



Preface  
The odontogenic keratocyst



M. Anthony Pogrel, MD, DDS, FRCS, FACS



Brian L. Schmidt, DDS, MD, PhD

*Guest Editors*

The odontogenic keratocyst remains an enigma. Although first formally described in 1956, many surgeons had been aware that some odontogenic cysts had a tendency to recur long before this time. Even after its description in 1956, it was not until the late 1960s and early 1970s that its properties were defined. For some time it was felt that it represented an interesting histological variant, but had no clinical significance. Since its clinical significance was first appreciated, there has been a tendency to treat the odontogenic keratocyst more aggressively, even up to and including partial resection of the mandible. In some ways this has been reinforced by recent immunohistochemical studies that have suggested that it may be a true benign cystic tumor. However, just when the picture seems to be coming together, a number of studies now seem to show that whatever its aggressive tendency, and whatever the immunohistochemical analyses suggest, this cyst can in fact

be treated for partial cure—or even complete cure—through simple marsupialization and decompression. In this way, the story almost comes full circle.

In this issue of the *Oral and Maxillofacial Surgery Clinics of North America*, we have attempted to assemble all the current thoughts and knowledge with regard to this most interesting of odontogenic cysts or tumors. We hope that after reading this issue, thinking surgeons will be aware of all the current thoughts and philosophies regarding this lesion, allowing them to tailor their treatment appropriately.

M. Anthony Pogrel, MD, DDS, FRCS, FACS  
Brian L. Schmidt, DDS, MD, PhD  
*Department of Oral and Maxillofacial Surgery  
University of California—San Francisco  
521 Parnassus Avenue, C-522, Box 0440  
San Francisco, CA 94143-0440, USA  
E-mail address: map@itsa.ucsf.edu*