LETTER TO THE EDITOR

Intra-oral periapical radiograph can aid in the diagnosis of oroantral fistula

Dear Sir,

A 60-year-old patient visited the dental clinic with a chief complaint of painful swelling on the right side of the middle third of face for the past 1 week. The patient gives a history of extraction of a maxillary molar 10 days back, following which he developed the painful swelling. There was no history of regurgitation of fluids from the oral cavity to the nasal cavity. The patient’s medical history revealed that he was diabetic but not on medication. On extraoral examination, the overlying skin was erythematous and a diffuse tender swelling of size 2 cm × 2.5 cm was observed over the middle 1/3rd of the right side of the face [Figure 1]. Intraoral examination revealed an unhealed socket in the maxillary right first molar region [Figure 2]. Computed tomography scan revealed sinusitis but could not demonstrate any communications between the maxillary sinus and oral cavity. Surprisingly, the intraoral periapical radiograph (IOPA) of maxillary first molar region clearly revealed a break in continuity in the floor of maxillary sinus measuring about 3 mm in diameter [Figure 3]. Thus, a diagnosis of maxillary sinusitis due to oroantral fistula was rendered.

Oroantral fistulas are one of the rare complications of extraction of maxillary posterior teeth. If the communication between the oral cavity is <3 mm, the defect tends to close spontaneously. However, if the clinician fails to treat the associated maxillary sinusitis, the spontaneous closure may not occur in these cases. In such cases, antibiotics such as piperacillin/ampicillin (combined with beta-lactamase inhibitor such as clavulanate), amoxicillin, cefotaxime, clindamycin, moxifloxacin, ciprofloxacin, and tetracyclines are required to prevent potential complications due to

![Figure 1: Extraoral examination showing swelling over the right middle 1/3rd of the face](image1)

![Figure 2: Intraoral examination showing unhealed socket in 16 region](image2)

![Figure 3: Intraoral periapical radiograph showing break in continuity of sinus floor with respect to 16](image3)
Early diagnosis and treatment of the oroantral fistula is the need of the hour. The present case demonstrates that a plain IOPA which is easily available with most general dental practitioners could be used to diagnose suspected cases of oroantral fistula. To conclude, routine post-surgical screening of patients undergoing maxillary posterior teeth extraction with IOPA could aid in the early diagnosis and treatment of oroantral fistulae.

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