

Excision Of Periapical Lesion From Dental Origin: Clinical Case



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Clinical case description

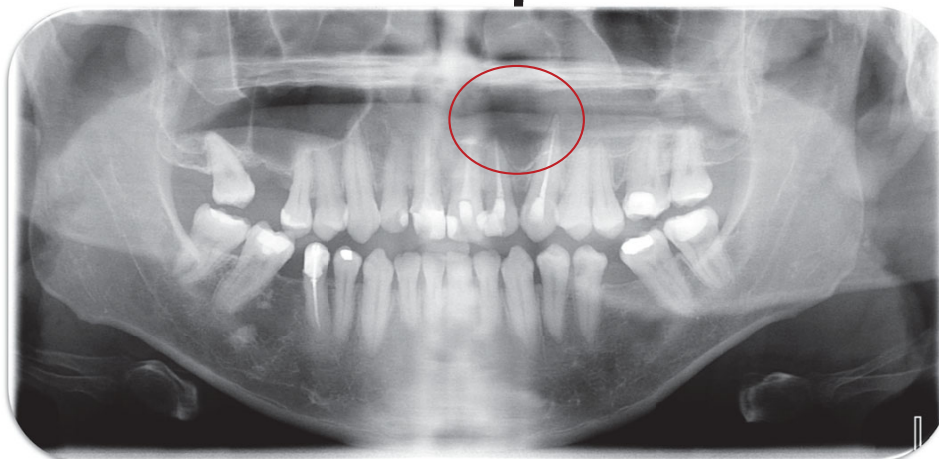


Fig. 1 – Inicial panoramic radiography where its able to see a lesion in the second quadrante.

A 31 year old male patient, with no relevant medical history, was forwarded by a colleague showing, in a panoramic radiography, a lesion in the second quadrant. The CT scan confirmed the existence of a cyst in the suspected area. The injury encompassed the wall of the roots of the teeth 22 and 21, conditioned bone erosion at the level of the left nasal cavity floor, the wall of the left maxillary sinus and palate bone. After doing the endodontic treatment of 23 the patient was medicated with amoxicilin 875 mg + clavulanic acid 125 mg, aceclofenac 100 mg and chlorhexidine 0.2%, to perform surgery under general anesthesia.

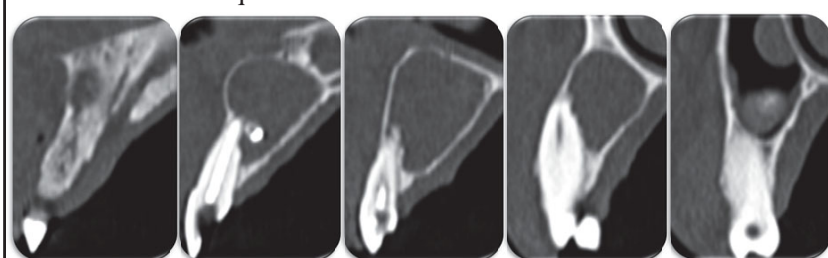


Fig. 2, 3, 4, 5 e 6 – Vertical slices of the CT scan.



Fig. 13 – Inicial photo where the swelling is visible.



Fig. 14 e 15 - Incision and retail with discharge in the distal part of 24 for lesion exposure.

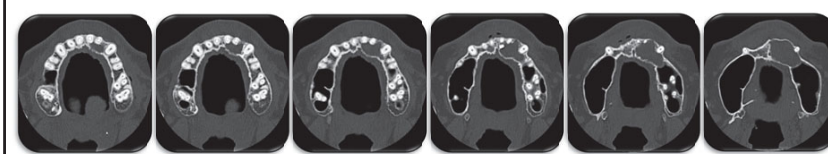
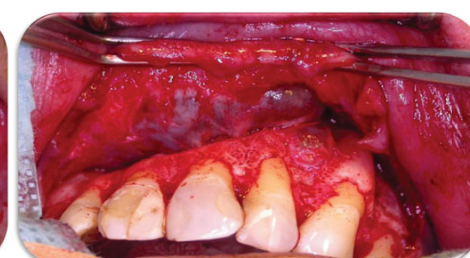


Fig. 7, 8, 9, 10, 11 e 12– Horizontal slices of the CT scan.



Fig. 16, 17, 18 e 19 – Exposure and excision of the lesion and curettage.

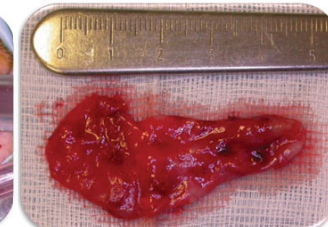
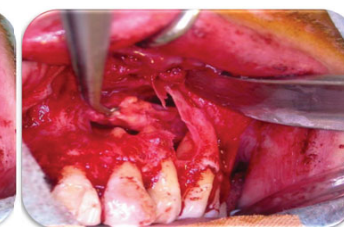
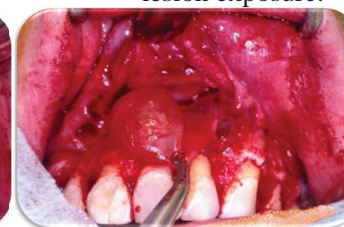


Fig. 24 e 25 – Right after suture and after 20 days.

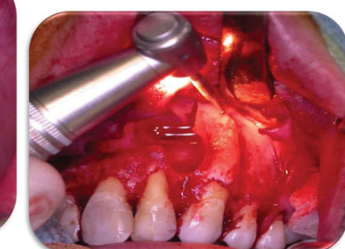
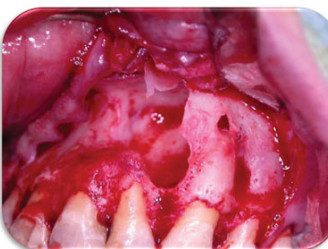
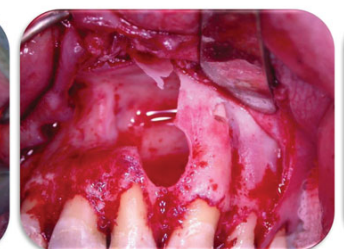
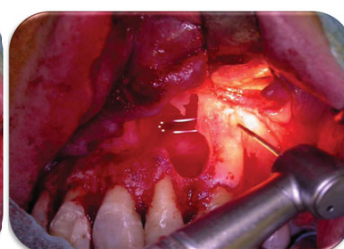


Fig. 20, 21, 22 e 23 – Apicectomy of 21, 22 and 23.



Discussion

Periapical injuries are amongst the most common pathological lesions of the alveolar bone. Are usually caused by pulp necrosis or inflammation with proliferation of inflammatory mediators through the foramen. On rare occasions, periapical lesions may appear under a neoplasm.

They are most often found in the anterior maxillary portion. This is related with the presence of epithelial waste and the high incidence of trauma in anterior teeth. Its location and morfology results in a higher probability of pulp necrosis.

The removal of these lesions, is a sensitive work because, if they reach a considerable size, it may affect the oro-nasal communication, existing reported cases of bone destruction of the nasal cavity.

Conclusion

Periapical lesions should initially be treated with a nonsurgical endodontic treatment. If this treatment dows not result in success, the next step would be a surgical approach.

A correct surgery planning accompanied by appropriate imaging exams, increase the predictability of the intervention, reducing the postoperative inconveniences and the probability injury relapse.

Bibliography: García B., Martorell L., Martí E., Peñarocha M., *Periapical surgery of maxillary posterior teeth. A review of literature*, Med Oral Patol Oral Cir Bucal 2006;11:E146-50. Paul S., Kapoor V., Kumar M., Narula R., Kapoor V., Kapoor U., *A clinical study of cysts of the maxillofacial region; and an assessment of clinico-radiologico-pathological variables affecting the formulation of a comprehensive patient need based treatment plan*, Indian J Dent. 2014 Apr-Jun; 5(2): 69–74.

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