



RESEARCH ARTICLE

NON SURGICAL ENDODONTIC TREATMENT OF EXTRA ORAL SINUS: A CASE REPORT

*¹Dr. Ritu Meel, ²Dr. Neetu Meel and ³Dr. Pratibha Chaudhary

¹MDS (Department of Conservative Dentistry and Endodontics), Mahatma Gandhi Dental College and Hospital, Jaipur (Rajasthan)

²(Sr. Lecturer), Department of Orthodontics and Dentifacial Orthopaedics, Rajasthan Dental College & Hospital, Rajasthan University of Health Science, Jaipur (Rajasthan)

³Post Graduate (Department of Conservative Dentistry and Endodontics), Mahatma Gandhi Dental College and Hospital, Jaipur (Rajasthan)

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ABSTRACT

The present case report discusses diagnosis and treatment of an extraoral cutaneous sinus tract of odontogenic inception in cognation to a mandibular right Central incisor. Patient responded well and the cutaneous lesions rejuvenated uneventfully. In the absence of any clinical symptom complete obturation was done. Patient was kept on customary follow-up.

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INTRODUCTION

The sinus tract described as a communication lead from an enclosed area of inflammation to an epithelial surface (Swales, K. L. et al., 2015). Odontogenic sinus tract is a distinctive but well- documented condition. Categorical dental symptoms are absent in such cases, patients first visit a physician for treatment (Abuabara, A. et al., 2012). Studies indicate that sinus tracts more frequently are found on the chin or submandibular region (John. et al., 2015). Hence, eighty percent of the cases are reported with mandibular teeth and twenty percent with maxillary teeth (Roland A Barrowman. et al., 2007).

Case Report

A 25 year old male who had earlier undergone unsuccessful medical treatment procedure thrice reported to Medical Hospital and was referred to the Department of Conservative Dentistry & Endodontics with chief complaint of Pain and swelling in lower anterior tooth region since 5 months. Past

dental history patient gives a history of pus discharge from chin region fever for which he was taking medication. That root canal therapy was performed on the tooth two year back. On extra oral examination there was soft fluctuant swelling tender on palpation with pus discharge in the chin region there was red edematous area surrounding the swelling (Figure1). Palpable submental lymph nodes. Clinical examination revealed discoloration presence of restoration and Grade I mobility irt 41(Figure 2). Intraoral periapical radiograph revealed an endodontically treated tooth with well-defined radiolucent lesion associated with the lower anterior central incisors (Figure3). Access cavity was reentered using a endo access bur. (Dentsply) .Coronal guttapercha was removed by Xylene and engaged with the help of H-files (Dentsply, Maileffer .Canal was irrigated with saline to flush the GP and sealer remnants. Working Length Determined With 15 K-Files (2%) (Figure 4). The canal were cleaned & shaped with protaper (Densply-Maileffer, Ballaigues, Switzerland), irrigated thoroughly with 5.25% sodium hypochlorite and 2% chlorhexidine Intra canal Medication Calcium Hydroxide Placed irt 41 with a Lentulospiral For 7 Days. Calcium Hydroxide dressing changed periodically every week up to 3 weeks. When the patient was asymptomatic with no discharge from the canals the tooth was obturated with gutta percha

*Corresponding author: Dr. Ritu Meel

MDS (Department of Conservative Dentistry and Endodontics), Mahatma Gandhi Dental College and Hospital, Jaipur (Rajasthan)

points. (Figure 5 and 6). Healing of extra oral sinus absence of swelling Patient was asymptomatic. He was unable to shave before but was comfortable in shaving after the treatment. Only a slight scar remained related to the sinus tract. (Figure7). Eighteen months later complete recuperation of the periapical lesion was observed on radiograph (Figure 8).



Figure 1. Pre-operative extraoral sinus tract



Figure 2. Intra-oral image

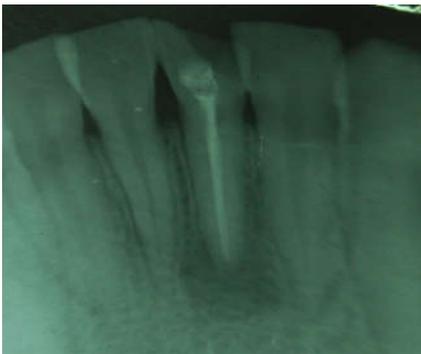


Figure 3. Preoperative intraoral periapical radiograph

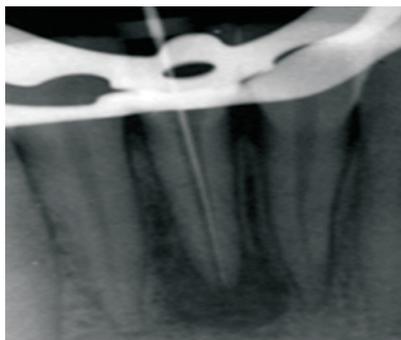


Figure 4. Working length Radiograph



Figure 5. Master cone radiograph

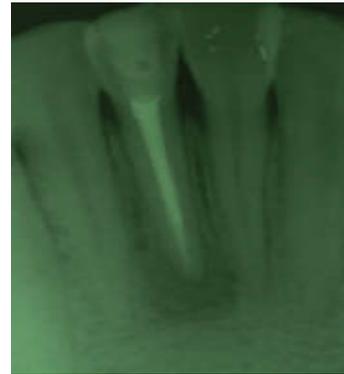


Figure 6. Postoperative radiographs



Figure 7. Complete heal of the sinus tract



Figure 8. Eighteen months follow-up

DISCUSSION

The sinus tracts of dental origin have been reported previously. But, still present a diagnostic challenge to a clinician. Therefore misdiagnoses of sinus tract of dental origin by a physician often undergoing a couple of antibiotic regimens, more than one surgical excisions (Tian, J. *et al.*, 2015). The management of such lesions is to remove the infection. Traditional root canal therapy and sometimes tooth extraction and surgery are useful in disappear the sinus tract within two weeks (Kansa, R. 2013). The prosperity of the non-surgical endodontic treatment method is predicated on opportune cleaning, shaping, asepsis and filling of the root canal. It has been reported that the sterilization of the root canal and periradicular region results in good rejuvenating of periapical diseases (Gautam P. Badole. 2014). Coronal microleakage has been identified as another major cause of assiduous periradicular disease and failure in endodontic therapy (Brown, R. *et al.*, 2010). Along with disinfection, the adequate obturation of the root canal space ideally averts the emergence of endodontic disease and emboldens periapical rejuvenating when pathosis is present. This process can only prosper if the sealed root canal space obviates further ingress of bacteria, entombs remaining microorganisms and averts their survival by obstructing the nutrient supply (Sunandan Mittal. *et al.*, 2014). In the present case, only non-surgical endodontic therapy was carried out and the sinus tract was prosperously treated with minimal scar formation. Ca(OH)₂ Calcium hydroxide was utilized as an intracanal medicament in the present case due to its propitious effects

Conclusion

The Prosperous management of extraoral sinus tracts by means of pulpal necrosis relies upon felicitous diagnosis as well as elimination of the source of infection abstraction of etiological factors by congruous bio plus chemomechanical preparation and 3-dimensional obturation.

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