International Journal Dental and Medical Sciences Research
Volume 8, Issue 5, Sep.-Oct 2026 pp: 69-71 www.ijdmsrjournal.com ISSN: 2582-6018

A Rare Case of Superior Alveolar Cyst in an unusual site – A Case Report

Dr. Dhinakaran Natarajan, MS (ENT)[1], Dr. Siddharth Dhinakaran MS ENT (PG)[2], Dr. Lavanya Selvaraj MS(ENT)[3], Iyswariya Murugesan MS (ENT)[4]
Department of ENT, Dhanalakshmi Srinivasan Medical College and Hospital, Perambalur, India

Date of Submission: 08-09-2026 Date of Acceptance: 17-09-2026

ABSTRACT

Superior alveolar lesions presenting with facial pain, swelling and an oroantral fistula may create a diagnostic and surgical challenge. The supplied presentation describes a 54-year-old female who presented with upper tooth pain for 5 months, left-sided facial pain and swelling for 10 days, headache and giddiness. The working diagnosis was a left superior alveolar cyst/neoplasm with an oroantral fistula. She underwent endoscopic sinus surgery with middle meatal antrostomy and ethmoidectomy, partial left maxillectomy, biopsy of the mass, and closure of the oroantral fistula using a buccal fat pad. The postoperative course described in the presentation was stable, with no active nasal bleeding and normal vital signs.

KEYWORDS: *Superior alveolar cyst; oroantral fistula; partial maxillectomy; endoscopic sinus surgery; buccal fat pad; case report*

I. INTRODUCTION

Lesions involving the superior alveolar region can present with symptoms that overlap dental, maxillary and sinonasal disorders. The present case is notable for its unusual presentation in the superior alveolar region together with an oroantral fistula and the need for combined endoscopic and open surgical management. The case is presented in the format of a clinical case report based on the supplied operative presentation.

II. CASE PRESENTATION

A 54-year-old female presented with a history of upper tooth pain for 5 months. She subsequently developed left-sided facial pain and swelling for 10 days. She also reported headache and giddiness.

Clinical Parameter	Details
Age / sex	54-year-old female
Primary complaint	Upper tooth pain for 5 months
Additional symptoms	Left-sided facial pain and swelling for 10 days; headache; giddiness
Working diagnosis	Left superior alveolus cyst/neoplasm with oroantral fistula

III. DIAGNOSIS

The presentation records the diagnosis as a left superior alveolus cyst/neoplasm with an associated oroantral fistula.

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IV. SURGICAL MANAGEMENT

The patient underwent endoscopic sinus surgery consisting of middle meatus antrostomy with anterior ethmoidectomy. The operative procedure also included partial maxillectomy, left middle meatal antrostomy, left anterior and posterior ethmoidectomy, and biopsy of the mass. The identified oroantral fistula was closed using a buccal fat pad.

Following partial left maxillectomy, a biopsy specimen was obtained. The oroantral fistula was identified and closed with a buccal fat pad. The wound was closed in layers using 3-0 Vicryl, with satisfactory haemostasis. Merocel packing and left anterior nasal packing were placed.

V. INTRAOPERATIVE PHOTOGRAPHS

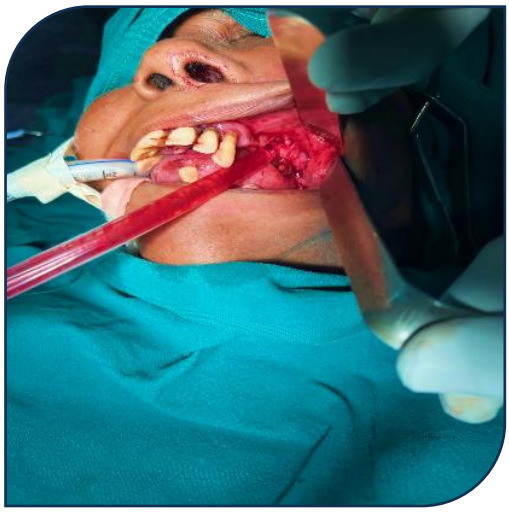

Figure – 1

Intraoperative view during the procedure.

Figure-2

Intraoperative operative field.

Figure – 3

Intraoperative view during partial maxillectomy.

Figure – 4

Intraoperative view related to the surgical procedure.

VI. POSTOPERATIVE COURSE

The patient was extubated following the procedure. No active nasal bleeding was noted and vital signs were reported to be normal. Postoperative advice included head-end elevation, avoidance of nose blowing, and avoidance of heavy lifting or straining.

VII. DISCUSSION

This case highlights an unusual superior alveolar lesion associated with an oroantral fistula and requiring multidisciplinary surgical consideration. The operative approach combined endoscopic sinus surgery, partial maxillectomy, biopsy and local tissue repair with a buccal fat pad. The combination of symptoms, anatomical location and fistulous communication makes accurate clinical assessment and appropriate surgical planning important.

VIII. CONCLUSION

The supplied case describes a rare superior alveolar lesion presenting with facial symptoms and an oroantral fistula. Successful surgical management included endoscopic sinus surgery, partial maxillectomy, biopsy and closure of the fistula with a buccal fat pad.

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