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## Suppurative facial fistula: A case report

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**Background:** Cutaneous odontogenic fistulas or sinus tracts are frequently misdiagnosed and incorrectly treated, leading to unnecessary procedures and patient suffering. An understanding of the draining cutaneous sinus tracts will lead to a more appropriate treatment. Most cases will respond to conservative, non-surgical root canal therapy.

**Objective:** To report a case of cutaneous sinus tract secondary to chronic periapical dental infection which have been recently observed at our hospital.

**Case report:** We present a case of recurrent suppurative facial lesions that were initially misdiagnosed and treated with oral antibiotics without response. Clinical findings: palpable facial nodules with drainage, palpable intraoral cords, and a poor dentition with gingivitis as well as radiologic examination showing a periapical disease process were consistent with dental sinus tracts. He was referred to maxilla facial department where extraction of the cyst and non-restorable teeth were performed. After appropriate dental therapy, the sinus tract resolved within a few weeks.

**Discussion:** The most common cause of draining cutaneous sinus tracts on the face is a chronic periradicular abscess. Cutaneous lesions may appear early or up to 30 years after a primary dental problem has occurred. Cutaneous odontogenic sinus is an uncommon disease and may be easily misdiagnosed. An injury or disease of the tooth may result in degeneration of the pulp and periapical abscess. Only half patients have registered a history of toothache. The majority of dental sinus tracts develop intraorally. When an extra oral odontogenic sinus tract occurs, it most often develops in close proximity to the offending tooth. Patients often seek treatment from a physician and referred with chronic suppurative lesions that resemble a cyst, furuncle or ulcer. Diagnosis is established by tracing the sinus, dental examination and radiologic evaluation. Most cases will respond to conservative, non-surgical root canal therapy. Endodontic treatment is recommended.

**Conclusions:** As patients with cutaneous facial sinus tracts of dental origin often do not have obvious dental symptoms, a possible dental etiology may be overlooked. If dental origin is suspected, the diagnosis is easily confirmed by dental examination and dental roentgenograms of the involved area. Early correct diagnosis, based on radiologic evidence of a periapical root infection and treatment of these lesions can help prevent unnecessary and ineffective antibiotic therapy or surgical treatment, reducing the possibility of further complications such as sepsis and osteomyelitis.

### Biography

Rosa Gimenez-Garcia is working as a Clinical Assistant in Hospital Universitario Rio Hortega, Valladolid, Spain and Associate Professor in the Faculty of Medicine in Valladolid Spain. She done her residency 1981-1985. Hospital Clinico UNiversitario de Valladolid, DEPARTMENT OF DERMATOLOGY. Worked as Consultant Dermatologist in Hospital Clinico Valladolid and its area of health May 1985-Novembre 1987. Post of Clinical Assistant .Hospital Virgen Blanca" de León (Obtained through public competitive examination) 04-11-87 y el 06-11-90. Post of Facultativo Especialista de Área (Clinical Assistant) (obtained through public competitive examination) "Hospital Rio Hortega" Valladolid 06-11-90- present.

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