

LETTER TO THE EDITOR

Letter to editor regarding “Diffusion- Weighted Magnetic Resonance Imaging in the Characterization of Odontogenic Cysts and Tumors”



To the Editor:

We read with great interest the article “Diffusion-Weighted Magnetic Resonance Imaging in the Characterization of Odontogenic Cysts and Tumors” published in the October 2020 issue of *Oral Surgery, Oral Medicine, Oral Pathology, and Oral Radiology* by Vanagundi et al.¹ We appreciate the selection by the authors of such an interesting and practical topic. In this study, diffusion-weighted imaging was found to assist in differentiating between odontogenic keratocyst, unicystic ameloblastoma, and dentigerous cyst.¹ Imaging as the third eye of the clinician plays a helpful role in characterization of lesions. However, it is the combination of clinical findings and imaging data that leads us toward the most likely diagnosis before histopathological confirmation.²

In the article, 14 of the 17 cases (82.4%) of odontogenic keratocysts had restricted diffusion on diffusion-weighted imaging, probably due to the presence of desquamated keratin and hyaluronic acid contents. This suggests that aspiration of the lesion could reveal the contents of the entity and that no further advanced imaging modalities such as magnetic resonance imaging (MRI) would be mandatory for a majority of the

cases. This issue is especially important when the availability of MRI is limited. For example, although MRI examination has higher sensitivity and specificity in preoperative differentiation of malignant and benign parotid tumors than an interventional procedure like fine needle biopsy examination, it has been advised to apply MRI judiciously because of its high cost and limited availability.³ It should be remembered that different imaging modalities and other advanced techniques should not distract us from their main function in the clinic, which is to facilitate more precise diagnosis and more appropriate treatment.

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