

40. METHODS OF DIAGNOSIS AND TREATMENT OF SUBMANDIBULAR ABSCESS



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Introduction. Infectious processes localized within the fascial spaces of both the maxillary and mandibular regions represent a clinically challenging case, even in the current stage, regardless of medical technological and scientific advancements. In the vast majority of clinical cases involving infection with subsequent suppuration of the Oro-Maxillo-Facial region, both odontogenic infections and periodontal conditions are implicated as etiological factors. From the category of fascial spaces located in the lower jaw, the submandibular space is more frequently involved in purulent-inflammatory processes of dento-parodontal origin, with the causative teeth often being the lower molars. The treatment of submandibular abscess involves a comprehensive approach, consisting of a surgical component, the incision and drainage of the purulent collection.

Case statement. Patient O.G., female, 58 years old, presented at the Emergency Medicine Institute, complaining of pain and swelling in the left submandibular region. According to the patient, six days ago, she experienced pain in the region of tooth 38, and she sought dental care where tooth extraction was performed, followed by antimicrobial and analgesic treatment. Subsequently, she developed pain in the post-extraction region, accompanied by trismus. Swallowing disturbances appeared, and gradually, the swelling and pain in the left submandibular region progressed. The patient has no personal pathological history or associated illnesses. Upon objective clinical examination, extraorally, an oval facies with asymmetry due to inflammatory edema in the left submandibular region was observed. Palpation revealed suppleness, with the covering skin being edematous, hyperemic and painful. Mouth opening was limited to approximately 2.0 cm due to severe trismus. Intraorally, the oral mucosa appeared pink-pale and intact, except for the swollen, and painful trigone retromolar region on the left. In the alveolus of tooth 38, there was a grayish-gray endoalveolar clot. Paraclinical investigations included Computed Tomography, revealing a radiolucent area at the left submandibular angle. Based on the results of the clinical and paraclinical examinations, a diagnosis of left submandibular odontogenic abscess, post-extraction of tooth 38, was established. A comprehensive treatment plan was devised, involving medical therapy: administration of antimicrobial, anti-inflammatory, detoxifying, desensitizing, and analgesic medications. Surgical treatment was performed under local infiltrative anesthesia with 1% Lidocaine - 20 ml and intravenous sedation. The skin incision in the left submandibular region was approximately 5-6 cm long, penetrating through layers into the submandibular space, obtaining purulent exudate, and collecting samples for bacteriological examination. Wound irrigation with antiseptic solutions, placement of two perforated polyethylene tubes, and aseptic dressing were performed. Postoperatively, the patient showed improvement in symptoms, with treatment focused on medical therapy and physiotherapeutic procedures.

Discussions. Based on the study of contemporary literature and treatment outcomes, it has been observed that submandibular abscess most commonly has odontogenic etiology, with the lower molars being frequently involved.

Conclusion. Infections of fascial spaces constitute a medical emergency due to the complex anatomy of the Oro-Maxillo-Facial territory and the potential complications that may arise in the evolution of the septic process. Therefore, early and accurate diagnosis of submandibular space abscess contributes to the development of a specific treatment plan, given its complex nature. The surgical component is the primary method, with the highest level of efficiency, and the medicinal aspect, which is complementary.