Clinical case description

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.

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 morphology 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 does 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:

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