The effect of inadequate treatment of 36 that carious

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ABSTRAK
Geligi molar pertama permanen yang erupsi ke dalam rongga mulut adalah geligi molar pertama tahang bawah, yaitu pada usia 6 tahun. Pada masa ini, anak-anak masih acuh terhadap kesehatan mulut. Prevalensi karies geligi molar pertama permanen sangat bervariasi, tergantung pada lokasi, populasi ataupun bangsa. Artikel ini ingin menunjukkan akibat perawatan yang tidak sempurna pada gigi 36 pada anak laki-laki usia 16 tahun. Gigi karies menjadi penyebab abses submandibula, penanganan tidak tepat, menjadi kronis, dan menyebabkan adanya fistula ke angulus mandibula di daerah kulit. Abses subkutan kronis tidak terawat dengan sempurna. Rasa sakit hilang, tetapi deviasi mandibula tetap ada. Pasien tidak dapat membuka mulut secara normal. Tatalaksana kasus dilakukan dengan mengajukan anamnesis secara sistematis, dan pemeriksaan klinis, termasuk foto panoramik. Diskusi kasus dilakukan diantara spesialis bedah mulut, konservasi gigi, radiologi dental dan ilmu penyakit mulut. Simpulan dari kasus ini, anak laki-laki ini diberi pengertian dan nasehat secara seksama tentang apa yang sudah terjadi pada rahang dan pipi kirinya. Disarankan bagi semua yang terlibat dalam perawatan pada daerah oromaksilofasial, untuk sangat seksama melakukan perawatan agar dapat menghemat waktu, dana, maupun mungkin nyawa pasien.
Kata kunci: karies, abses kronis, sikatriks, deformitas wajah, gambaran panoramik

ABSTRACT
The first molar teeth that erupt into the mouth are the first mandibular permanent teeth. Usually it erupt at 6th years of age. In this age, the children neglect their oral hygiene. The prevalence of the carious of the first molar varies according to locations, populations or ethnics. The purpose of this paper is to show the effect of improper treatment of 36 in a 16-years-old boy. The carious tooth caused submandibular abscess, improper management, became chronic and made a fistula into the angulus mandibulae cutaneous region. The chronic subcutan abscess was treated improperly. The pain disappears, but deviation of the mandible still persists. He could not open his mouth normally. The management of the case was a systematic history taking, and clinical examination, including panoramic photograph. The case was discussed among oral surgeons, conservative specialists, dental radiologists and oral medicine specialists. The conclusion of the case was the boy had to be carefully advised and educated about what had happened with his jaw and left cheek. This study suggests that everyone in charge of treating diseases in the oral and maxillofacial region, should be warned to be very careful and responsible to save time, money or even the life of the patient.
Key words: caries, chronic abscess, cicatrix, face deformation, panoramic image

INTRODUCTION

The first molar teeth that erupted into the mouth are the first mandibular permanent teeth. Usually it is erupted in the 6th years of the age.[1] In this age, children neglect their oral hygiene. The prevalence of the carious of the first molar was variable according to many locations, populations or ethnics .The data obtained has been useful to compare the dental status across different cities of region and the country. The higher weight in the dmft index corresponded to the "d" component (decay) which is represented an average of 80% of it, while the "f" component (filled) accounted for 13% of the index.

Males and females had similar caries experience, but caries levels were significantly higher among children of low income family.[2-4] Death of the pulp is followed by extension of the infection or leakage of bacterial metabolites causing periapical inflammation. Aseptic necrosis of the pulp after a blow on the tooth and damage to the apical vessels also causes apical periodontitis, as a result of either inflammatory mediators from the necrotic tissue or carriage of periodontal bacteria into this area.[5]
The trip of inflammation from the gingival to the supporting periodontal tissue is

superficial carious→ medium carious → carious profundas→ perforated →necrosis pulpae → gangraen radix → acute periodontitis → periapical abscess→ condensing osteitis → subperiosteal abscess → periosteal abscess → submucous abscess → subcutan abscess

The pathway of the spread of inflammation is critical, because it affects the pattern of bone destruction in periodontal disease.[6]

Suppuration may accompany acute or chronic inflammation, and if the infection is not drained, either by extraction of the causative tooth or by opening the pulp canal, it can be break through the overlying bone (usually the buccal plate) and produce a sinus on the alveolar mucosa over the affected apex, or, occasionally, in the skin overlying the mandible.[4,6]

Ossifying fibroma more often occurs in the mandible and the treatment/management of the lesions are by surgical enucleation. Juvenile aggressive forms are seen and may require end block resection.[7] Benign fibro-osseous lesions of periodontal membrane origin are much more prevalent in the jaws than are fibro-osseous lesions of medullary bone origin. These later lesions may be differentiated by clinical, radiographic, hematologic and histopatologic considerations [6,7]

An unusual fistula which discharged into a subcutaneous abscess and ruptured and drained several times a day. The source of infection is the mandibular first permanent molar. Drainage ceases on removal of the sources of infection.[8]

Osteoma cutis is a rare soft tissue ossification in the skin. Approximately 85% of cases occurs secondary to acne or long duration, developing in a scar or chronic inflammatory dermatosis. Histologically these lesions are areas of dense viable bone in the dermis or subcutaneous tissue. They occasionally are found in diffuse scleroderma, replacing the altered collagen in the dermis and subcutaneous septa.[9]

The purpose of this paper is to show the sequel of improper treatment of 36 in a 16 years old boy. The carious tooth was the cause of submandibular abscess, missed management, and became chronic that made a fistula into the angulus mandibulae cutaneous region. The chronic subcutan abscess was treated improperly. The pain was reduced, but the deviation of the mandible still persisted. He couldn't open his mouth normally.

The management of the case was a systematic history-taking, clinical examination, including panoramic photograph.

DISCUSSION

After data were collected, the case was discussed among the oral surgeons, conservative specialists, dental radiologists and oral medicine specialists.

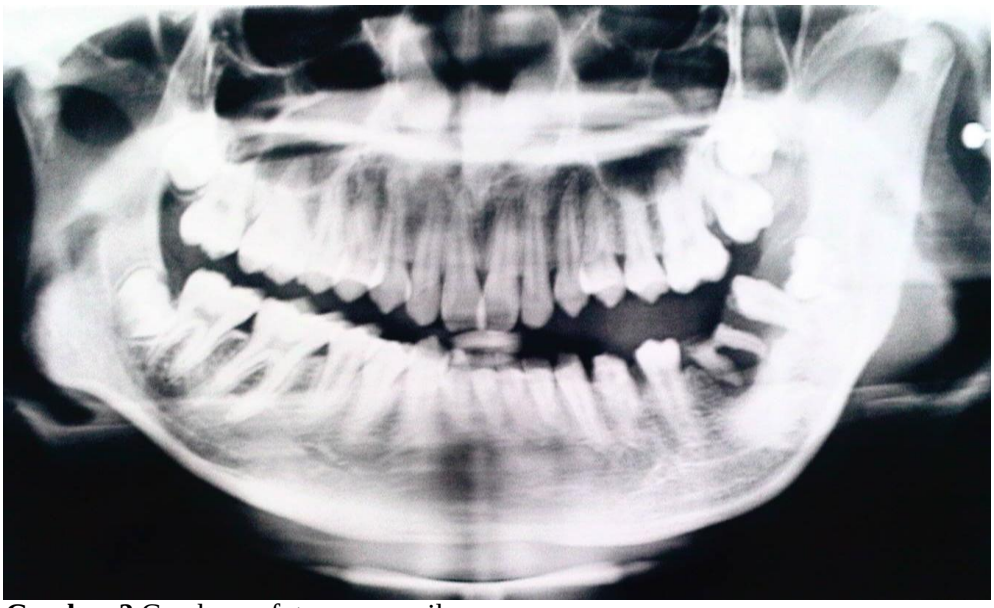
The anamnesis shows that the boy is from the low level income family. Just as the former writers said[1-4] the illness was ignored by the family due to the lack of fund. He suffered from this illness since the age of 8 years. He was curred the illness by the traditional medicament. He lived in a village that is far enough from The Public Health Centre. He stopped his elementary school in 5th grade. Most of his time was helping his parent earning their living.

With reference to the forners studies,[5-9] the condition was supported by the already known cases. The deformation of the face of this boy became adapted by him, because it happened since he was still young. It seems he already gave up for a treatment. Now he gets used to his condition. He is able to eat. He does not realize that his jaw does not open normally. As long as he is still able to eat and speak normally, he doesn't care.

After the initial treatment was given to the patient, he was not able to be contacted. He disappeared from Surabaya, and will not be continuing the proper examination, or even a treatment. He only got supportive medicaments and education.

Gambar 1 Gambaran ekstra oral pasien

Gambar 2 Gambaran intra oral



Gambar 3 Gambaran foto panoramik

The conclusion of the case was the boy had to be carefully advised and educated about what had happened with his jaw and left cheek. It is suggested that everyone in charge of treating/managing diseases in the oral and maxillofacial region, should be warned to be very careful and responsible to save time, money or even the life of the patient.

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