

AN ENDO-ORAL SURGERY CASE REPORT

@

THE FACIAL SURGERY HOSPITAL

A 27-year old female patient approached an orthodontist to undergo orthodontic treatment. Preliminary work-up included an OPG in which a cyst in relation to impacted 38 was found. Patient was totally asymptomatic. Cyst had enlarged, seeming to involve 37 as well.



Before enucleation of the cyst was done, a dentist begun doing root canal treatment in 37, finding it to be vital. During the procedure, a file broke in mesiobuccal canal, beyond its apex. Attempt to retrieve the broken instrument was done but was unsuccessful. Various endodontists tried to retrieve the file, but in doing so, it kept on being pushed further beyond the apex.



A perforation also occurred during this process. She had tremendous pain and had to stay under the constant influence of painkillers.

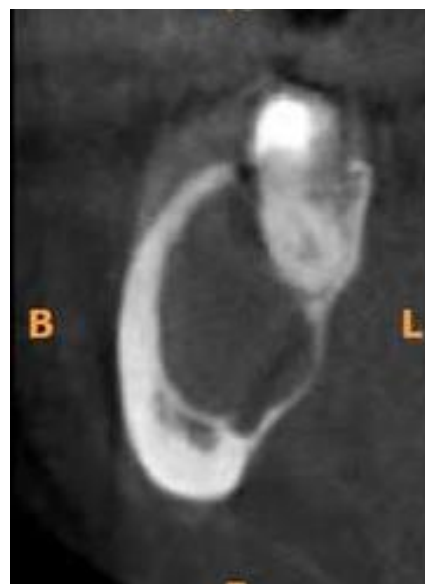
She was referred to The Facial Surgery Hospital for further treatment. Before going for enucleation of the cyst, obturation in canals other than the one having the broken file was advised in order to relieve pain. This was done by an endodontist.



Enucleation of the cyst in one piece along with removal of the impacted 38 by sectioning was done. During surgery, TMJ Arthroscope was used to view the apex region of 37 (the roots of which were inclined towards the lingual cortex as per the CT scan), which is an otherwise difficult area to see and capture.



Mesial root of 37

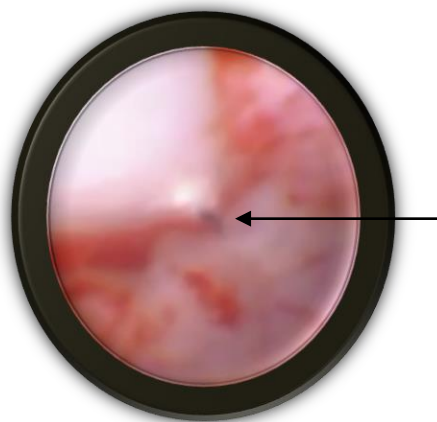


Distal root of 37

The broken file was clearly visible with the help of scope.



An attempt was made to pull the whole file out of the canal but it was not possible due to its taper, so we cut near the apex.



Apicectomy of mesial root was carried out. Closure was done. Patient was advised to go for obturation in the mesiobuccal canal after a few days.

- In a radiograph, presence of cystic margins beneath a tooth other than the one responsible doesn't necessarily mean that that tooth is involved and non-vital. So always check the vitality before commencing with RCT.
- Our hospital is equipped with instruments and skills such that apicectomy can be carried out in any tooth regardless of its position in the arch.

Dr. Kaushik Pethani
MDS, DNB
Oral & Maxillofacial Surgeon
Rajkot