

Diagnosis and treatment of cutaneous facial sinus tracts of odontogenic origin

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I. Introduction

Cutaneous sinus tract of odontogenic origin is relatively uncommon and may be misdiagnosed easily. As specific dental symptoms usually are absent in these cases, patients typically first visit a physician for evaluation and treatment. These sinus tracts most commonly are found on chin or in the submandibular area. Differential diagnosis of a cutaneous draining sinus tract should include chronic periradicular abscess (suppurative apical periodontitis), osteomyelitis, congenital fistula, salivary gland fistula, an infected cyst.

This is to present diagnosis and treatment of cutaneous facial sinus tracts of odontogenic origin.

II. Case Presentation

1. Sex/age: F/18
2. Chief Complaint (C.C): Referred from LDC for further evaluation of #47 and cutaneous fistula in Rt. Mandibular angle area
3. Past Dental History (PDH): Caries removed in LDC (2 weeks ago)
4. Present Illness (P.I) : ZOE filling, Per(-), Mo(-), probing depth(WNL) on #47
: Scabbed cutaneous fistula in Rt. Mandibular angle area
5. Impression: Chronic periradicular abscess with cutaneous sinus tract on #47
6. Tx Plan: Root canal treatment on #47

III. Conclusion

Cutaneous facial sinus tracts of odontogenic origin are often initially misdiagnosed and inappropriately treated. Correct diagnosis and treatment will result in predictable and rapid healing of these lesions.