

Histopathologic evaluation of sinus tract vestigium: Case Report

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I. Introduction

Occasionally, a chronic endodontic infection will drain through an intraoral communication to the gingival surface known as a sinus tract. When endodontic lesion is adequately treated, sinus tract is closed. But, in some cases, sinus tract is closed with scar formation. The etiology factors that lead to closing with scar formation are not known.

This report presents to make clear the difference to closing type of sinus tract in histopathologic evaluation.

II. Case Presentation

<Case I >

1. Gender/age: F/50

2. Chief Complaint (C.C): Re-endodontic treatment. on #23

3. Past Dental History (PDH): N/S

4. Present Illness (P.I): #23 tooth sinus tract (+), per (+), pain (-), pervious endo. tx. state, periapical radiolucency(+)

5. Impression: Chronic periradicular periodontitis on #23

6. Tx Plan: Re-endodontic treatment on #23

<Case II>

1. Gender/age: M/70

2. Chief Complaint (C.C): Discomfort on #44

3. Past Dental History (PDH): N/S

4. Present Illness (P.I): #44 tooth sinus tract (+), per (+), pain (+), periapical radiolucency(+)

5. Impression: Pulp necrosis with periradicular periodontitis

6. Tx Plan: Endodontic treatment on #44

III. Conclusion

Previous histologic studies have found that most sinus tracts are not lined with epithelium and there was no correlation between the duration of the sinus tracts and the histologic appearance of the walls of the tracts. Though the presence or absence of an epithelial lining does not seem to prevent closure of the tract, closing type may be different. Closing of the tract with scar formation may correlate with sinus tract that is lined with epithelium.