



Extra-Oral Sinus Tract

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A 12-year-old boy was referred from the oral and maxillofacial surgeon for vitality testing of his lower anterior incisor teeth. The patient's chief complaint was episodic drainage from a cutaneous lesion in the submental region. The medical history was noncontributory. The patient had no idea of a previous trauma to the area.

Clinical examination showed a crusty nodule approximately 2 cm in diameter in the submental area (Figure 1). Palpation elicited an exudatous discharge from it.

Intraorally, no vestibular swelling was present. The mandibular incisors had no mobility, and responded within normal limit to percussion, with no detectable periodontal pocket.

A periapical radiograph showed a diffuse radiolucency surrounding mandibular left central and lateral incisors. Vitality tests were performed on all mandibular anterior incisors. The mandibular left central incisors did not respond to thermal and electric pulp test. A diagnosis of suppurative apical periodontitis was made on the offending tooth, with a need of root canal treatment.



After injection of one carpule of lidocaine (1/80000 epinephrine), inferior alveolar nerve block, access cavity was performed on the mandibular left central incisor. Isolation was made using rubberdam and clamp. Filing and flaring was performed using K-files using the step-back technique, irrigation was made with 2.25% solution of sodium hypochloride. After the root canal preparation was complete, a mixture of calcium hydroxide was inserted into the canal, and after dressing the tooth with a temporary restoration, the patient was recalled

after a week. Upon recall, the draining lesion had become smaller in diameter, since the patient had noticed it as well.

The root canal treatment was completed by obturating the canal with gutta-percha and sealer using the lateral condensation technique, and the final restoration was made with a light cured composite filling (Figure 2).

The patient was recalled after 2 months. Clinically the draining lesion had completely healed, with a scar left on the place (Figure 3).

Radiographically, the lesion had healed and a distinct lamina dura was seen surrounding the tooth (Figure 4).

