Abstract:

Intraosseous unicystic ameloblastoma (UA) is rare subtype of a true neoplasm of odontogenic epithelial origin: ameloblastoma. Despite its rareness, dealing with UA is problematic. It is usually mistaken for an odontogenic cyst, and biopsy is rarely relevant because of its multiple grow patterns. The biggest challenge remains the treatment choice. When we are facing a mural UA presenting strong similarities with the periodontal lateral cyst and having high rates of recurrence, how the balance between a young age, psychological fragility, post operation process and biopsy diagnostic need is found? That was our dilemma.

Our patient is a 23 years old men with a mural unicystic ameloblastoma, diagnosed with general anxiety disorder. The final decision was to turn to a simple enucleation because of the small size of the lesion and its radiological features strongly evoked a periodontal lateral cyst. Besides, his young age, psychological condition and its proximity to the surrounding soft tissues guided us toward the simple enucleation.

Two years later, no sign of radiological recurrence was noted. However, we are aware of a later resection eventuality in case of recurrence.