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Letter to the Editor

Periapical calcifying odontogenic cyst

Dear Editor

I have read the recent case report entitled 'Persistent apical periodontitis associated with a calcifying odontogenic cyst' by Estrela *et al.* (2009), which originally appeared in the 'Early View' section of the *International Endodontic Journal*. Although I agree with Dr Estrela that calcifying odontogenic cysts (COC) rarely present on an endodontic diagnostic level (Buchner 1991, Li & Yu 2003, Ortega *et al.* 2007), careful reading of the descriptions and inspection of the photomicrograph in their article fails to convince me that the authors were indeed dealing with a COC, now renamed as a calcifying cystic odontogenic tumour (Praetorius & Ledesma-Montes 2005).

Considering the data provided, it is my belief that there was an error in their histopathological diagnosis. In short, the composite Figure 4, although not crisp, looks for the most part exactly like a radicular cyst and not a single convincing ghost cell is evident. Aside from the presence or absence of ghost cell keratinization, the epithelial lining is stratified squamous in appearance and has no ameloblastomatous areas. I suspected that the authors were influenced by the presence of numerous calcified bodies within the lining epithelium to which these bear a superficial resemblance at first glance. Foci of dystrophic calcification noted as supporting COC are naturally expected in radicular cysts (Sciubba *et al.* 2001, Shear & Speight 2007).

In the interest of scientific accuracy and credibility of the Journal, I am concerned that their paper did not contain any discussion as to why a radicular cyst was not considered in the primary diagnosis. Fearing that my notion was due to personal misunderstanding, I have informally contacted several certificated oral pathologists about the lesion described in the report; not one of them either understood or believed in the diagnosis of COC. As described above, COC with a misleading clinical feature of common periodontal pathosis is worthwhile mentioning (Baughman 2002). I feel, however, that the case report of Estrela *et al.* (2009) will only confuse the issue.

In my opinion, there seem to be two possibilities about the way to proceed. The first would be for the authors to seek the second diagnostic opinion from a centre likely to have substantial experience of odontogenic cysts and tumours such as the Armed Forces Institute of Pathology or from internationally recognized authorities in the field of oral pathology. Alternatively, either now or possibly after having sought such an opinion if it does not support the diagnosis of COC, to withdraw their paper. I also question the capabilities of the original referees in a peer-reviewed journal who accepted the article and its photomicrograph for publication. Hopefully, the report of Estrela *et al.* (2009) will not embarrass or prejudice the good name of the *International Endodontic Journal*.

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