

Maxillary sinus problems of dental origin

By Inga Louisa Stevens

On Day 1 of the Rhinology Sessions at the 7th EROC Congress in Dubai, Dr Taher Issa, consultant ENT Surgeon and head of the ENT Department at Maghrabi Hospitals and Centres, KSA, gave an interesting case presentation on the management of maxillary sinus problems of dental origin.

He discussed the various types of fistulas causing maxillary sinus problems including the Oroantral Fistula, which follows the removal of a posterior maxillary tooth. The treatment involves an endoscopic middle meatal antrostomy under the cover of a suitable antibiotic. This is followed by closure of the fistula using palatal and buccal flaps sutured together without tension. According to Dr Issa, the use of septal cartilage to cover the fistula helps to avoid recurrence.

One particular case of interest was that of a 38-year-old patient who had had a right dental extraction two months earlier and had come in to see Dr Issa complaining of bad smelling discharge from a small opening in the upper jaw.



Dr Taher Issa

Clinical examinations showed a right Oroantral Fistula with purulent discharge from the fistula and in the middle meatus. Surprisingly, the CT scan showed that there was a large cyst and a tooth inside the cyst.

Dr Issa was successfully able to remove the cyst, which was easily penetrated due to a thin wall. Then he was able to remove the tooth, from inside the cyst, and extract it through the nose. "You must take care

to remove the cyst wall completely," he cautioned.

In conclusion, Dr Issa highlighted that a good percentage of maxillary sinus problems are of dental origin and that full cooperation between the otolaryngologist and the dentist is of utmost importance. Many cases can be handled through an endoscopic middle meatal antrostomy while some patients may need an additional canine fossa trephination. ■