

Need to reclassify keratocystic odontogenic tumor into cyst and neoplasm

Sir,
Odontogenic keratocyst (OKC) is known for its pathognomonic features, i.e., aggressiveness and high rates of recurrence, which has been of interest and debate since the first description of this entity by Philipsen in 1956.^[1] Recently, the World Health Organization (WHO) working group on odontogenic tumors recommended the term “Keratocystic Odontogenic Tumors” (KCOT) for these lesions to address their neoplastic nature, which indicated that the OKC epithelial lining may have some intrinsic growth potential,^[2] but reclassification has not yet been universally accepted and there is no any worldwide agreement regarding treatment of this controversial entity.

When a thing ceases to be a subject of controversy it ceases to be subject of interest. Studies have been conducted to resolve such controversies. We in our other published study have proved that majority of the unilocular cysts have a lesser proliferative potential than multilocular cysts and hence, are less biologically active and should not be treated as a tumor.^[3] Shear also suggested that OKCs whose radiographic images showed a multilocular appearance had a higher recurrence rate than those with a unilocular appearance.^[4] Recently, Ba *et al.*, in his study concluded that solitary KCOT is more likely to be less biologically aggressive and should be classified as a cyst rather than a tumor. This means that more than half of KCOTs manifest themselves as ordinary cysts.^[5]

Pretorius has classified calcified odontogenic cyst into cystic and neoplastic type. WHO has considered neoplastic variety as dentinogenic ghost cell tumor in the classification of odontogenic tumors and cystic type is still considered as a cyst.^[2,6] In a similar way, we also suggest that OKC's should be classified into two types depending on extent of tissue destruction, radiographic, and histopathologic features.

- Type I: Cystic
- Type II: Neoplastic

Therefore, we conclude that aggressive treatment should be reserved for selective cases, in contrary to other authors, who believe that all OKCs behave as a tumor and should be treated aggressively.

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Conflicts of interest

There are no conflicts of interest.

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