoses were as follows: right mandibular mass thought to be a dentigerous cyst; impacted tooth 43; and retained primary tooth 83. The mass in the right mandible was removed, and teeth 43 and 83 were extracted under intravenous and inhalation anesthesia. During the operation, the mass was observed to have a thin cyst wall and contained bean-like residue. Histopathological examination indicated an epidermoid cyst in the right mandible. At the 1-week follow-up examination, the patient reported no discomfort, and the surgical area showed good recovery. According to the literature, epidermoid cysts are benign cysts originating from ectopic ectodermal tissue that can occur throughout the body but rarely in the

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oral cavity and are even extremely rarer in the jaw. Epidermoid cysts of the jaw, which have no specific clinical manifestations, can be confused with odontogenic cysts such as dentigerous cysts and odontogenic tumors. Dental pulp tests and other techniques can serve as a reference for clinicians. The diagnosis is confirmed via histopathology. Surgical removal is a common treatment, with a good prognosis and a low recurrence rate. **Conclusion** The principle of treatment for an epidermoid cyst of the jaw is similar to that for a jaw cyst. The prognosis is good when the cyst is removed completely.

【Key words】 mandible; epidermoid cyst; retained primary teeth; impacted teeth; ectoderm; cone beam CT; dental pulp test

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表皮样囊肿,又称胆脂瘤或珍珠瘤,是一种起源于异位外胚层组织的良性囊肿^[1]。可发生于全身,7%发生于头颈部,仅有1.6%发生于口腔^[1-2]。口腔表皮样囊肿好发于口底,其次是舌,发生于颌骨内者十分罕见^[3-4]。颌骨内表皮样囊肿临床表现不具有特异性,易被误诊。本文对1例右下颌骨表皮样囊肿伴有83牙滞留、43牙埋伏阻生的病例进行报道,并回顾相关文献探讨颌骨表皮样囊肿的病因、发病机制、临床特点、诊断及治疗。

1 临床资料

1.1 病史及查体

患者,男,17岁,2023年4月于院外拍片发现右下颌骨肿物,无肿胀不适,无疼痛,唇舌无麻木,无消长史,为进一步治疗,就诊于福建医科大学附属口腔医院口腔颌面外科门诊,拟“右下颌骨肿物”收住入院。患病以来,患者饮食、睡眠尚可,二便如常。既往体健,否认药物过敏史,否认外伤及口腔手术史。

专科检查:颜面部外形基本对称,双侧颞下颌

关节无压痛,无明显弹响,张口度及张口型正常,双侧颈部未扪及明显肿大淋巴结。83乳牙滞留,颊舌侧牙龈及根尖区黏膜稍红肿,43未见萌出,83、44、45牙舌侧牙槽骨可见膨隆,无明显压痛,无波动感,未扪及乒乓球样感。83、44、45、46牙无明显松动,44~46牙牙髓活力与同名牙对比无明显异常。

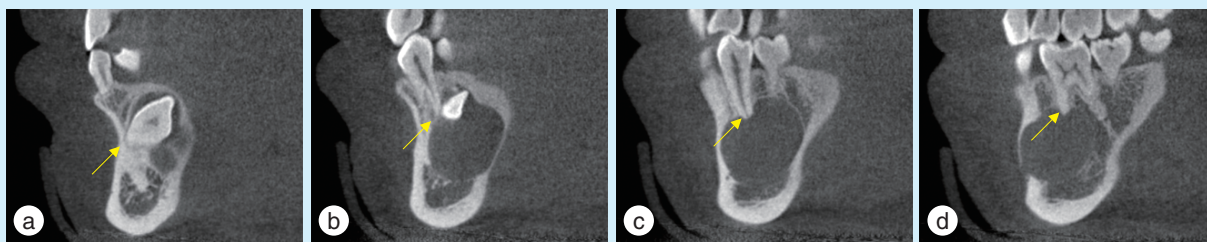
实验室检查:血常规、尿常规、凝血功能、肝肾功能、电解质均无明显异常。

影像学检查:锥形束CT(cone beam computed tomography, CBCT)显示83、44、45、46牙根尖部可见1.9 cm × 2.6 cm × 1.6 cm的低密度透射影,边界清楚,累及44牙根尖、45牙根尖1/4、46牙近中根根尖1/3;83牙根吸收至根颈1/3;43牙埋伏阻生,牙根发育完全,牙冠偏舌侧远中,被低密度影包裹(图1)。

1.2 诊断及治疗

1.2.1 初步诊断 ①右下颌骨肿物,考虑含牙囊肿;②43牙埋伏阻生;③83乳牙滞留。

1.2.2 治疗计划 经正畸科会诊,摘除右下颌骨肿



a: tooth 43 impacted in the direction of the root of tooth 83 and wrapped in a low-density shadow (arrow pointing); b: low-density shadow involving apical of tooth 44 (arrow pointing); c: low-density shadow involving the apical fourth of root of tooth 45 (arrow pointing); d: low-density shadow involving the apical third of the mesial root of tooth 46 (arrow pointing)

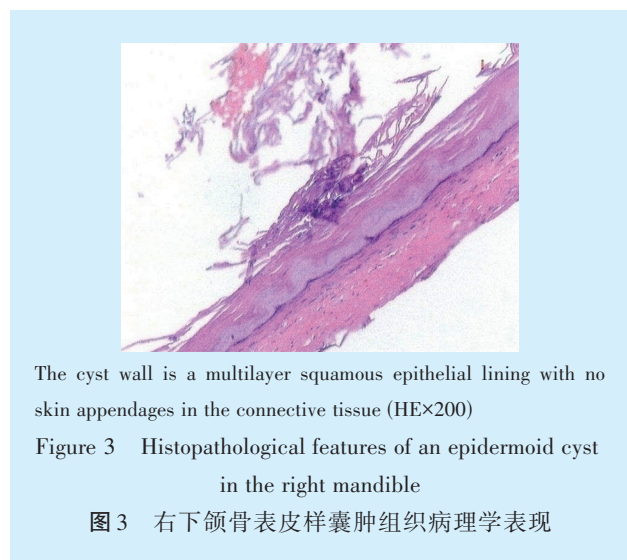
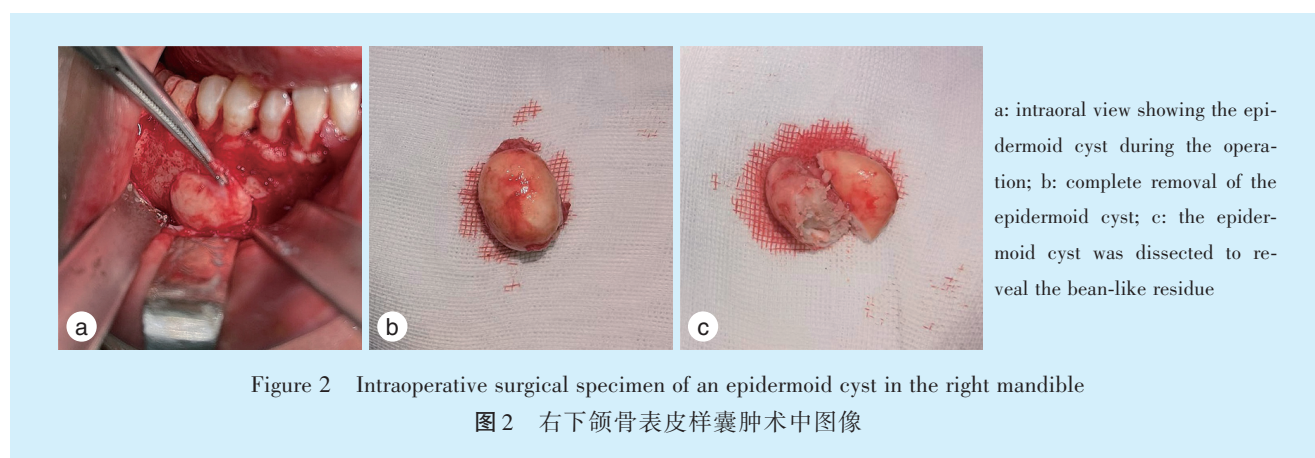
Figure 1 Preoperative imaging findings of a patient with an epidermoid cyst in the right mandible

图1 右下颌骨表皮样囊肿患者术前影像学检查结果

物,同期拔除43、83牙。

1.2.3 治疗过程 排除手术禁忌证,行静吸复合麻醉;于42~46牙颊侧龈沟做沟内切口,46牙远中及42牙近中做斜行切口,形成角形瓣,翻瓣,充分暴露术区,保护颈神经,微动力系统去除42~45牙根尖区颊侧骨质,暴露右下颌骨肿物最大径,完整摘除右下颌骨肿物;肿物为灰白色囊样组织1块,大小为2.8 cm × 1.5 cm × 1.5 cm,囊壁厚0.2~0.3 mm,囊内含豆渣样物质(图2);去骨、增隙、分牙,完整

拔除43牙;修整尖锐骨嵴,大量生理盐水冲洗,电凝止血,复位软组织瓣,胶原蛋白海绵填塞骨缺损处,行引导骨组织再生术,4-0可吸收缝线垂直褥式+间断缝合关创;切除肿物送病理检查;患者术后无特殊不适,术区稍肿胀,未见明显出血。术后病理显示:囊壁为复层鳞状上皮,结缔组织中无皮肤附属器,诊断为“右下颌骨肿物”表皮样囊肿(图3)。术后1周复查,患者创口愈合良好,无下唇、颊部麻木等症状,予拆除缝线。



2 讨论

表皮样囊肿是一种良性、发育性囊肿,常见于软组织,发生于骨内者较少^[5-6]。笔者检索PubMed、Web of Science、中国知网、万方数据库、维普数据库近20年(2003至2023年)关于“颌骨表皮样囊肿”的报道,包括本研究共有7例报道了颌骨表皮样囊肿伴有埋伏牙^[7-12],其中,6例(6/7, 85.7%)发生于下颌骨体后部及下颌支,伴有第三磨牙埋伏

阻生。本研究报道了1例伴有83牙滞留、43牙埋伏阻生的右下颌骨表皮样囊肿。

目前,表皮样囊肿的病因和发病机制尚未明确。颌骨表皮样囊肿分为先天性和获得性两大类^[6,9]。先天性颌骨表皮样囊肿可能是外胚层细胞在胚胎发育中被埋入外胚间充质组织,随着外胚间充质发育为颌骨,包埋其中的外胚层细胞发育为上皮并不断演化而形成囊肿^[9]。获得性颌骨表皮样囊肿又称为“植入性囊肿”,可能是手术或创伤导致上皮细胞植入深部皮下组织,在愈合过程中,上皮细胞不断增殖并在中央产生大量角蛋白而形成囊肿^[6]。此外,表皮样囊肿还可能与甲状舌管残留或牙齿发育过程中的牙源性上皮残留有关^[9,13]。本例患者无外伤史、口腔手术史,且表皮样囊肿上皮与牙源性上皮均为鳞状上皮,不具有皮肤附属器。综上所述,该颌骨表皮样囊肿由埋伏牙的残留牙源性上皮或由包埋的外胚层细胞发育而来的可能性较大,但具体来源和机制还需进一步深入研究。

颌骨表皮样囊肿多见于青壮年,平均发病年龄(23.9 ± 6.43)岁,通常生长缓慢,早期无症状,随着病变进展,骨质可向周围膨胀,表现为颌骨膨

隆,最后导致骨板极薄、缺失;病变涉及邻牙可引起牙齿疼痛、松动移位等;合并感染时,可出现周围软组织的肿胀^[12,14]。X线和CT表现为局部膨胀性骨质破坏,边界清楚,常有硬化边,周围骨质或牙齿受压吸收,伴或不伴有恒牙埋伏阻生^[6,15]。MRI上表现为T1加权像低信号、T2加权像高信号^[16]。

仅通过临床表现难以将本病例与含牙囊肿等牙源性囊肿或肿瘤区分^[12]。牙髓活力测试可提供参考,确诊仍需借助组织病理学检查^[9,17]。表皮样囊肿牙髓一般有活力,组织学表现为囊腔内有灰白色豆渣样物质,镜下可观察到囊壁为复层鳞状上皮衬里,结缔组织囊壁内无皮肤附属器,且囊腔内为层状排列的角化物^[1,18]。炎症性牙源性囊肿如残余囊肿与根尖周囊肿,常存在病灶牙牙髓活力消失,组织学表现为鳞状上皮不规则,囊壁有大量炎细胞浸润^[19-20]。发育性牙源性囊肿如含牙囊肿、牙源性角化囊肿等牙髓活力正常^[21]。含牙囊肿穿刺可抽出草黄色液体,组织学表现为薄层鳞状上皮,囊壁无明显炎症^[22-23]。牙源性角化囊肿抽出物可含皮脂样物质,组织学表现为波浪状的鳞状上皮,有时能在囊壁内观察到微小子囊^[24-25]。牙源性肿瘤如成釉细胞瘤,组织学可见特征性成釉器样结构^[26]。

颌骨表皮样囊肿主要通过手术摘除,预后良好,复发率低^[6,9]。对于埋伏牙的处理主要有两种方案,一种方案是保留埋伏牙,使其自行萌出或辅以正畸牵引引导其萌出,有助于恢复患者咬合关系及咀嚼功能^[27]。但该方案若运用于颌骨表皮样囊肿是否会导致其复发仍值得探讨。另一种方案是拔除埋伏牙,在囊肿摘除同期拔除埋伏牙,再将其移植回牙槽窝,术后行根管治疗,预后良好^[28-29]。对于病变范围较大,且疑似成釉细胞瘤的病例更需谨慎,应行术前活检确诊,因为目前大范围的成釉细胞瘤在手术切除后采用自体骨移植,若误诊为成釉细胞瘤,将对患者造成不可逆的创伤。若活检提示牙源性囊肿可考虑行袋形术或减压术,待病变范围缩小后手术摘除,以减小创伤^[30-31]。

3 小结

笔者报道的下颌骨表皮样囊肿伴83牙滞留、43牙埋伏阻生的病例,在临床上非常罕见。常规术前检查难以诊断,牙髓活力测试可对诊断提供参考,确诊仍需组织病理学检查。颌骨表皮样囊肿术后预后良好,复发率低。对于范围较大类似

成釉细胞瘤的颌骨表皮样囊肿,为避免误诊及过度治疗,临床医生应行术前活检,再根据活检结果及病损范围选择不同的手术方式。

【Author contributions】 Lin YH analyzed the case and wrote the article. Lin SQ, Chen LL collected medical data, revised the article. Wang T designed the study, guided and critically reviewed the article structures. All authors read and approved the final manuscript as submitted.

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