**Answer: Bohn’s nodules**

Bohn’s nodules are inclusion cysts of transient nature. The lesions present as small, isolated or whitish papules of up to 2-3mm in size, located on the buccal or lingual aspect of alveolar ridges or scattered over the hard palate near the hard and soft palate junction of infants. The lesions are benign and can affect up to 80% of new-born. Bohn’s nodules were first described in 1880 as remnants of mucous gland tissues. Histologically, the cysts are lined by keratinising epithelium. These remnants proliferate to form small keratinised cysts.

Differential diagnoses include other developmental oral inclusion cyst such as Epstein’s pearls and dental lamina cyst, as well as neonatal teeth. Epstein’s pearls also appear as small white or yellow keratin filled cysts, however they occur in the mid-palatal raphe region, near the mucosal surface. Epstein’s pearls are thought to develop from entrapped epithelial remnants along the line of fusion of palatal shelves during palatal formation. Dental lamina or alveolar cyst of the new-born is usually found on the crests of the alveolar ridge and are believed to originate from the remnants of dental lamina. Neonatal teeth are teeth that erupt during the first 30 days of life. Neonatal teeth are mostly primary teeth erupting prematurely and not supernumerary teeth.

The diagnosis of Bohn’s nodules can be made based on clinical findings and the characteristic appearance and location of the lesions. Histopathological examination is often not required.

Bohn’s nodules are asymptomatic and transient in nature. They resolve spontaneously within few weeks to few months after birth without intervention. No treatment is required, except for parental counselling and reassurance.

**REFERENCES**