

Parodontal Abscess: Management of a Case at Bamako CHU- CNOS

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Case Report

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Abstract: Periodontal abscess is one of the most common emergencies in periodontology that corresponds to purulent inflammation, localized within the periodontium. It is very important to quickly diagnose and treat the condition because it is also the cause of tooth loss. The objective of this work is to manage a clinical case of periodontal abscess in our periodontology department of CHU-CNOS of Bamako (Mali). After the drug prescription the patient was subjected to debridement and root planing under irrigation with an antiseptic. The result is very satisfactory because taking charge has saved this tooth.

Keywords: Periodontium, Periodontal abscess, descaling, radicular surfacing, CHU-CNOS.

INTRODUCTION

Periodontal abscess is one of the most common emergencies in periodontology that corresponds to purulent inflammation, localized within the periodontium. This abscess is usually caused by mechanical aggression resulting in impossibility of cleaning by the patient. It can occur during periodontitis during treatment or even during maintenance [1]. It is very important to quickly make the differential diagnosis with periapical abscess. It is also the cause of tooth loss in our daily practice. However this pathology can be treated and the tooth concerned preserved. The objective of this work is to manage a clinical case of periodontal abscess in our periodontology department.

GOAL

The goal is to manage this clinical case of periodontal abscess in our periodontology department of university hospital center National odontostomatology center

CLINICAL OBSERVATION

Mrs. H. Z. 49 years of profession housewife addressed the periodontics department in November 2011 for acute pain and the desire to extract tooth 16 because oozing and suppuration caused bad breath. She told us that on several occasions she benefited from a prescription including antibiotics and sedatives. The clinical examination revealed a gum line, a presence of tartar, a slight discomfort during chewing, dental

mobility. The tooth did not have a carious cavity. On the panoramic radiograph a V-shaped angular alveolysis.

The treatment was initially a drug prescription consisting of lincomycin, metronidazole, paracetamol and Eludril 7 days.

Four days after the patient underwent local anesthesia a descaling and root planing of the 16 with hydrogen peroxide irrigation. Diluted. The continuation of the nonsurgical treatment was favorable and the patient still has his tooth 16 in the mouth.



Fig-1: periodontal abscess



Fig-2: radiological image with angular alveolysis



Fig-3 to 6: Granulation tissue Stages of descaling + radicular surfacing of the 16

DISCUSSION

The differential diagnosis of the periodontal abscess is a clinically important step that allows the dentist to: more clearly understand the condition or circumstance; assess reasonable prognosis; eliminate any imminently life-threatening conditions, plan treatment or intervention [2].

The occurrence of periodontal abscess has occurred after several prescriptions of antibiotics not accompanied by mechanical therapy has been reported by other authors [3-5]. The nature of V-shaped alveolysis is characteristic of periodontal abscess and a differential diagnosis criterion with endo periodontal lesion [4]. Management of the abscess requires antibiotic therapy for at least 7 days [6]. The prescription drug is associated with scaling + root planing and sometimes we use an incision. The prognosis after a meticulous diagnosis is generally favorable.

CONCLUSION

The management of periodontal abscess depends on an accurate diagnosis. Antibiotic prescription is necessary but insufficient without descaling + root planing with irrigation of the lesion

with an antiseptic solution. This support allows you to save the tooth.

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