

---

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

Zoran Ivasović<sup>1</sup>, Marko Krmpotić<sup>2</sup>,  
Aleksandar Milenović<sup>3</sup>, Davor Katanec<sup>4</sup>

<sup>1</sup>Klinički zavod za oralnu kirurgiju, KBC Zagreb

<sup>2</sup>Klinički zavod za oralnu kirurgiju,

Klinička bolnica "Dubrava", Zagreb

<sup>3</sup>Klinika za kirurgiju čeljusti i lica,

Klinička bolnica "Dubrava", Zagreb

<sup>4</sup>Zavod za oralnu kirurgiju Stomatološkog fakulteta

Sveučilišta u Zagrebu

*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**

Zoran Ivasović<sup>1</sup>, Marko Krmpotić<sup>2</sup>,  
Aleksandar Milenović<sup>3</sup>, Davor Katanec<sup>4</sup>

<sup>1</sup>Clinical Department of Oral Surgery, University Hospital Center, Zagreb

<sup>2</sup>Clinical Department of Oral Surgery, University Hospital "Dubrava", Zagreb

<sup>3</sup>Department of Maxillofacial Surgery, University Hospital "Dubrava", Zagreb

<sup>4</sup>Department of Oral Surgery, School of Dental Medicine University of Zagreb

*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-

illa were performed which confirmed mucoepidermoid carcinoma of the hard palate. After preoperative preparation partial resection of the upper jaw was performed. Therapy is presently in course.

These two cases indicate the need to know the causative agents of swellings in the area of the head and neck, and if odontogenic inflammation is the case it quickly responds to appropriate therapy.

### **Kirurški postupci u liječenju velikih koštanih šupljina čeljusti**

**Goran Knežević**

Klinički zavod za oralnu kirurgiju Kliničke bolnice "Dubrava", Zagreb

#### *Sažetak*

Problem izbora kirurškoga postupka pri liječenju velikih koštanih šupljina koje nastaju pošto se odstrane benigne patološke promjene čeljusti sastoji se u tome kako kirurškim postupkom spriječiti moguće recidive lokalno invazivnih promjena te kako bez infekcije osigurati organizaciju krvnog ugruška i obnovu kosti. To je u povijesti bilo razlogom nastanka i razvoja nekoliko različitih kirurških postupaka. Prikazat će se rezultati liječenja velikih koštanih šupljina metodom Partsch II s intraoralnom poslijeoperativnom sukcijom, metodom Partsch II s dekortikacijom jedne strane čeljusti, rezultati nakon punjenja koštanih defekata s resorbilnim granulatom trikalcijeva fosfata (BioResorb tvrtke "Oraltronics"), te rezultati liječenja dvofaznim kirurškim postupkom. Iz rezultata provedenih kliničkih istraživanja može se zaključiti da svaka od spomenutih metoda daje dobre rezultate, ako se primijeni u ispravno izabranim indikacijama. Primjena intraoralne sukcije sigurna je i najjeftinija metoda za najveće koštane defekte, pogotovo ako se istodobno izvrši i dekortikacija jedne koštane stijenke. Primjena aloplastičnoga resorbilnog materijala sigurnija je od primjene neresorbilnih materijala i cijeljenje se završava bez komplikacije u razdoblju od šest mjeseci. Dvofazni kirurški postupak u liječenju odontoma čeljusti jedinstven je u literaturi. Napuštene metode marsupijalizacije ponovno oživljavaju nakon eksperimentalnih istraživanja kojima je dokazana promjena potentnosti epitela tako liječenih odontogenih keratocista za koje je iz literature i iz svakodnevne prakse

poznato da su izrazito sklone recidivu, pa ih suvremena patologija danas svrstava među odontogene tumore.

### **Surgical Procedures in the Treatment of Large Osseous Cavities of the Jaws**

**Goran Knežević**

Clinical Department of Oral Surgery, University Hospital Dubrava, Zagreb

#### *Summary*

The problem of the choice of surgical procedure in the treatment of large osseous cavities which remain after the removal of benign pathological lesions of the jaws implies the need to prevent possible recurrences of local invasive lesions by the surgical procedure and to ensure organisation of the blood clot and restoration of the bone without infection. This was the reason for the appearance of several different surgical procedures that developed throughout history. The treatment of large osseous cavities by Partsch II method with intraoral postoperative suction and Partsch II method with decortication of one side of the jaw will be presented, and the results after filling the bone defect with resorbable granulate tricalcic phosphate (BioResorb, Oraltronics), and the results of treatment by biphasic surgical procedure. From the results of clinical investigations it can be concluded that each of the above methods produces good results, when applied in correctly chosen indications. The application of intraoral suction is safe and the cheapest method for the largest osseous defects, particularly if at the same time decortication of one osseous wall is performed. The application of alloplastic resorbable material is safer than the application of nonresorbable materials, and healing is completed without complications within a period of six months. Biphasic surgical procedure in the treatment of odontoma of the jaws is unique in the literature. The abandoned methods of marsupialisation are again being revived after experimental investigations showed changes in the virility of the epithelia of such treated odontogenic keratocysts, which from the literature and daily practice are known to be extremely prone to recurrence, and therefore in modern pathology today they are classified as odontogenic tumours.