

Inflammation around the upper jaw

Inflammations around the upper jaw are basically divided into abscesses, purulent inflammations of the orbit, inflammations of the jaw cavity, inflammations of the jawbones and specific inflammations.

Abscesses

Abscessus subperiostalis processus alveolaris

It is caused by the accumulation of pus between the surface of the bone and the periosteum. The mucous membrane above the tip of the root is often reddened, infiltrated with inflammation, and painful on pressure. The patient suffers from **persistent stabbing pains**. Regional nodes are enlarged and painful. The body temperature increases as the pus accumulates and the periosteum rises. Therapy is intraoral incision of the abscess and drainage of pus. We ensure the drainage of pus with a drain, which we replace after two days. We treat the causative tooth endodontically or conservatively surgically. We extract the temporary tooth.

Abscessus submucosus

If the subperiosteal abscess is not opened early, it will begin to work its way to the surface. The detached periosteum necrotizes and pus breaks through under the mucosa into the vestibule oris. During the treatment, the mucosa is crossed at the base of the abscess, there is no need to drain it. If the abscess is not treated, a gingival fistula will break through on its own, which will close over time.

Abscessus septi nasi

It often occurs after an injury, either directly (through infection) or indirectly (through festering of a hematoma of the septum). An abscess can be recognized by a hemispherical arching, which is visible when the head is tilted, when the tip of the nose is lifted. We treat by incision, drainage and administration of ATB.

Abscessus palatinus

It arises most often from infected I2, P1 roots and M1 roots. Here again, pus accumulates under the periosteum and, over time, under the mucous membrane. It does not exceed the midline.

Abscessus perimaxillaris

Also called a facial abscess, it can originate from any tooth in the upper jaw. The abscess is bounded by the masseter muscle, the lower edge of the orbit and the nose. Periphlebitis or tromboflebitis of the angular vein is a serious complication.

Abscessus retromaxillaris

It occurs above the facial wall of the maxilla, on the palate, at the site of *the tuber maxillaris*. The infection penetrates into these places during osteomyelitis of the jaw, from purulent jaw wounds, after application of anesthesia to the tuber or during suppuration of the hematoma. Symptoms are facial swelling, fever, contracture, swelling below and later above the jugular arch. The therapy is an incision in the transitional fold of the vestibule behind the zygomatic crest.

Purulent inflammations of the orbit and surroundings

Abscessus palpebrae inferioris

The abscess is manifested by edema affecting not only the lower but also the upper eyelid, the eye slit disappears.

Therapy: incision with drainage of pus, necessary ATB at elevated temperature.

Dacryocystitis

Dacryocystitis (i.e. inflammation of the lacrimal sac) occurs rarely as a complication of dental diseases. It is manifested by swelling and redness localized in the inner corner of the eye. The inflammation is very painful, it reacts to pressure with tears. The therapy is again an incision with a drain with ATB.

Phlegmona orbitae

Phlegmona orbitae is an inflammatory edema of both eyelids. It causes the protrusion of the bulb, the disappearance of the eye slit. It is also manifested by a blue-violet color. Common symptoms are dull headaches and high temperature (above 38°C).

Inflammation of the maxillary sinuses

Inflammation of the maxillary sinuses is otherwise known as sinusitis maxillaris. The cause of the inflammation is either rhinogenic or odontogenic in origin. We basically divide them into:

- acute maxillary sinusitis,
- chronic maxillary sinusitis.

Inflammation of the jawbones

In small children, the cause of the inflammation is mostly hematogenous infection, in adults the cause is of dental origin. The inflammation is limited to the gum processes and the surrounding area. The patient has an elevated temperature, pain, shivering. Abscesses, fistulas and edemas are formed. Loosening of the tooth and swelling of the lymph nodes may also occur.

Specific inflammations

Specific inflammations tend to be chronic and are characterized by the presence of specific granulation tissue. Typical representatives are:

- actinomycosis cervicalis,
- Tuberculosis,
- syphilis.

Links

Related Articles

- Alveolitis sicca
- Purulent alveolitis
- Complications during tooth extraction"
- Findings in the oral cavity in infectious diseases

References

- TOMAN, Jaroslav. *Dental Surgery*. 1. edition. 1984.