

# DRS. CACCHILLO, DANIEL & STANGER

✿ PROBING THE PRACTICE ✿



## A NOTE FROM THE DOCTORS

WE ARE EXCITED TO FINALLY PRESENT A CURRENT ISSUE OF PROBING THE PRACTICE IN 2021. WE SEE A VARIETY OF COMPLEX AND INTERESTING CASES IN OUR OFFICE AND WANTED TO SHARE THEM WITH ALL OF YOU.

THESE BI-MONTHLY ISSUES OF PROBING THE PRACTICE WILL FOCUS ON CASE REPORTS AND OFFER YOU ONE CE CREDIT. WE HOPE YOU ENJOY OUR FIRST CASE REPORT ISSUE, AND LOOK FORWARD TO A WONDERFUL YEAR.

Dr. David A. Cacchillo

Dr. Terry L. Daniel

Dr. Joelle N. Stanger

JANUARY 2021

IN THIS ISSUE

**FREE CE CREDIT:  
IDENTIFYING  
DENTIGEROUS CYSTS**

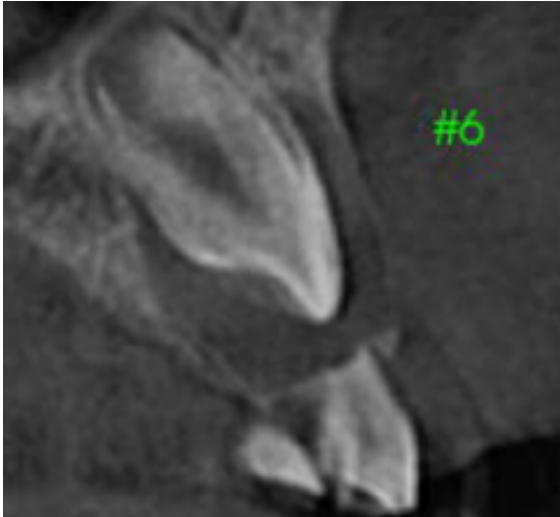
**FOR YOUR PRACTICE**

**IMPLANT MINI-  
RESIDENCY SERIES**

**OFFICE  
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**UPCOMING EVENTS**

# FREE CE CREDIT: IDENTIFYING DENTIGEROUS CYSTS



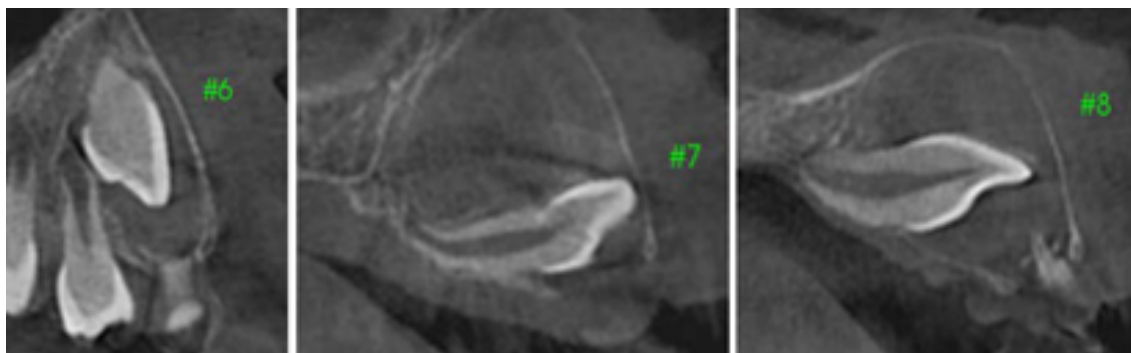
## Case 1

A 10 year old male was referred to us from his orthodontist for evaluation of a developing #6 for cyst involvement. When we see these patients in our office, we always get a CBCT to further examine radiographic findings seen on a panoramic or periapical radiograph. The CBCT to the right shows a well-defined, partially corticated, uniform, and slightly expansile lesion around the crown of #6. Before any treatment regarding this is performed, it is best to refer to an oral radiologist for their impression of the lesion. In this case, the oral radiologist believed that this lesion is most consistent with a hyperplastic follicle due to the size. The patient can be monitored for changes in size, and any significant changes may indicate a cyst formation.

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## Case 2

A 10 year old male was referred to us from his orthodontist for exposure of #6, 7 and 8. Often for exposure cases when the teeth are impacted, we like to take a CBCT to plan the surgical exposure. Not visible on the panoramic, a large radiolucency is noted. Once again, we referred to an oral radiologist first to get their impression. They believed it could be a dentigerous cyst, adenomatoid odontogenic tumor, or an odontogenic keratocyst. Biopsy was recommended. Due to the large expansile nature of the lesion, this patient was referred to an oral surgeon for biopsy. The biopsy confirmed the diagnosis of a dentigerous cyst. The teeth in this case were not extracted.



# REVIEW

The dentigerous cyst originates by the separation of the follicle from around the crown of an unerupted tooth. They are most commonly found in ages 10-30, with a slight male predilection. Approximately 65% of cases involve the mandibular third molars, but other frequent sites include maxillary canines, maxillary third molars, and mandibular second premolars. Some investigators believe this radiolucency surrounding the tooth should be at least 4mm in diameter. A normal follicle extends less than 3mm surrounding the tooth. Radiographic findings alone are not diagnostic, however, because many odontogenic tumors may have similar features (odontogenic keratocyst, ameloblastoma, ameloblastic fibroma, etc). Therefore, a biopsy must be completed for a definitive diagnosis. Most commonly, the cyst is enucleated and the involved tooth is extracted. However, the tooth may be left to erupt with partial cyst removal. The prognosis for these cysts is excellent, and seldom recur if the cyst is completely removed.

## CE QUESTIONS

1. What percentage of dentigerous cysts impact mandibular third molars?
  - a. 50%
  - b. 60%
  - c. 65%
  - d. 70%
2. A normal dental follicle should not exceed how many millimeters from the crown?
  - a. 1mm
  - b. 2mm
  - c. 3mm
  - d. 4mm
3. A dentigerous cyst may be diagnosed from conventional radiographs alone.
  - a. True.
  - b. False
4. Treatment of a dentigerous cyst always results in the loss of the involved tooth.
  - a. True.
  - b. False
5. Differential diagnosis when considering a possible dentigerous cyst may also include:
  - a. odontogenic keratocyst
  - b. ameloblastoma
  - c. ameloblastic fibroma
  - d. all of the above

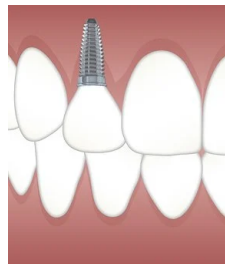
## Implant Mini- Residency

OUR 5TH ANNUAL IMPLANT MINI-RESIDENCY  
SERIES STARTS IN MARCH OF 2021

•ENHANCE YOUR SKILLS AND CONFIDENCE IN RESTORING DENTAL IMPLANTS.

•LEARN TIPS AND TRICKS FOR RESTORING SINGLE, MULTIPLE, HYBRID AND DENTURE SUPPORTED IMPLANTS.

•INCREASE PATIENT ACCEPTANCE BY STREAMLINING YOUR PLANNING AND SEQUENCING PROCESSES.



30 HOURS OF CE. ALL EXPERIENCE LEVELS WELCOME! PLEASE CALL THE OFFICE FOR 2022 REGISTRATION INFORMATION.



**Cacchillo & Daniel**  
Periodontics & Dental Implants

### References

1. Chi, Angela, Brad Neville, Douglas Damm, Carl Allen. Oral and Maxillofacial Pathology, 4th Edition. Saunders, 052015.
2. Mesgarzadeh AH, Esmailzadeh H, Abdolrahimi M, Shahamfar M. Pathosis associated with radiographically normal follicular tissues in third molar impactions: a clinicopathological study. Indian J
3. Sun CX, Ririe C, Henkin JM. Hyperplastic dental follicle - review of literature and report of two cases in one family. Chin J Dent Res. 2010;13(1):71-5. Dent Res. 2008



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## Upcoming Events

### 2021 Implant Mini- Residency Course:

3/19, 5/21, 8/6, 10/22

### Periodontal Seminar for the Dental Hygienist:

4/29, 10/21

## FREE CE CREDIT INSIDE!

### CE CREDIT RETURN INSTRUCTIONS

1. Read the CE article, record your answers to the 5 questions, and write your name on the blank answer key provided below.
2. Make a photo copy of this entire page and return to our office via email, fax, or mail.
3. Cacchillo & Daniel, Inc will email your FREE, 1 HOUR CE CERTIFICATE to the office email address.

### COMPLETE FOR 1 CREDIT HOUR

NAME: \_\_\_\_\_

DENTAL OFFICE: \_\_\_\_\_

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

email: [practicerelations@periohealth.org](mailto:practicerelations@periohealth.org)  
fax: 614-861-2554

Completed CE form must be received by course expiration date: 2/8/2021

### WELCOME DR. JOELLE N. STANGER



Thank you to all of our referring offices who have helped us welcome Dr. Stanger to Cacchillo & Daniel, Inc.



## FOR YOUR PRACTICE:

WE ARE ON THE STATE OF OHIO PRIORITIZATION LIST SO AS VACCINES BECOME AVAILABLE WE WILL BE ELIGIBLE TO GET VACCINATED. TO GET ON THE CONTACT LIST, YOU MUST FOLLOW THE LINKS FOR THE COUNTY YOUR PRACTICE RESIDES IN.

MEMBERS LOCATED IN FRANKLIN COUNTY SHOULD FILL OUT THE FORM HERE: [HTTPS://FORM.JOTFORM.COM/203505280309044](https://form.jotform.com/203505280309044)

MEMBERS LOCATED IN MADISON COUNTY SHOULD FILL OUT THE FORM HERE: [HTTP://COVIDPHASE1A.MADISONPH.ORG/](http://COVIDPHASE1A.MADISONPH.ORG/)

MEMBERS IN DELAWARE COUNTY SHOULD CALL 740-368-1700 TO BE PLACED ON A VACCINE LIST.

MEMBERS LOCATED IN FAIRFIELD COUNTY SHOULD FILL OUT THE FORM HERE: [HTTPS://WWW.MYFDH.ORG/PDF/CLOSED-POD-VACCINE-INTAKE-FORM.PDF](https://www.myfdh.org/pdf/closed-pod-vaccine-intake-form.pdf)

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