

## Odontogenic Keratocyst (OKC):- A Controversial Entity

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### ABSTRACT

The Odontogenic Keratocyst (OKC) has gained very special attention due to its aggressive behavior and high recurrence rate. It has characteristic histopathological and clinical features. Many prior attempts have been made to classify these cyst from 1887 to 2017. WHO in 1971 and 1992 classified OKC under developmental odontogenic cyst of jaw. In 2005 WHO classification of head and neck pathology reclassified cyst to Keratocystic Odontogenic tumor (KCOT) because of gene mutations and loss of heterozygosity (LOH) of the hedgehog receptor PHCH1 plays an essential role in the Pathogenesis of KCOT. But In 2017 WHO reclassified OKC back into the cystic category. Despite of many classifications and nomenclature, unfortunately clinicians are still facing difficulties in understanding true nature, identification and management of OKC. Presence of Orthokeratin and parakeratin is considered to be of clinical significance. As it has been found that parakeratin variety has high recurrence rate as compared to orthokeratin. In this poster I am going to present and discuss various treatment modalities of OKC, depending upon size location and histopathological finding

### Biography:

Rekha Kaur is doing one year compulsory rotatory internship at age of 24 years from Punjab Government Dental College and

Hospital Amritsar, (India). She has done 8 Poster and 5 paper presentation during BDS course.