Surgical Management of Periapical Lesion in the Maxillary Anterior Region Caused By Trauma in an Atheletic Child-A Case Report

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Abstract

The periapical lesions are the result of an inflammatory response to bacterial infection within the root canal. Conservative approach of treatment of any lesion is always preferred over surgery. Non surgical method involves cleaning and disinfecting the root canal system which reduces the bacteria and creates an environment in which periapical healing can occur. This has limited periapical surgery in very selected dental cases such as in those cases in which causative factors are located outside the root canal eg-bacteria colonizing the periapical tissues, cysts and foreign body reactions. Here a case report of a 17 year old boy who presented with maxillary anterior periapical lesion is presented and discussed. The patient gave a history of trauma to anterior teeth while playing cricket 8 years back. This case was managed by root canal treatment followed by periapical surgery.

Key Words: Periapical Surgery, Anterior Teeth, Trauma

Introduction

Traumatic injuries are one of the serious unanticipated events that results in pain, apical periodontitis, swelling and pscychological problems to the patient. Periapical lesions and pathologies are the outcomes of untreated traumatic teeth *(Grossman, 1967).* Treatment options available to treat such cases include periapical surgeries. First the treatment of choice is the management of periapical lesion with nonsurgical method by using calcium hydroxide as an intracanal medicament. But if the periapical lesion is large then periapical surgery is the choice *(Nair, 1998). Natkin et al (1984)* analyzed the data of various studies relating radiographic lesion size to histology. They concluded that if the radiographic size of the lesion was greater than 200 mm^2, the incidence of cyst was 100 % and if the lesion is separate from the apex with an intact epithelial lining it may not heal when treated nonsurgically. In the present case report pertains to a periapical lesion which was large and could be treated with periapical surgery only.

Case Report:

Figure 1: Discoloured & fractured teeth nos 11, 21.

A 17 year old boy reported to the department of Pedodontics and preventive dentistry with the chief complaint of pain and recurrent swelling in the upper front teeth region since 8 weeks. The patient gave a history of trauma to anterior teeth while playing cricket 8 years back. On

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