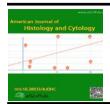
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Differential Diagnosis for Incisive Channel Cysts

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ABSTRACT

Introduction: Nasopalatine duct cysts are common entities of the jaw, but may resemble clinical and radiographic findings to other cystic and solid lesions of the medial anterior maxilla. It can develop at any age, but it is more frequent between the fourth and sixth decades of life affecting men more frequently. Its etiology seems to be associated with the proliferation of epithelial remnants of the nasopalatine duct or from oronasal ducts within the incisor canal. Objective: To discuss the relevant microscopic and differential diagnosis features in clinical dental practice through recent publications. Methodology: An integrative review was performed on the MEDLINE and LILACS databases, using the descriptors: Cyst, Incisor channel, lesions. Inclusion criteria were: full-text articles available in Portuguese or English and with a temporal cut between 2013 and 2017. Results: Five articles were selected that fit the inclusion criteria. Discussion: Nasopalatine duct cyst is the most common non-odontogenic cyst of maxillary intraosseous cyst. Due to its specific anatomical location and its proximity to the upper central incisors, this lesion is often confused with periapical cysts, which leads to difficulties in establishing the best therapy by the clinician. Its radiographic appearance shows a radiolucent area, unilocular, oval or rounded, well delimited and located along the midline of the maxilla, between the apexes of the central incisors or higher on the hard palate. The main differential diagnoses usually provided include, in addition to the nasopalatine duct cyst itself, the pe- triapical cyst located apical or laterally to the roots and odontogenic keratocyst (or keratocystic odontogenic tumor). Conclusion: Nasopalatine duct cysts usually affect adult men, resembling the periapical cysts associated with the upper central incisors, which should be treated through surgical procedures with a subsequent microscopic evaluation of the specimen removed.

Keywords: Cyst; Nasopalatine duct; Lesion

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