SRI RAMACHANDRA
INSTITUTE OF HIGHER EDUCATION AND RESEARCH
(Category - I Deemed to be University) Porur, Chennai

AMRITA VISHWA VIDYAPEETHAM
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TELEDENTISTRY PROGRAM 2025

DENTAL EDUCATION UNIT
AMRITA SCHOOL OF DENTISTRY

A monthly forum for promoting collaborative learning in dentistry

SESSION 6

Date: 27th June 2025

Time: 2:00 pm to 3:30 pm

Mode: Online (Zoom platform)

HOSTED BY

Oral Medicine, Radiology and Diagnosis
Oral and Maxillofacial Surgery
Oral Pathology and Microbiology

Sri Ramachandra Dental College & Hospital
SRIHER(DU)

MEETING LINK

https://us02web.zoom.us/j/86217004548?pwd=UHubaU9yaxBTbbunJSsP4HJrITrwMo.1

Meeting ID: 862 1700 4548 Passcode: 123456

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17 PARTNERSHIPS FOR THE GOALS

Dr. H. Thamizhchelvan (Dean)
Dr. S. Muthukumar (Chairman, CSM and SAF)
Dr. K. C. Vignesh (Coordinator, Teledentistry)

Dr. Balagopal Varma R. (Principal)
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ABSTRACT

No Room for Recurrence: Tackling Syndromic OKCs with Dual Adjuncts - A Case Report

Odontogenic keratocysts (OKCs) are aggressive jaw lesions with a high recurrence rate. When multiple OKCs are present, they may indicate a syndromic diagnosis such as Gorlin-Goltz syndrome (Nevoid Basal Cell Carcinoma Syndrome). This case report discusses the clinical, radiographic, surgical, and histopathological findings in a patient presenting with multiple jaw cysts. A female patient presented with a 2-month history of dull, intermittent pain and swelling in the posterior mandibular regions bilaterally. Clinical and radiographic evaluation revealed multiple cystic lesions in both maxilla and mandible. CT findings, family history of similar cysts, and clinical features such as ocular hypotelorism and bifid spinous process pointed towards a diagnosis of Gorlin-Goltz syndrome. The patient underwent enucleation and curettage of the lesions, followed by adjunctive therapy using both Carnoy's solution and topical 5-fluorouracil (5-FU), as well as peripheral ostectomy.

Histopathology confirmed odontogenic keratocyt. Postoperative healing was uneventful. The use of 5-FU, a chemotherapeutic agent targeting rapidly proliferating epithelial cells, has been shown to significantly reduce OKC recurrence and lower the incidence of nerve injury when compared to modified Carnoy's solution. Literature suggests recurrence rates with MCS range from 25–67%, with higher rates of neurosensory deficit, while 5-FU has shown no recurrence in this case and fewer adverse neural outcomes in published studies.

This case report highlights the importance of early recognition of syndromic OKCs and supports the use of 5-FU as a superior adjunct to traditional chemical cauterization methods. Further large-scale studies are needed to validate 5-FU's long-term effectiveness and safety in managing syndromic OKCs.