
Što se sve može sakriti iza kliničke slike odontogenih apscesa. Previd ili pogrješka? - prikaz dvaju slučajeva.

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Sažetak

Ovim se radom želi upozoriti na važnost iscrpnoga kliničkog pregleda, dijagnostičke obradbe i dobrog poznavanja patologije usne šupljine kako se ne bi dogodilo pogrješno liječenje i gubitak dragocijena vremena.

Prvi pacijent R. J., tridesetšest godina, dolazi zbog perimandibularnog otoka i trizmusa desne strane lica u OB Karlovac, ORL odjel. Tu mu se dva puta učini ekstraoralna incizija pod sumnjom odontogenog apscesa. Dolaskom oralnoga kirurga u bolnicu i uvidom u stanje usne šupljine pacijent se dogovorno premješta u KKLČU KB "Dubrava". Pregledom se intraoralno našao ispod jezika jasan ulkus desno te golem infiltrat gotovo cijele prednje dvije trećine jezika. Palpacijom se nađu fiksirane metastaze u regiji dva i tri veličine 50 milimetra. Nakon prikaza, na onkološkom konziliju indicira se samo iradijacija. Na kontroli, nakon šest mjeseci, vidljiva je djelomična regresija bolesti.

Drugi pacijent I. J., tridesettri godine, dolazi u ambulantu oralne kirurgije pod sumnjom palatinalnog apscesa od gornjih lijevih molara. Gornja lijeva šestica se trepanira, a suspektni apsces dva puta incidira. U tijeku šest mjeseci uopće nije bilo regresije bolesti pa se pacijent upućuje u KKLČU KB "Dubrava". Tamo mu se učini citopunkcija, biopsija, CT maksile te se utvrdi da se radi o mukoepidermoidnom karcinomu tvrdoga nepca. Nakon preoperativne pripreme pacijentu se učini parcijalna resekcija gornje čeljusti. Terapija pacijenta je u tijeku.

Ta dva slučaja govore da se jasno moraju znati uzročnici različitih oteklina u području glave i vrata i da, ako se radi o odontogenoj upali, ona na odgovarajuću terapiju reagira za kratko vrijeme.

All that can be Hidden Behind the Clinical Appearance of Odontogenic Abscesses. Oversight or Error? - Presentation of Two Cases

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Summary

The aim of this study was to show the importance of a detailed clinical examination, diagnostic analysis and good knowledge of the pathology of the oral cavity, in order to avoid erroneous treatment and loss of precious time.

The first patient, R. J., a 36-year-old man, was admitted to the ENT Department of the General Hospital, Karlovac, because of a perimandibular swelling and trismus of the right side of the face. Because an odontogenic abscess was suspected extraoral incision was performed on two occasions. After the arrival of an oral surgeon to the hospital and examination of the oral cavity the patient was transferred to the Clinical Department of Oral and Maxillofacial Surgery, University Hospital Dubrava. During an intraoral examination an ulcer was detected beneath the tongue on the right side and a massive infiltrate of almost the whole of the anterior two thirds of the tongue. Immovable metastasis was detected by palpation in regions two and three, 50 millimetres in size. After consultation at an oncological Meeting irradiation only was indicated. A check-up six months later showed partial regression of the disease.

The second patient, K. J., a 33 year-old man, came to the Out-patient Department of Oral Surgery with suspected palatinal abscess of the upper left molar. The upper left six was trepanated and the suspect abscess incised twice. For a period of six months no regression occurred and consequently the patient was sent to the Clinical Department of Oral and Maxillofacial Surgery, University Hospital Dubrava, where cytopuncture, biopsy, CT of the max-