



VI. ПРОБЛЕМИ СЛИННИХ ЗАЛОЗ. ПИТАННЯ ОНКОЛОГІЇ

CLINICAL AND MORPHOLOGICAL FEATURES OF FOLLICULAR CYSTS OF THE JAWS IN CHILDREN

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According to research literature, in the structure of odontogenic cysts, follicular cysts (FC) account for 17.4-19% in adults and 35.5-42% in children and adolescents, occurring in patients of all age periods, but mainly in people aged 7-25 years (34% of them are patients under the age of 14).

FC is often combined with another pathology, in particular with the radicular cyst, solid odontoma, retention, and dystopia of teeth. There is data that 1/3 of ameloblastoma arises precisely from follicular cysts. There are known cases of the development of keratinizing squamous cell carcinoma in the FC wall.

The aim is to study the clinical manifestations and morphological structure of follicular cysts in children.

Materials and methods. The study relied on the supervision and treatment of 39 children aged 6 to 15 years with localization of follicular cysts on the lower jaw in 27 cases, and on the upper jaw – in 12 cases.

In the course of the study, we collected life and disease history, as well as conducted objective, instrumental and X-ray examinations of patients. Histological examination of the operative material was performed according to generally accepted methods.

Results. According to our statistical analysis, the number of children with follicular cysts amounted to 38.0% of all patients with cystic formations of the jaw bones.

In 12 (30.8%) cases, FC had hidden development with complaints only about the absence of a permanent tooth or a delay in the substitution of a temporary one. 22 (56.4%) patients noted deformation of the alveolar process due to a dense painless or mildly painful protrusion. In 7 patients aged from 13 to 15 years (17.9%) «parchment crunch» was observed in the affected area, and in 5 of them (71.4%) the symptom of fluctuation was additionally determined. In 2 (5.1%) cases, suppuration occurred with signs of an acute inflammatory process.



On X-ray and tomograms, in all observations, a homogeneous thinning of the bone tissue of a round or oval shape with clear boundaries was determined, in which the crown of one or several retained teeth was located. In one case (2.5%), FC was associated with an eruption cyst.

During the diagnostic puncture of the mass in 37 patients (94.9%), a clear yellow liquid with impurities of cholesterol crystals was obtained, and in 2 children (5.1%) with clinical signs of suppuration of the cyst, purulent exudate was observed.

All patients were operated on in the hospital under general anesthesia according to classical methods. Taking into account the fact that after the surgical treatment of FC, the normal development of the «causative» teeth with their appropriate location in the dentition is possible in the future, in 16 (41.0%) cases cystotomy was performed with partial exposure of the crowns of the «causative» teeth. In 23 (59.0%) patients, a cystectomy was performed with the removal of follicles that caused the development of a cystic formation.

The postoperative period in all cases was without complications, the patients were taken under dispensary supervision to prevent further development of dentoalveolar deformities.

Microscopically, the FC shell was a poorly differentiated coarse fibrous connective tissue, whose structure is represented by bundles of collagen fibers with a large number of fibroblasts, and the inner surface is lined with a stratified squamous epithelium without signs of keratinization.

It should be noted that, according to the researchers, the presence of epithelium is a differential diagnostic feature that determines the beginning of the development of a follicular cyst, because it is absent in normal tooth retention.

The obtained results may become the future basis for a more detailed study of the immuno-morphological features of follicular cysts of the jaws in the age aspect.

12-РІЧНИЙ ДОСВІД ЛІКУВАННЯ ІНФАНТИЛЬНИХ ГЕМАНГІОМ “ІГ” ПРОПРАНАЛОЛОМ. ХІРУРГІЧНА КОРЕКЦІЯ УСКЛАДНЕНЬ ПІСЛЯ ПЕРЕНЕСЕНИХ ІГ

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Актуальність. Інфантильні гемангіоми (ІГ) найбільш розповсюджені доброякісні судинні пухлини у дітей. Вони зустрічаються у 2,6% новонароджених, у недоношених дітей – 22%. Для вибору тактики лікування судинних утворень необхідно їх чітко диференціювати.