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Keratocystic Odontogenic Tumor (KCOT) in Maxillary Sinus arising from an Infected Dentigerous Cyst

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ABSTRACT

Keratocystic odontogenic tumor (KCOT) is one of the most aggressive odontogenic pathology, which is now being considered more as a benign tumor rather than it's previously known name Odontogenic Keratocyst (OKC). It's aggressive nature is attributed to its high recurrence rate. Its typical feature shows a thin, friable wall, which is often difficult to enucleate from the bone in one piece as many times it has multiple adhesions known as small satellite cysts within the fibrous wall. At times, it is also associated with bifid-rib basal cell nevus syndrome (Gorlin syndrome). Multiple surgical approaches were introduced including decompression, marsupilization, enucleation with or without adjunct (Carnoy's solution, enucleation), wide local resection followed by reconstruction. Many treatment modalities have been advocated for its management, but still its specific management is debatable. Considering its unpredictable and higher recurrence rate, WHO in 2005 categorized it under benign tumor and hence now the terminology of this pathology is changed to 'keratocystic odontogenic tumor'. Herein a case of Keratocystic Odontogenic Tumor (KCOT) in Maxillary Sinus region extending up till infraorbital rim precipitated due to an unerupted/ infected maxillary third molar is being presented.