

# Distribusi dan frekuensi kista dentigerous berdasarkan elemen gigi penyebab dan lokasi kelainan di poli gigi Rumah Sakit Umum Pusat Nasional Cipto Mangunkusumo periode 1 November 2002 sampai dengan 31 Oktober 2008

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## Abstrak

Latar Belakang: Kista dentigerous merupakan hasil pembesaran folikel, berasal dari akumulasi cairan antara epitel email tereduksi dan email gigi impaksi. Mayoritas berhubungan dengan gigi yang paling sering impaksi, seperti molar tiga mandibula, kaninus maksila, molar tiga maksila, dan premolar dua mandibula. Setiap elemen gigi impaksi memiliki potensi yang sama mengalami pembentukan Kista Dentigerous. Untuk mencegah hal tersebut maka dibutuhkan perawatan yang tepat dan pencegahan sedini mungkin sehingga kemungkinan morbiditas lebih lanjut dapat dihindari. Berdasarkan tinjauan di atas, penulis ingin mengetahui data terbaru mengenai distribusi dan frekuensi Kista Dentigerous berdasarkan lokasi kelainan di Poli Gigi RSUPN Cipto Mangunkusumo periode 1 November 2002 - 31 Oktober 2008.

Tujuan: Penelitian ini bertujuan untuk mengetahui regio yang paling sering mengalami Kista Dentigerous pada pasien Poli Gigi RSUPN Cipto Mangunkusumo periode 1 November 2002 - 31 Oktober 2008.

Metode: Penelitian ini berjenis observasi deskriptif dan merupakan studi retrospektif menggunakan data sekunder berasal dari kartu status pasien Poli Gigi RSUPN Cipto Mangunkusumo periode 1 November 2002 - 31 Oktober 2008 yang di dalamnya tercantum biodata, foto panoramik, dan hasil pemeriksaan histopatologis.

Hasil: Didapatkan 49 kasus dan 48 elemen gigi. Distribusi dan frekuensi menggunakan tabel dan pie chart yang menggambarkan berapa banyak kista dentigerous berdasarkan lokasi kelainan yang terjadi.

Kesimpulan: Distribusi dan frekuensi kista dentigerous paling banyak disebabkan oleh gigi Caninus maksila impaksi dan lokasi kelainan Kista Dentigerous paling banyak terjadi pada regio kaninus - kaninus maksila.

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Background: Dentigerous cyst is a result of follicle swelling, arise from fluid accumulation between the reduced enamel epithelium and the enamel of the impaction tooth. Most often they involve mandibular third molars, maxillary canines, maxillary third molars, and mandibular second premolars. Every single impaction tooth have same potency to grow a Dentigerous Cyst formation. In order to prevent a Dentigerous Cysts formation, we need a certain treatment and prevention must be done as soon as possible so that probability of next morbidity can be prevent. Based on the theory, the author wants to find the latest data about distribution and frequency of Dentigerous Cyst based on causing tooth element and location of cystic lesion in Poli Gigi RSUPN Cipto Mangunkusumo in period of November 1st 2002 - Oktober 31st 2008.

Aim: To know the most region that usually have Dentigerous Cyst formation in Poli Gigi RSUPN Cipto

Mangunkusumo patients within Period November 1st 2002 - Oktober 31st 2008.

Method: The type of this study is descriptive observation - retrospective study by using secondary data from the dental record of Oral and Maxillofacial Surgery Clinic patients in Poli Gigi RSUPN Cipto Mangunkusumo within November 1st 2002 - Oktober 31st 2008 period, which is the content of the dental records is patient's demographic data, panoramic radiograph, and the result of histopathologic examination.

Results: There are 49 cases and involved 48 teeth. Distribution and frequency use table and pie chart to describe the number of Dentigerous Cyst based on causing tooth element and location of cystic lesion.

Conclusions: In this distribution and frequency of Dentigerous Cyst study, the Dentigerous Cyst is usually involve maxillary canine impaction teeth and most often site of Dentigerous Cyst is canine to canine region on maxilla.