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Case report

Case Report – Nasolabial Cyst

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Case report:

A 35-year-old female patient complained of chronic nasal obstruction on the right. Examination of anterior rhinoscopy and video flexible nasofibroscopy showed only bulging of the nasal floor on the right. Thus, computed tomography was requested, which evidenced the presence of a lesion with attenuation of soft parts, with regular contours and defined limits, with slight enhancement to the intravenous contrast medium, located in the right nasolabial recess, associated with discrete bone erosion extending to the corresponding nasal cavity, measuring 1.7 x 1.0 x 1.6 cm.

Injury excision in the operating room under general anestesia (figure 1). The anatomopathological examination showed a coated uniloculated cystic structure, sometimes by respiratory epithelium, sometimes by squamous epithelium. Surrounding connective tissue with a hyalinization band and scarce monomorphonuclear inflammatory infiltrate, corresponding to nasolabial cyst. The patient is undergoing postoperative follow-up, without recurrence.

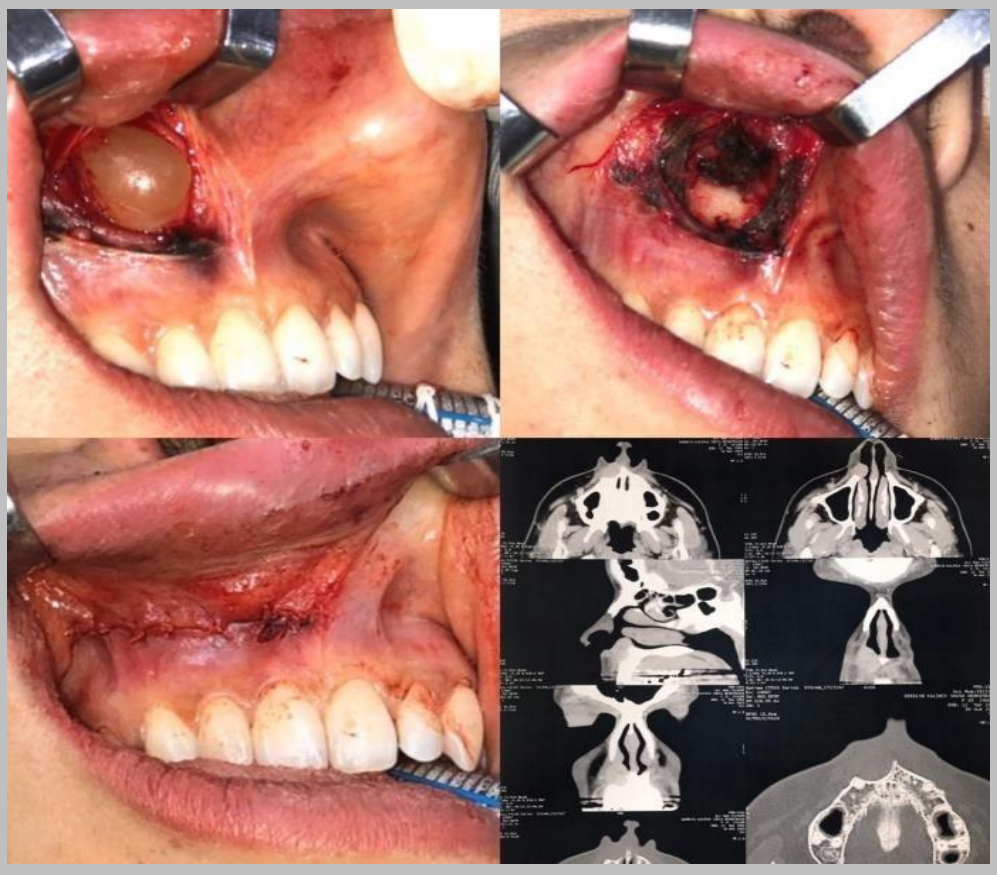

Figure 1. Upper left image: Cystic aspect at its location. Upper right image: Aspect after removal of the cystic lesion. Bottom left image: Final aspect after removal of the cystic lesion. Bottom right image: CT scans of the cystic lesion.

Discussion:

The nasolabial cyst is characterized by being a rare soft tissue lesion, located close to the alar cartilage of the nose; it has extension to the inferior nasal meatus, superior labial gingival sulcus and the floor of the nasal vestibule [1].

This injury was first described by Zukerkandl in 1882. The first case was reported by McBride in 1892 and, in 1989, Brown-Kelly described it in more detail [2, 3].

The pathogenesis of the nasolabial cyst is still undefined, however, the most accepted theory is that it originates from the lower and anterior portion of the nasolacrimal duct, between the fourth and eighth week of intrauterine life [4-7].In this case report, clinical history, as well as epidemiology, corroborated with the present studies. Nasolabial cysts are predominant in females (75%), and are usually diagnosed between the fourth and fifth decade of life [9,10]. The most common sign is an enlarged area, causing facial asymmetry, displacement of the upper lip, elevation of the nasal wing and erasure of the nasolabial fold. The symptoms are local pain, nasal obstruction and sometimes infection [8]. Due to its presentation and location, its diagnosis is extremely clinical [11].

The differential diagnosis of nasolabial cysts includes formations of odontogenic origin - mainly follicular and periodontal [13], developmental and neoplastic lesions [12] Initially, the examination of the region adjacent to the teeth may contribute to differentiate the odontogenic lesion whose main characteristic is to have an inflammatory character and periapical localization. In addition, the dentigerous cyst should be excluded, being easily differentiated by radiological characteristics, such as good delimitation, radiolucent area of lesion connected to an erupted tooth since the nasolabial cyst appears to be separated from the bone structure and teeth on the radiograph.[12] Therefore, the request for an anatomopathological exam is essential.

The results usually found in histopathology are similar to the findings in the reported patient and were described in 1989 by Brown Kelly.[13] These results include ciliated cylindrical pseudo-stratified epithelium of respiratory origin or ciliated cylindrical stratified with goblet cells responsible for producing the liquid contained in the cyst.[12] Although it does not change the diagnosis, Squamous metaplasia is eventually found in cases of infected cyst.[14] defined the case, the treatment is surgical, usually with marsupialization or enucleation of the cyst.[10,11]

Conclusion:

The reported case aimed to expose to the scientific community a rare injury, in order to contribute to the accurate diagnosis and grant the best treatment for the affection of an unusual anatomical site, which mainly affects the female sex, between the fourth and fifth decade of life.

References

1. Patil K, Mahima VG, Divya A. Kelstadt's cyst: A rarity. Indian Journal Dental Research 2007;18 : 23-6.
2. Zuckerkandl E. Normale und pathologische Anatomie der Nasenhohle. Vienna: W. Braunmuller; 1882.
3. Brown-Kelly A. Cyst of floor of nose. J Laryngol Rhinol Otol 1898;13:272-76.
4. Robert CB. Cyst lesions of the maxilla. Laryngoscope 1970;308-3.
5. Regezi JA, Sciubba JJ. Oral pathology: clinical-pathologic correlations. 2nd ed. Philadelphia: Saunders, WB; 1991.
6. Yuen HW, Julian CL, Samuel CY. Nasolabial cysts: clinical features, diagnosis, and treatment. J Oral Maxillofac Surg. 2007;45:293–7.
7. Shinohara EH, Perin SV, Carvalho Júnior JP. Cisto nasolabial: relato de caso. BCI. 2001;8:15–8.
8. Oliveira SB, Castro JL, Silva JJ, Rosa MRD. Cisto nasolabial não odontogênico. Rev Bras Ciênc Saúde. 2003;7:75–8.
9. Nixdorf DR, Peters E, Lung KE. Clinical presentation and differential diagnosis of nasolabial cyst. J Can Dent Assoc 2003;69:146-9.
10. El-Hamd KEAA. Nasolabial Cyst: a report of eight cases and a review of the literature. J Laryngol Otol 1999;113:747-9.
11. Gomes CC, Dias Jr AB, Vidolin C, Silveira FCA. Cisto nasolabial bilateral. Rev Bras Otorrinolaringol. 1995;61:30–3.
12. Z Zahirrudin, B Gendeh, G Tan, M Marina. Nasolabial Cyst: Presentation and Management. The Internet Journal of Otorhinolaryngology. 2008 Volume 9 Number 2.
13. Nasolabial cyst: presentation of a clinical case with CT and MR images.
14. De Castro, TF et al. Aspectos clínico-imaginológicos, microscópicos e cirúrgicos do cisto nasolabial: relato de caso. Revista Uningá, [S.l.], v. 56, n. S7, p. 123-129, nov. 2019.