

## Epidural Spinal Abscess after Extraction of a Tooth - a Rare but Possibly Fatal Complication

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### Summary

The complications of an odontogenic abscess are well known, and difficulty swallowing in the case of a submandibular or pterygomandibular abscess is a serious and a valuable sign. However, the majority of physicians are unaware that a stiff and painful neck can indicate complications of odontogenic infection. In fact it is one of the first, and at the same time the main symptom in epidural spinal abscess. Only a few cases have been presented in the literature of patients treated with such an abscess.

The specificity of an epidural spinal abscess is that it occurs in a very small number of patients (0.2 to 1.2 in 10000 patients), abruptly or a few days or a week after infection, anywhere in the body and most often in immunocompromised patients.

The main symptoms are:

1. Pain in the spine within 24 hours, which increases within three days of the operation.
2. Stiffness gradually increases.
3. Reduced control of the bladder and intestines.
4. Rapid progression toward paralysis.

As stiffness of the neck is the earliest sign of epidural spinal abscess it should not be treated lightly, because of the possibility of a lethal cause of such an abscess, particularly when a patient arrives with signs of acute torticollis, after a recent operation in connection with the teeth and oral cavity.

We contemplated such pathology in two patients admitted to the Clinic of Maxillofacial and Oral Surgery, University Hospital Dubrava, and retained for treatment and observation.

## Pojava non-Hodgkin limfoma u usnoj šupljini - prikaz slučaja

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### Sažetak

Non-Hodgkinovi limfomi (NHL) su heterogena skupina limfoproliferativnih neoplazmi što ih obilježava pojava maligno promijenjenih limfocita u limfnome čvoru, a rjeđe primarno u drugim organima. Bolest se najčešće očituje bezbolnim povećanjem limfnih čvorova, koji pak u gastrointestinalnom i urinarnom traktu mogu praviti kompresiju. Infiltracija koštane srži uzrokuje insuficijenciju mijelopoese s posljedičnom anemijom, trombocitopeniju i neutropeniju. Klasifikacija bolesti temelji se na PHD nalazu i nalazu periferne krvi.

Ekstranodularno bolest se najčešće javlja u gastrointestinalnom traktu, a često se javlja i u sinusi-ma, tiroidnoj žlijezdi, salivarnim žlijezdama, dojci, bubrezima i plućima. Oko 25% ekstranodularnih limfoma javlja se na glavi i vratu i to u tzv. Waldejerovom prstenu, ali su primarni limfomi usne šupljine rijetkost.

U radu prikazujemo slučaj šezdesetogodišnjega muškarca s primarnom pojavom NHL-a na gingivi. Suspektna lezija u usnoj šupljini primijećena je tijekom vađenja upaljenoga korijena u gornjoj čeljusti. Promjena se nalazila u neposrednoj blizini odontogene upale, ali nije s njom bila povezana te se stoga uzme nalaz za biopsiju. Radiološki nalaz ne pokaže ništa specifično. PHD nalaz promjene pokaže nekrozu, krvarenje i polimorfnonuklearno upaljen infiltrat, te tumoroznu masu s atipičnim limfocitnim stanicama. Nakon dodatnoga pregleda hematologa utvrdi se NHL visoka stupnja malignosti B-stanica. Po učinjenoj imunohistokemiji, utvrdi se NHL velikih stanica B-imunofenotipa, a pacijentovo se stanje definira kao NHL II E.