

# A bizarre extraoral fistula with intraoral manifestations

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## INTRODUCTION

Acute abscess is a common manifestation and needs urgent care. In its advanced stage, it may drain spontaneously through a fistula; it may be extra-oral, depending on the causing tooth, root site, bone thickness and muscle insertions<sup>1</sup>. Spontaneous drainage may leave significant scars. An extra-oral fistula that communicates with the mouth receives constant recontamination<sup>2</sup>.

## CASE PRESENTATION

An 89 year old male patient was referred because of a 30 year old fistula. During exam we noticed skin attachments in the alveolar border.



Periapical and occlusal radiographs were taken and they revealed bone loss. We surgically removed the fistula in order to improve mouth conditions and also to cosmetically improve his face.

At the microscope we noticed hair follicles, sebaceous and sweat glands. The diagnosis was of fistula in a regression stage.

## DISCUSSION

In the literature, authors recommend endodontic treatment as the first option in fistula treatments<sup>2-5</sup>. However, in some cases, its removal is advocated<sup>1,6</sup>.

In this case, since the causing tooth had been removed some thirty years ago, we chose to remove the fistula.

There are not many literature reports on extra-oral fistulas, nor on the presence of skin attachments in the mouth. The single case reported was done by Mitchell<sup>6</sup>, however this author related it to periodontal disease and a pseudofolliculitis of the beard.

Despite being a bizarre case,

treatment was simple and we achieved full intra and extra-oral repair.

## FINAL REMARKS

Understanding the etiopathogenesis of lesions is extremely important for proper diagnosis and treatment, and cases reported with unusual characteristics may help in the diagnosis.

## REFERENCES

- 1.Sharma JK, Sharma B, Chauhan VKS. Extraoral sinus and its management Int J Oral Surg 1985;14:346-9.
- 2.Bender IB, Seltzer S. The oral fistula: its diagnosis and treatment Oral Surg Oral Med Oral Pathol 1961;14:1367-76.
- 3.Bernick SM, Jensen JR. Chronic draining extraoral fistula of 32 years' duration Oral Surg Oral Med Oral Pathol 1969;27:790-4.
- 4.Farls JF, Patterson SS, Healey AJ. Endodontic treatment of concomitant extra-oral and intraoral draining sinus tract: report of case. JADA 1971;83:1109-11.
- 5.Lubit FA, Rothenberg F. Extraoral fistulas of endodontic origin: report of 2 cases. J Endod 1976;2:393-6.
- 6.Mitchell DA. A bizarre facial sinus. Dental Update 1994;21:303-4.

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