Letters to Editor

A simple intraoral technique for sinus lavage

Sir,
This paper presents a simple and new technique to modify a sterile disposable syringe cap into a plastic tube which can be used as drain both intraorally and extraorally. The firm plastic body of the drain has an advantage over other rubber drains that it does not collapse or clog if retained for a longer time. The author has used this type of drain especially for sinus lavage in various benign pathological conditions.

This paper presents a new simple technique for a passive open drain intraorally for sinus lavage. The maxillary sinus may get involved with a benign cyst/tumor or chronic infection and needs thorough curettage and lavage by Caldwell-Luc approach. In the postoperative period, there is a requirement of daily irrigation with various therapeutic solutions. For e.g., in cases of fungal sinusitis, as in the case depicted, daily irrigation was required with 1% acetic acid for a week.

A sterile plastic cap of a disposable 10-ml syringe is cut at approximately half the length to convert it into a tube [Figure 1]. The approximate length is kept less than 2 cm. Next, two holes are drilled opposite to each other at the rim for suture to pass through [Figure 2] and three to four more holes are drilled across the plastic body to provide multiple passages for drainage [Figure 3]. The rim end is kept toward the oral opening and the cut end is kept inside the sinus. With the help of two holes near the rim, the tube is stabilized with the surrounding mucosa [Figure 4]. The rest of the incision margin is closed primarily. The tube can be removed after a stipulated time with primary closer of the small opening.

The advantage of this hard plastic drain is that it does...
Chronic ulcer: Common problem uncommon diagnosis

Sir,

Chronic indurated ulcer of oral cavity is always a diagnostic dilemma for the clinician as well as for the pathologist due to varying etiology. Sometimes, common presentation of pain, swelling and reddening of gingiva is difficult to diagnose and treat. Ulcer can be because of canker sores, herpes virus, oral cancer, oral lichen planus and oral thrush. However, sometimes oral ulcer, when nonhealing and investigated meticulously, can be the presentation of a rare systemic disease.

A female patient with longstanding oral ulcer, pain, gingival swelling was such a challenge. Additional findings were a bluish patch over extensor surface of left little finger, a hard tender swelling over left submandibular region. Gingiva was fragile, inflamed with granular and necrotic degenerative changes over maxillary anterior vestibule with mobility of associated teeth.

Investigations revealed microcytic hypochromic RBCs with normal cell count, raised erythrocyte sedimentation rate, uric acid, blood urea and decreased albumin:globulin ratio. On ultrasonography, left side submandibular lymph nodes were enlarged with necrotic changes in submandibular gland. Histopathologic examination from gingiva revealed suppurative inflammation of mucosal and submucosal tissue with few foci revealing fibrinous deposit embedding histiocytes, occasional foreign body giant cells and few clusters of epithelioid cells. Occasional clusters of small blood vessels also showed necrotic inflammation. There was no evidence of fungus or malignancy. Biopsy from the lesion over little finger showed marked acute and chronic inflammatory infiltrate in subepithelial tissue with evidence of neovascularization and vessels showing fibrinoid vasculitis.

Based on histopathologic report, vasculitic syndromes affecting medium- and small-sized vessels were considered. Further evaluation revealed cavitatory lesions in lungs, raised c-ANCA and normal p-ANCA, which led to an impression of Wegener granulomatosis (WG).

WG is a chronic, relapsing necrotizing vasculitis of small- to medium-sized vessels and capillaries, with a variable course. The oral lesions of WG occur as focal or generalized enlargement of gingiva associated with loss of alveolar bone with tooth mobility. Atypical oral ulceration, facial pain and enlargement of salivary glands may also be present. Diagnosis is made from high degree of suspicion with combination of clinical, biochemical, radiological and microscopic findings.

So, timely recognition of vascular involvement by histopathologic examination can help in work up, early diagnosis and treatment of the not so common diseases.

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