## HISTOGHEMICAL STUDIES ON

## RADIGULAR GYST

DISSERTATION SUBMITTED TO THE KARNATAK UNIVERSITY IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREEE OF

MASTER OF DENTAL SURGERY

IN THE SPECIALITY OF

## ORAL PATHOLOGY & MICROBIOLOGY

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Cysts are closed, bladder-like sacs, formed in animal tissues containing fluids or semi-fluid matter and are as old as life. The mummified specimens from a predynastic era, Naga el Deir (Circa 4500 B.C.), shows a root remnant in the right second premolar region of the maxilla, with a cavity present in the bone at its apex (Shear, 1992). Ever since then, oral cysts have occupied a prime position in recognition and treatment (Skaug, 1977).

Of the odontogenic cysts, Radicular Cyst is the commonest (Gorlin, 1970). It is known by a plethora of names, which include dental root cyst, root-end cyst, paradontal cyst and dento-periosteal cyst (Stafne & Millhon, 1945).

Radicular cyst is usually asymptomatic and may persist even after removal of the associated tooth being termed as 'Residual Cyst' (Browne,1975). Very rarely they become symptomatic, the signs and symptoms being related to infection and most commonly include pain and draining sinuses. Although they persist for a long time, they do not attain very large sizes. It is as a result of progression of pulpitis, which is again commonly due to one of the commonest diseases, 'Dental Caries'; thus accounting for the frequent occurence of radicular cyst.

The diagnosis of radicular cysts from its precedent