

Foreign body associated chronic alveolar abscess

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Abstract

A Middle aged women reported to our out-patient department with swelling in the chin and intra-oral pus discharge with the history of frequent recurrence for the past six months. On examination a diffuse swelling in the chin and draining multiple sinuses were noted in the lower labial vestibule. Further interrogation revealed wooden stick injury to the lower lip at work. All associated teeth were found to be healthy and vital. Intraoral oral periapical radiograph revealed altered trabecular pattern.

Following resistance at a particular site during drainage, further surgical exploration and curettage was done. A wooden particle measuring 1.5 x 0.5 cms was retrieved. All the sinus tracts and granulation tissues were excised and debrided. The wound were closed in layers with appropriate sutures.

Periodic reviewing over a period of three months was done. Alveolar and labial mucosa was healed satisfactorily. Radiograph revealed normal trabecular pattern with healing alveolar bone.

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retrieved (Fig. 4). The final diagnosis was chronic alveolar abscess due to foreign body impregnation. All the sinus tracts were excised and debrided. Wounds were closed with appropriate sutures (Fig. 5). Three months follow up showed no recurrence of the swelling. Intraoral radiograph showed normal trabecular pattern. Alveolar and labial mucosa were found satisfactorily healed (Fig. 6, 7).

Introduction

'Foreign body reaction' is a host response to an impregnated material¹. The response varies according to composition and characteristics of the foreign body (fb) which usually is non dissolvable². Apart from road traffic accidents, occupational hazards may also cause foreign body impregnation^{3,4}.

Case Report

A middle aged woman reported to our out-patient department of Vinayaka Missions Dental College with the chief complaint of pain in the lower jaw front region and pus discharge into the mouth for 6 months duration (Fig. 1). History revealed trauma to the chin while felling wood, six months ago. After the trauma, frequent recurrences of pain and swelling for which she had consulted elsewhere and was symptomatically treated. Acute pain and swelling was noted three days prior to her visit to our op. On examination, extraoral scar was noted. Intraorally, vestibular obliteration on the labial aspect with draining multiple sinuses was present (Fig. 2). On further examination, the lower anterior teeth were not tender & mobile. A periapical pathosis was suspected. All the lower anterior teeth were vital. Intraoral periapical radiograph revealed altered trabecular pattern. (Fig. 3) Since the teeth were found vital, and radiograph showed no definite periapical pathology, an incision and drainage was attempted. During the procedure, a resistance was felt and on surgical exploration a wooden particle was



Fig. 1: Pre-operative Patient profile (Frontal view)



Fig. 2: Pre-operative Intra oral view with multiple draining sinuses



Fig. 5: Intra operative Post suturing



Fig. 3: Pre-operative Intra oral periapical radiograph



Fig. 6: Post-operative after 3months



Fig. 4: Intraoperative wooden particle before retrieval

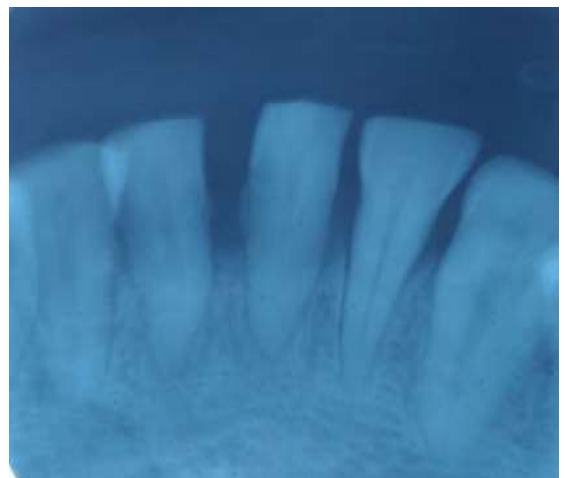


Fig. 7: Post-operative Intraoral periapical radiograph



Fig. 8: Retrieved wooden particle

Discussion

In the literature, many cases were reports related to foreign body. Our present case was mimicking periapical pathology. Misdiagnosis is a common concern in these types of cases. Hence, before initiating any treatment procedure, a proper evaluation of the case becomes mandatory.

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