

BILATERAL NASOLABIAL CYSTS : A REPORT OF A CASE

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Gazi Medical Journal 7 : 133-134, 1996

SUMMARY : *Cysts of the nasolabial region is a diagnostic challenge to the head and neck surgeons. In this article a case with bilateral nasolabial cysts is presented. The differential diagnosis and management are described with a review of the literature.*

Key Words : *Nasolabial, Cyst.*

INTRODUCTION

Cysts of the nasolabial region is a diagnostic challenge to the head and neck surgeons. Odontogenic, nonodontogenic or fissural cysts occur in this region. Nasolabial cysts was first described by Zuckerkandl in 1892. They were classified by Rao (4). Since topographic description of the lesion is more accurate, this term has been widely used. These cysts are thought to arise from the nasolacrimal duct epithelial cell remnants or from proliferation of entrapped epithelium during embryogenesis. Bilateral cysts occur in approximately 10 % of the cases (2). The aim of this paper is to present a rare bilateral case with a review of the literature.

CASE REPORT

A 35-year-old woman was referred for the swelling of both left and right nasolabial regions which had been present since almost two years. The patient felt itching at both regions before the swelling was noticed. No other disturbance was stated except the deformity. On examination, both alae nasi were displaced laterally in a symmetrical manner. Fluctuant smooth bulging easily seen

through the nares causing partial obstruction were detected. The nasal mucosa seemed normal. No pathology was seen on upper alveolar ridge, teeth, gingiva and buccal mucosa.

General physical examination was normal. The results of the haematological examinations were in normal range. Ultrasonography showed cysts 3 and 2,5 cm. in diameter on the right and left side of the ala nasi respectively. Computed tomography (CT) showed that the cysts were located inside the soft tissue, without any destruction of the adjacent bones (Fig. 1). A solitary maxillary sinus cyst was also detected in the left maxillary sinus. The cysts were removed by sublabial approach under general anaesthesia. Pathology confirmed the diagnosis. No recurrence was seen during follow up period of one year.

DISCUSSION

The diagnosis of a nasolabial cyst is made by the clinical findings and confirmed with the histopathological examination of the tissue. The lesion is usually seen as a swelling of the nasolabial region, flaring of the ala nasi, and fullness of the

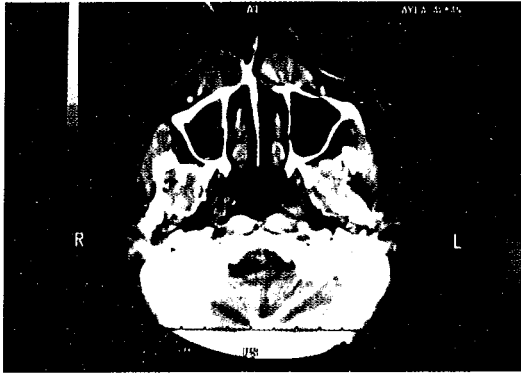


Fig - 1 : Computed Tomography showing bilaterally located cysts in the soft tissues of the nasolabial regions. Note the coincidentally detected solitary left maxillary sinus cyst.

upper lip. Nasolabial cysts are most commonly seen in females and more prevalent among the blacks (5). The lesion occurs bilaterally in 10-14 % of the cases (4, 5). The nasolabial cysts may be confused with odontogenic, fissural or nonodontogenic cystic masses and must be distinguished by its clinical presentation, location and radiography. The globulomaxillary cysts may have an identical clinical presentation while periodontal cysts are associated with nonvital teeth. An area of reduced trabeculation of the alveolar bone on the periapical views is detected. This is due to pressure resorption caused by the overlying lesion (1). Some authors maintain that both the globulomaxillary cysts and odontogenic cysts are easy to distinguish radiographically, because bone is unaffected in the nasolabial cysts (2). Coincidental maxillary sinus cyst was seen in the conventional x-ray films of our patient which had no relation with the nasolabial cysts. CT confirmed that the nasolabial cysts on both sides showed no invasion of the bony structures. Moreover, no relation with the maxillary sinus cyst was noted. These findings were confirmed during surgery. Although several methods of management have been described, it has been emphasized that sublabial approach seems to be the best method of choice since there is a low recurrence rate (3). This was the method we used and no recurrence was seen during one year follow up. When considering the lesions of midface, even if symmetrical, the nasolabial cysts must be considered among other benign or malignant masses.

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