

Wisdom tooth included and associated infectious lesion: about a clinical case

João Pedro Azevedo¹, Gil Fernandes Alves¹, Márcia Cascão², Patrícia Manarte Monteiro²

joaopedroazevedomd@gmail.com

¹Dentist

²Fernando Pessoa University



Complementary diagnostic procedures

Orthopantomographic (Fig.1)

CT (DentaScan) (Fig.2)

CASE DESCRIPTION: A male patient, 40 years of age, without any systemic pathology worthy of record, attended the clinic referred by a colleague. Reported the existence of two episodes of acute abscess, edema of the right cheek, diffuse pains, limitation of mouth opening (1 finger), inability to feed. Was treated with Amoxicillin + Clavulanic Acid 875mg 125mg (2 pk. 1 pill 12/12h) + deflazacort 30 mg (3 pill/intake/day/3 consecutive days) + Ibuprofen / arginine (1 pill 12/12h) + clonixin 8/8h in SOS. After 12 days, the patient could open his mouth enough to perform the surgery. Both in panoramic radiography and computed tomography, its able to see the tooth 48, in the distal part of the right mandible amount branch associated with a cystic lesion, which was imposed by its removal and extraction.

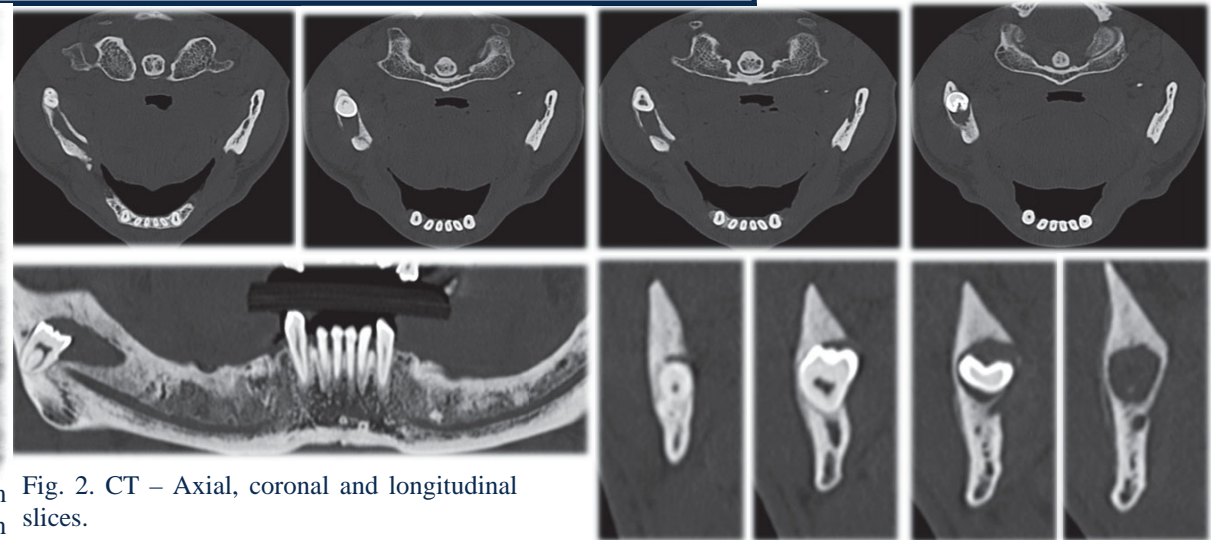
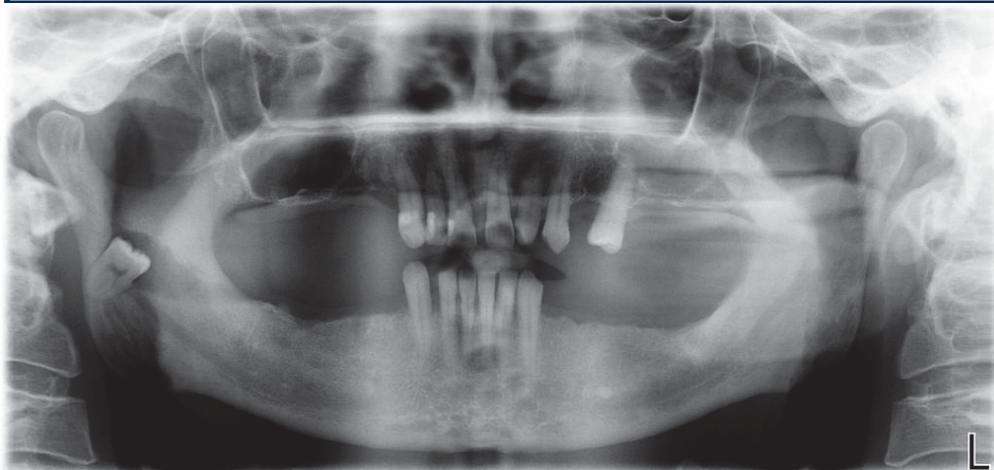


Fig. 1. Inicial Orthopantomography. 4.8 Included with cystic lesion and fistula in the gum line. Patient also complained of pain in the 46 zone despite radiographically cannot be seen any abnormality.

Fig. 2. CT – Axial, coronal and longitudinal slices.

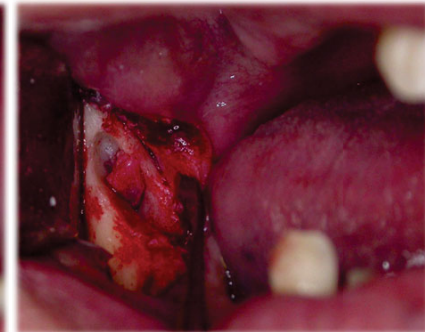


Fig. 3. Inicial clinical situation. Visible edema in the mandible area.

Fig. 4. Incision and displacement of the gum..

Fig. 5. Osteotomy.

Fig. 6. Removal of the cyst.

Fig. 9. Post-surgery control at 30 days.

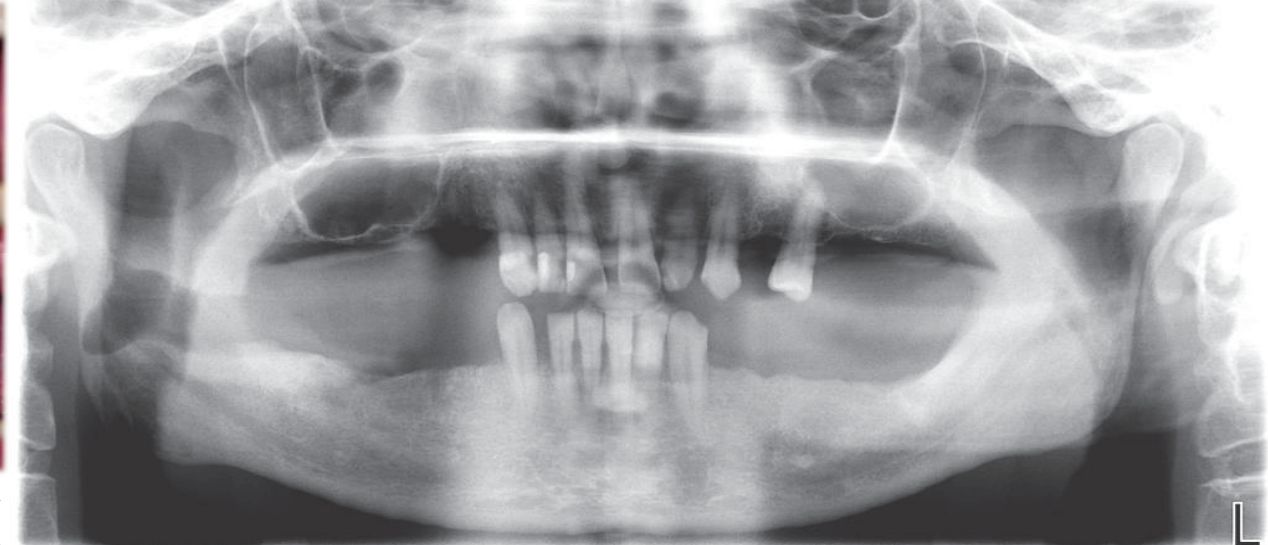
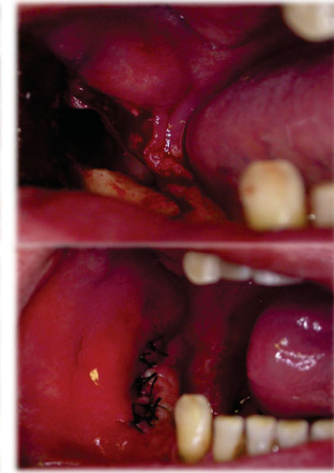
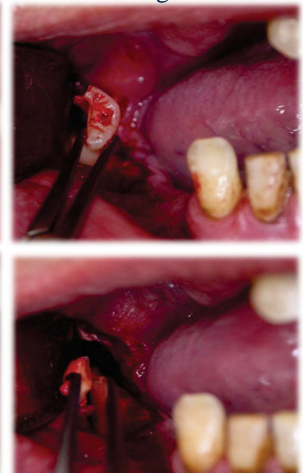
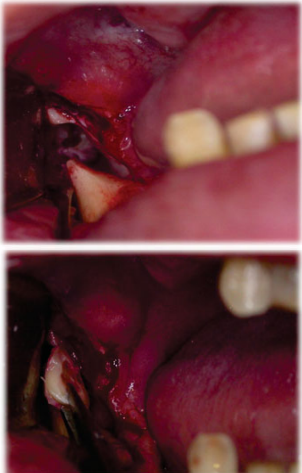


Fig. 7a 7b, 7c e 7d . Extraction of 48 with odontosection. First, the removal of the crown and then the two roots.

Fig. 8. After surgical curettage.; Fig. 9. Suture with monofilament thread.

Fig. 10. Orthopantomography after the surgical procedure.

DISCUSSÃO

Some studies suggest that changing the position of the wisdom teeth may be related to race, diet and genetic factors practiced. In Europe the occurrence of impaction of wisdom teeth reaches 73% in young adults. This impaction can occur in different ways and their extraction may have different levels of difficulty differentiating its approach. The most serious iatrogenic complications that may occur in the extraction of impacted wisdom teeth are injuries of the lower and/or lingual alveolar nerves and neurosensory disorders in functions, paresthesia, numbness or pain in the affected area of the skin region, gingival lower lip, mucous membranes and gum.

CONCLUSÃO

Given its location and proximity of the right inferior alveolar nerve, surgical planning proved to be of utmost importance in order to avoid not only the fracture of the jaw, as well as the displacement of a tooth fragment to the inner face of the jaw. The prescription of complementary diagnostic procedures are crucial for surgical planning, such as anatomical knowledge in order to make possible the most predictable outcome.