

A Case of Nasolabial Cyst. An Asymmetrical Malformation of the Facial Anatomy

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A 69 year old female patient presented to the outpatient department complaining about a nose and facial asymmetry gradually deteriorating, noticed the last 6 months. Clinical examination revealed a painless mass at the base of the nose. The mass was located on the left side, causing a facial and nose asymmetry (Figure 1A). No other symptoms as nasal discharge or nasal obstruction were mentioned. A CT-scan was performed, revealing a well-defined mass with a 2.5 x 3 cm volume at the left nasal vestibule with a sufficient footprint on the nasal septum. The mass entered at the inlet of the left nasal cavity and almost shifted the nasal septum (Figure 1B). Due to both the clinical and anatomical characteristics we assumed that it was probably a non odontogenic nasolabial cyst. Excision of the mass was performed, followed by histological examination which revealed a cyst lined with respiratory epithelium and pseudostratified ciliated columnar epithelium, a diagnosis which confirmed the hypotheses of a nasolabial cyst.

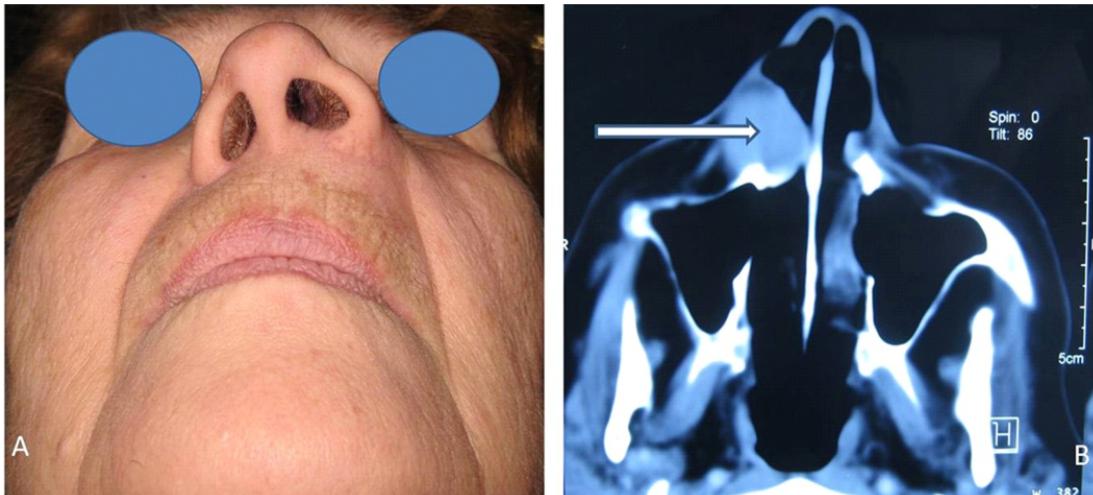


Figure 1: A: Nose and facial asymmetry due to a nasolabial cyst located on the left side. B: CT scan revealed a mass at the left nasal vestibule with large footprint on the nasal septum.

Nasolabial cysts, also referred as Klestadt's cysts and nasoalveolar cysts, constitute the 0.7% of all non-odontogenic cysts and thus they are considered rather rare [1]. According to the literature, in 46.9% of the cases they are observed in the left side, in 37.5% in the right side and more rarely bilaterally, in 10.9% of the cases, while there is a female predominance [1,2]. Due to their rarity they are

often misdiagnosed and mistreated [3]. This type of cyst arises in the maxillofacial soft tissue and is often located submucosally in the anterior nasal floor. It is related to the nasolabial fold with secondly possible involvement of the bone [1,3]. Clinical symptoms include a chronic painless nasolabial swelling with or without complaints of nasal obstruction or cosmetic defect [1]. Painful nasolabial swelling may present in cases of inflammation [1,4]. The painless swelling in the present case caused nose and facial asymmetry which was the primary symptom of the patient. Probably the mass preexisted for a long time and has been increasing in size, leading to the asymmetrical malformation noticed.

For the diagnosis an imaging study such as ultrasonography, radiography, computed tomography (CT) and magnetic resonance imaging (MRI) is necessary, while the final confirmation comes from its histological examination [1]. A total excision of the lesion is recommended which usually leads to a good outcome and rare recurrence [1,2,4]. Complications such as perinasal swelling and postoperative pain were reported in 27.2% of the cases, with zero mortality [1]. Other non-odontogenic lesions could be included in the differential diagnosis, such as neoplasms, as well as odontogenic lesions such as follicular, periodontal, and residual cysts [1].

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