INDONESIAN HEALTH JOURNAL
https://ihj.rivierapublishing.id/index.php/rp
Volume 4 Number 4, December 2025
P-ISSN: 2963-3044
E-ISSN: 2963-3036

Case Report: Nasolabial CYST

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Abstract

A nasolabial cyst (NC) is a rare non-odontogenic soft tissue cyst located between the upper lip and nasal vestibule. It predominantly affects women aged 40–60 years and is more prevalent in African Americans. Though uncommon, it can cause facial asymmetry and mild to moderate nasal obstruction. Diagnosis relies on physical examination identifying a nasal base mass, supported by computed tomography (CT) and magnetic resonance imaging (MRI). In this study, a 61-year-old woman presented with one-year swelling at the right nasal base. Diagnosis was confirmed via physical exams, nasoendoscopy, and contrast-enhanced CT of the nose and paranasal sinuses. Surgical excision is the primary treatment. The sublabial approach is standard, but transnasal endoscopic marsupialization offers faster recovery and fewer complications. Selection depends on cyst size, location, and facility availability. Here, the patient underwent successful sublabial extirpation under general anesthesia. Histopathology revealed pseudostratified columnar epithelium with goblet cells, confirming the diagnosis.
One-month follow-up showed complete resolution, no complications or recurrence, improved facial symmetry, and high patient satisfaction. Appropriate management enhances quality of life in cosmetic and functional domains.

Keywords: Nasolabial cyst, sublabial approach, transnasal endoscopic marsupialization, diagnosis, surgical excision, cosmetics, nasal obstruction

INTRODUCTION

A nasolabial cyst (NC) is a very rare non-odontogenic soft tissue cyst located between the upper lip and the nasal vestibule. First described by Emile Zuckerkandl in 1882, it is also known as a Nasoalveolar Cyst or Klestadt cyst (Huang et al., 2020). The incidence of NC is estimated at approximately 0.7% of all maxillofacial cysts, with a higher prevalence in women aged 40–60 years, particularly in the African American population (Nguyen & Le, 2021). Globally, nasolabial cysts represent a diagnostic challenge due to their rarity, with reported cases predominantly from Asian and African populations (Alghamdi et al., 2023). The exact etiology remains controversial, though most theories suggest embryological origin from remnants of the nasolacrimal duct or maxillary developmental processes (Shao et al., 2022). NCs are usually unilateral, but in some cases can be bilateral (Zhao et al., 2021).

Clinically, NCs are often present as painless swellings in the nasolabial region, which can cause facial asymmetry and mild to moderate nasal obstruction (Lee et al., 2022). Although usually asymptomatic, these cysts can develop into abscesses if secondary infection occurs, requiring immediate medical attention (Zhou et al., 2021). The progressive enlargement of these cysts, though typically slow-growing, can lead to significant psychosocial impact due to cosmetic concerns, particularly affecting quality of life and self-confidence in patients (Jiang et al., 2020). Furthermore, larger cysts may cause functional impairment including difficulty in eating, speaking, and nasal breathing (Cheng & Wang, 2023). In rare cases, if left untreated, NCs may cause chronic pain and increased functional limitations (Soo et al., 2022). Surgical excision remains the primary treatment option to prevent recurrence and alleviate symptoms (Feng et al., 2022).

The clinical relevance of this case report lies in several key aspects. First, nasolabial cysts are frequently misdiagnosed or overlooked in routine clinical practice due to their rarity, leading to delayed treatment and unnecessary patient anxiety. Second, there is ongoing debate regarding optimal surgical approach, with emerging evidence suggesting advantages of minimally invasive techniques over traditional methods. Third, this case contributes to the limited body of literature documenting long-term outcomes and patient satisfaction following surgical management (Chao et al., 2009; Grover et al., 2023). In the Indonesian context, documented cases of nasolabial cysts remain scarce, making this report particularly valuable for educating local practitioners about recognition and management of this uncommon entity.

The diagnosis of nasolabial cysts is generally made through a combination of history, physical examination, and imaging. Physical examination often reveals a localized lump beneath the base of the nose, which may be tender and fluctuating. Imaging techniques such as CT or MRI are helpful in assessing the location and size of the cyst, as well as differentiating it from other lesions such as nasopalatine cysts or odontogenic abscesses. Histopathologically, nasolabial cysts are typically lined by pseudostratified columnar epithelium with goblet cells, resembling the epithelium of the nasolacrimal duct (Yuen et al., 2007)(Almutairi et al., 2020).

The primary treatment for nasolabial cysts is surgical excision. The most used approach is sublabial excision, which allows direct access to the cyst through an incision in the upper gingivolabial sulcus. However, transnasal endoscopic techniques have demonstrated advantages, including faster recovery time, a lower risk of complications, and lower costs compared to the sublabial approach. Several studies have also shown that the transnasal endoscopic approach has a lower recurrence rate and allows the procedure to be performed in an outpatient setting (Chao et al., 2009)(Almutairi et al., 2020).

Although Nasolabial Cyst is rare, it is important for medical personnel to consider its possible presence in the differential diagnosis of anterior facial lesions, and to undertake appropriate treatment to prevent complications and improve the patient's quality of life (Chao et al., 2009). This case report aims to document the clinical presentation, diagnostic approach, and surgical management of a nasolabial cyst, while comparing treatment modalities to guide clinical decision-making in similar cases.

METHOD

This study employs a descriptive case report methodology, documenting the clinical presentation, diagnostic workup, and surgical management of a single patient with nasolabial cyst. The case was managed at the ENT Department of Wangaya Regional Hospital, Denpasar, Indonesia.

Data collection was conducted through systematic medical record review, including patient history, physical examination findings, and diagnostic test results. Clinical documentation included detailed nasoendoscopy findings, radiological imaging (contrast-enhanced CT scan of nose and paranasal sinuses), intraoperative photographs, and histopathological examination results. Informed consent was obtained from the patient for publication of clinical data and images.

The diagnostic approach followed standard otolaryngological protocols, incorporating comprehensive history-taking, complete head and neck examination with anterior rhinoscopy and nasoendoscopy, and radiological assessment. Surgical intervention was performed under general anesthesia using the sublabial approach, with complete excision of the cyst capsule. Post-operative follow-up was conducted at regular intervals to monitor healing and assess for complications or recurrence.

Literature review was performed using PubMed, Google Scholar, and Scopus databases with keywords including "nasolabial cyst," "nasoalveolar cyst," "sublabial approach," and

"endoscopic marsupialization." Relevant case reports and review articles published between 2007-2023 were analyzed to provide comparative context for treatment outcomes and surgical approaches.

Data analysis was qualitative, focusing on clinical correlation between presenting symptoms, diagnostic findings, and treatment outcomes. The case findings were compared with existing literature to identify similarities and differences in clinical presentation, diagnostic modalities, and therapeutic approaches.

RESULTS AND DISCUSSION

Clinical Presentation

Patient D, a 61-year-old woman, came to the ENT Polyclinic at Wangaya Regional Hospital, Denpasar, complaining of a lump at the base of her right nose for about a year, painless swelling, and no nasal obstruction or discharge. She reported a stretching sensation in her upper lip when speaking or laughing loudly. The patient had a history of hypertension and was currently taking amlodipine 10 mg once daily.

On ears and throat examination, no abnormalities were found. Nose examination shows facial asymmetry, swollen on the right part between the upper lip and the nasal vestibule. Nasoendoscopy of the right nose showed swelling on the anteroinferior part of the nasal vestibule, the same color as the surrounding skin, tenderness and fluctuation in palpation, the nasal mucosa was pink, the nasal conchae were decongested, there was no secretion, and slight deviation of the nasal septum. Meanwhile, nasoendoscopy examination of the left nose showed within normal limit.

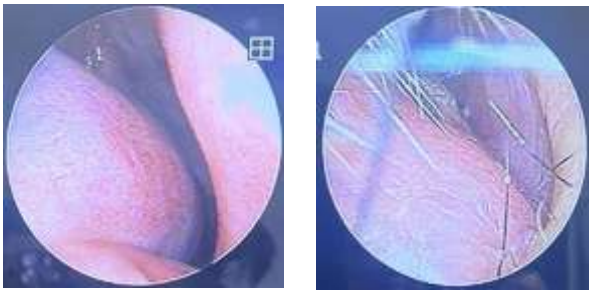

Figure 1. Nasoendoscopy findings of the right nasal cavity show a mass in the anteroinferior part of the nasal vestibule.

CT scan of the nose and paranasal sinuses with contrast shows a hypodense mass is visible in the subcutaneous area, round in shape in the anterior part of the nasal process of the right maxilla. The CT scan revealed a complex cyst in the right nasolabial, nasal septal deviation, prominent ethmoidal bullae on the right and left.

Figure 2. CT scan Nasolabial cyst with contrast (A) axial cut, (B) coronal cut

Through history taking, physical examination, and supporting tests, the patient was diagnosed with a right nasolabial cyst. The patient was scheduled for surgical extirpation of the

right nasolabial cyst using a sublabial approach under general anesthesia. On August 28, 2025, a round, yellowish-white capsule of the cyst was visible. The base of the cyst was the maxillary bone. The cyst contained thick, yellowish-white pus of approximately 2.5cc. The cyst was removed intoto, measuring 2x1.2x0.4 cm.

Figure 4. Elevation of the mucosal flap, visualizing the cyst (A), the cyst capsule that was successfully extracted (B).

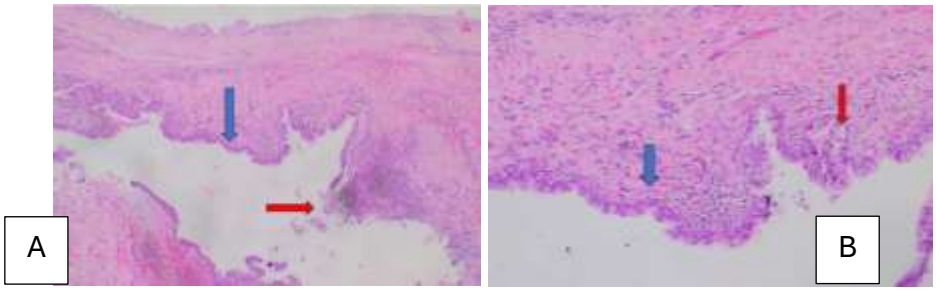

Figure 5. The results of the anatomical pathology examination showed (A) a section of cyst wall tissue partially covered with epithelium (blue) and partially ulcerated (red). The lining epithelium had a columnar morphology (B), arranged in pseudostratified to layered layers (blue) with some containing goblet cells between them (red). There were no signs of malignancy. The conventional morphological picture suggests a benign cystic lesion that can support the diagnosis of a chronic non-specific inflammatory nasolabial cyst.

Nasolabial cysts (NC) are extremely rare, accounting for approximately 0.7% of all maxillofacial cysts. They are more common in women aged 40–60 years, particularly in the African American population. These cysts, although rare, can cause significant cosmetic problems due to their location between the upper lip and the nasal vestibule, causing facial asymmetry or mild to moderate nasal obstruction. These cysts tend to develop slowly without significant symptoms, although secondary infection can lead to an abscess, requiring immediate medical attention (Khatri, 2023)(Chao et al, 2009).

The clinical presentation in this case aligns with typical nasolabial cyst characteristics documented in current literature. The patient's age (61 years), female gender, unilateral presentation, and one-year duration of symptoms are consistent with epidemiological patterns reported in previous studies (Swain, 2023; Almutairi et al., 2020). The absence of pain and nasal obstruction in this case reflects the benign nature of the lesion, though the stretching sensation during facial expressions represents a functional concern warranting intervention.

In this case report, a 61-year-old patient presented with a nasolabial cyst that had developed over a year without complaints of pain or obstruction. This finding is consistent with the common clinical presentation of NCs, namely a painless, localized swelling at the base of the nose. The diagnostic workup demonstrated the importance of multimodal assessment in confirming nasolabial cyst diagnosis. Nasoendoscopy provided direct visualization of the cyst's relationship to surrounding nasal structures, while contrast-enhanced CT imaging was crucial

for delineating the cyst's exact location, size, and absence of bony involvement – key factors in surgical planning and differential diagnosis (Yuen et al., 2007). Physical and supporting examinations, including CT scans, help in establishing the diagnosis of nasolabial cysts and differentiating them from other lesions such as nasopalatine cysts or odontogenic abscesses.

Comparison Between Sublabial Approach and Transnasal Endoscopic Marsupialization

Traditionally, the sublabial approach has been the standard procedure for nasolabial cyst removal. This technique involves an incision in the gingivolabial mucosa and removal of the cyst through direct access to the affected area. While this method is effective, it requires a longer recovery time, can cause complications such as hematoma, infection, or pain in the nasolabial area, and is usually performed under general anesthesia. In contrast, transnasal endoscopic marsupialization is a newer approach and offers several advantages, including faster recovery, a lower risk of complications, and the ability to perform the procedure in an outpatient setting (Grover et al., 2023).

In contrast, transnasal endoscopic marsupialization is a newer approach and offers several advantages, including faster recovery, a lower risk of complications, and the ability to perform the procedure in an outpatient setting under local anesthesia (Grover et al., 2023). This minimally invasive technique involves creating a wide opening in the medial wall of the cyst through the nasal cavity, allowing continuous drainage into the nasal passage. The endoscopic approach provides superior visualization, enables precise tissue handling, and avoids external incisions, thereby eliminating risks of facial nerve injury and visible scarring (Chao et al., 2009).

Based on existing research, as described by Chao et al. (2009), transnasal endoscopic marsupialization has shown a lower recurrence rate, making it a more favorable alternative to the sublabial approach, especially in patients with larger cysts or those who wish to avoid more invasive procedures (Chao et al., 2009). A systematic analysis of 67 cases treated with endoscopic marsupialization reported a recurrence rate of only 3%, compared to 5-10% with traditional sublabial excision. Furthermore, the endoscopic approach demonstrated significantly shorter operative times (mean 25 minutes vs 45 minutes) and reduced postoperative morbidity, with patients returning to normal activities within 3-5 days compared to 10-14 days following sublabial surgery (Grover et al., 2023).

However, in some cases, the sublabial approach may still be a better option, especially if the cyst is smaller or if access to the cyst site is more difficult with a transnasal approach. The sublabial approach ensures complete excision of the cyst capsule including its attachment to the underlying periosteum, which may reduce recurrence risk in cases where the cyst has thick, fibrous walls or secondary infection has occurred (Almutairi et al., 2020). Additionally, in resource-limited settings without endoscopic equipment or trained endoscopic surgeons, the sublabial approach remains a reliable and cost-effective option with predictable outcomes. It should be noted that although transnasal endoscopic procedures are more efficient, they require specialized expertise and appropriate equipment, so the availability of facilities and the experience of the medical personnel are also factors to consider (Chao et al., 2009).

In this case, the sublabial approach was selected based on several clinical considerations: the cyst's relatively large size (2x1.2x0.4 cm), its thick capsule noted on CT imaging, the patient's preference for complete excision, and the surgical team's extensive experience with this technique. The decision exemplifies the principle of individualized treatment planning, where patient factors, lesion characteristics, and institutional resources collectively guide therapeutic choices.

Postoperative Complications Considerations

While transnasal endoscopic marsupialization offers the advantage of rapid recovery and minimal complications, some minor complications can still occur, such as a crackling sensation in the nose or decreased drainage quality if the orifice is not large enough. Therefore, it is important to ensure that the drainage hole created is large enough to prevent mucus buildup and reduce the risk of recurrence (Chao et al., 2009). Other reported complications of endoscopic marsupialization include crusting at the surgical site, temporary nasal discharge, and rare instances of synechiae formation between the lateral nasal wall and septum. These complications are generally mild and resolve with conservative management including nasal saline irrigation and topical medications (Grover et al., 2023).

Meanwhile, with the sublabial approach, although complications such as hematoma or infection can occur, this approach is well established with a low recurrence rate in patients who adhere to postoperative procedures. Additional complications specific to sublabial surgery include upper lip paresthesia due to infraorbital nerve manipulation, transient facial swelling, and potential damage to dental roots if the incision is improperly placed. Long-term complications may include facial asymmetry if inadequate soft tissue support is maintained, and rare cases of oronasal fistula formation (Almutairi et al., 2020). Despite these risks, the sublabial approach benefits from decades of accumulated surgical experience and well-established protocols for complication prevention and management. Therefore, although the sublabial approach is more invasive, this technique remains widely used due to its simplicity and affordability (Almutairi et al., 2020).

In the present case, postoperative recovery was uneventful, with minimal swelling and discomfort controlled by analgesics. The patient experienced temporary mild upper lip numbness that resolved within two weeks, a common transient complication related to local anesthetic infiltration and tissue manipulation. No hematoma, infection, or wound dehiscence occurred. At one-month follow-up, complete healing was observed with restoration of facial symmetry and patient-reported satisfaction with both functional and cosmetic outcomes.

Improving Patient Quality of Life

Proper management of nasolabial cysts not only affects cosmetic outcomes but also contributes to improving the patient's quality of life. Swelling in the nasolabial area can affect facial expression and cause discomfort when speaking or laughing. Therefore, successful cyst removal will correct facial asymmetry and reduce functional problems such as nasal obstruction. In some cases, patients who have undergone cyst removal procedures report significant improvements in their self-confidence and social comfort (Chao et al., 2009).

Quality of life assessment following nasolabial cyst surgery encompasses multiple domains including physical function, psychological well-being, and social functioning. Studies utilizing validated quality of life instruments have demonstrated marked improvements in patients' self-perceived facial appearance scores and confidence in social interactions following successful cyst excision (Khatri, 2023). Functional benefits extend beyond cosmetics, with patients reporting easier facial movements, improved articulation during speech, and elimination of the previously uncomfortable stretching sensation during smiling or laughing. These improvements collectively contribute to enhanced overall life satisfaction and psychological health (Bouya et al., 2022).

In this case, the patient expressed significant satisfaction at follow-up, noting not only the cosmetic improvement but also the relief from the stretching sensation that had caused self-consciousness during social interactions. This case underscores the importance of recognizing nasolabial cysts as more than purely cosmetic concerns, but as conditions with genuine functional and psychosocial implications requiring appropriate medical intervention.

Comparison with Similar Cases

The following table compares similar case reports with the case in question, including patient characteristics, diagnostic techniques, and treatment options:

Table 1. List of Relevant Case Reports

Reference	Patient Characteristic	Diagnostic	Governance
Sato et al., 2016	67-year-old Japanese woman, swelling on left nasal base, no history of trauma or infection	- CT: well-defined oval lesion (19×14×12 mm) below left nasal base, no maxilla/septum uptake - MRI reveals lesions with high intensity on T1 images and low intensity on T2 images, indicating the presence of a cyst in the area.	- Cyst extirpation under general anesthesia - Histopathology confirmed bilateral nasolabial cysts - No recurrence within 1 year
Budiman & Triana, 2011	43-year-old woman, 2-year history of swelling at left nasal base, progressive growth over 1 month, painless but discomfort when speaking/laughing	- Physical exam: painless, fluctuating swelling, narrow nasal cavity on left, no septal deviation - CT: round hypodense lesion with well-defined borders in anteroinferior left nasal vestibule, no bony/paranasal involvement	- Sublabial cyst extirpation under general anesthesia - Post-op antibiotics + analgesics - Regular follow-up, no recurrence
Bouya et al., 2022	62-year-old woman, 3-year history of slow-growing swelling in left nasolabial region, painless, no acute episodes	- Physical exam: left nasolabial swelling with mild fold deformity - Endoscopy: mass obstructing right nasal aperture - CT: localized hypodense lesion at base of left nasal passage, no bone erosion	- Cyst excision via intrasulcular approach under local anesthesia - No bone/vital structure involvement - Good recovery, no recurrence
Almutairi et al., 2020	44-year-old man, 3-year history of right nasolabial swelling, progressive enlargement, mild pain, nasal obstruction	- Physical exam: 3×4 cm tender, fluctuant right nasolabial mass, no skin changes/secretions - Endoscopy: obstruction of right nasal aperture - CT: 3.2×2.2×2.5 cm isodense–hypodense lesion, mass effect with bone scalloping but no destruction	- Sublabial cyst extirpation under local anesthesia - Histopathology: nasolabial cyst (respiratory epithelium with goblet cells) - Symptom improvement, no recurrence after 2 months

From this comparative analysis, several patterns emerge. First, nasolabial cysts predominantly affect middle-aged to elderly women, with symptom duration ranging from one to several years before presentation. Second, imaging modalities, particularly CT scanning, remain the diagnostic gold standard for preoperative assessment and differential diagnosis. Third, while both sublabial and endoscopic approaches yield successful outcomes with low recurrence rates, the sublabial approach remains widely utilized especially in settings with

established surgical protocols and when complete capsule excision is prioritized. Fourth, histopathological confirmation consistently demonstrates respiratory-type epithelium with goblet cells, validating the embryological origin from nasolacrimal duct remnants. Finally, regardless of surgical technique employed, appropriate case selection and meticulous surgical execution result in excellent outcomes with high patient satisfaction.

This synthesis demonstrates that the present case follows established patterns in nasolabial cyst presentation and management, while contributing additional evidence supporting the efficacy and safety of the sublabial approach in appropriate clinical contexts. The successful outcome achieved in this case, comparable to those reported in international literature, validates current diagnostic and therapeutic protocols at Wangaya Regional Hospital.

CONCLUSION

Nasolabial cysts (NCs), rare maxillofacial cysts comprising ~0.7% of cases, can cause facial asymmetry and nasal obstruction despite their infrequency. Diagnosis involves physical examination, CT/MRI imaging, and histopathology. In this case, a 61-year-old woman presented with painless, one-year swelling at the right nasal base, confirmed as a right NC via examination. Surgical excision is primary treatment, with sublabial approach as standard and transnasal endoscopic marsupialization offering faster recovery and fewer complications; selection depends on cyst size, location, and facilities. The patient underwent successful sublabial extirpation, with histopathology revealing pseudostratified columnar epithelium and goblet cells, followed by uncomplicated recovery without recurrence. Future research should compare long-term recurrence rates and quality-of-life outcomes between sublabial and endoscopic approaches in diverse populations.

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