



Pseudo Pain of Maxillary Molars Due to Sinusitis

Lalrotlingi Sinate*

Department of Dentistry, Chislon Dental Delight, Sielmat, Churachandpur, India

*Corresponding Author: Lalrotlingi Sinate, Department of Dentistry, Chislon Dental Delight, Sielmat, Churachandpur, India.

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Lalrotlingi Sinate.

Sinusitis is one of the most common health problems in the head region.

It is defined as mucosal inflammation in at least one of the paranasal sinuses, with severe symptoms lasting less than twelve weeks and chronicity that may last even longer. The maxillary sinus is the largest of the four paranasal sinuses and is often prone to infections due to its proximity to the front teeth [1]. On the other hand, any condition that results from dental or dentoalveolar structures may harm the maxillary sinus floor, which can cause a sinusitis called odontogenic maxillary sinusitis (OMS). Different from non-odontogenic sinusitis, the OMS is a well-known but poorly researched type of sinusitis that calls for a different course of treatment [2].

Sinusitis/Rhinosinusitis can be classified into different categories [3].

- Acute rhinosinusitis: Sudden onset, lasting less than 4 weeks with complete resolution.
- Subacute rhinosinusitis: A continuum of acute rhinosinusitis but less than 12 weeks.
- Recurrent acute rhinosinusitis: Four or more episodes of acute, lasting at least 7 days each, in any 1-year period.
- Chronic rhinosinusitis: Signs of symptoms persist 12 weeks or longer.

Case

A patient of 58 years Female, walk in the clinic with pain in the upper right third molar with a history of chronic sinusitis. On clinical examination, there was a root stump and it was extracted. The next day there was swelling on right cheek with purulent discharge from her nose. The patient own her own went to other

dental practitioner and was given medication without proper investigation. The swelling persists for two months and was sent to an Oral and Maxillofacial Surgeon where she was advised to take an X ray and a CT scan. The results shows all the molars are infected due to purulent discharge of sinusitis. The patient was sent to ENT(otolaryngology) for surgery and has no complaints till now.

Studies suggest that up to 40% of cases with unilateral maxillary sinusitis may have odontogenic origins, with an estimated 15-20% of cases falling into this category [1]. In addition to advanced periodontal disease and oro-antral communications following dento-alveolar surgery, the majority are related to pulpal necrosis and periapical inflammation. Extruded pulp space fillings are prone to fungal diseases such aspergillosis and can cause local irritation when they become dislodged into the maxillary sinus [4].

In the cases of the patient, she had a history of sinusitis for many years and had gone through medications but the pain on her tooth was due to her sinusitis. The patient thinks that after removing the root stump, the pain will go away. It is best to make proper investigation and explained it to the patient regarding the pain and swelling so that the patient does not misunderstood the main reasons behind her pain.

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