A 34-year-old male reported to the department with a chief complaint of pain and swelling in the right lower back teeth region for 15 days, in which swelling was gradual in onset.

**CLINICAL EXAMINATION**

- Extra-orally, mild swelling in the right mandibular region extending slightly below the lower border, which is tender on palpation & firm in consistency.
- Intraoral swelling in the right retromolar region extending slightly upwards behind the maxillary tuberosity, which is soft in consistency and tender on palpation.

**PATIENT DESCRIPTION**

**INTRODUCTION** - The term ‘odontogenic keratocyst’ was first used in 1956 to describe an odontogenic cyst lined with keratinized stratified squamous epithelium[1]. The mandible is involved more frequently than the maxilla. About 65-83% of OKCs occur in the mandible[2].

**INVESTIGATIONS**

1. **Positive Aspiration** with purulent material and blood mixed with it.
2. **Biochemical analysis**
   - **TOTAL PROTEIN** 5.8 g/dL
   - **ALBUMIN** 3.0 g/dL
   - **GLOBULIN** 2.8 g/dL

3. **Orthopantamogram & Cone beam computed tomographic imaging** –
   - **a) AXIAL SECTION** – showing hypodense soft tissue density involving the impacted tooth 48 with minimal bucco-lingual expansion at the level of cervical region of adjacent teeth.
   - **b) CORONAL SECTION** – showing hypodense soft tissue density at its maximum circumference and superiorly up to the ascending ramus with absence of scalloping border and septa.
   - **c) SAGITTAL SECTION** – hypodense soft tissue density surrounding the impacted teeth with minimal bi-cortical expansion.
   - **d) 3D RECONSTRUCTION** – Osteolytic bone with thinning out of cortical plate involving ascending ramus of mandible.
   - **e) OPG** taken after incisional biopsy along with removal of impacted teeth showing radiolucency extending from the apical region of 47 up to the sigmoid notch.
   - **f) Histopathologic picture** showing para-keratinized epithelium.

**REFERENCES**


**CONCLUSION**

Definite diagnosis of OKCs on a clinical and radiographic basis is not possible. But with appropriate and advanced imaging modalities, we can strongly suspect this entity, and they help us in selecting the necessary treatment protocol.

**DISCUSSION**

- In 25-40% of cases, there is an unerupted tooth involved in the lesion.
- On panoramic radiography, mandibular unilocular OKCs may show few and incomplete septa within the lesions; this finding is more common in larger than in smaller OKCs [3].
- Why this atypical? – Usual scalloping and septa are absent.

**TREATMENT PLAN**

Extraction of associated teeth and enucleation with primary osteotomy.