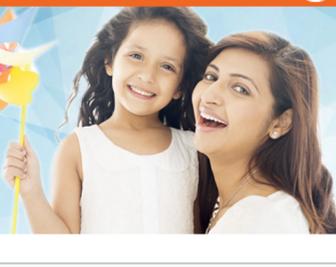


Infectious Smiles

VOL 11

Focus on Anti-infectives



Feature of the month

When Maxillary Sinusitis Does Not Heal: Findings on CBCT (Cone Beam Computed Tomography) Scans of the Sinuses with a Particular Focus on the Occurrence of Odontogenic Causes of Maxillary Sinusitis

The most common cause of rhinosinusitis is virus induced upper respiratory tract infections (URTI) with a secondary bacterial infection in the sinuses. Rhinosinusitis is normally successfully treated with decongestants and sometimes antibiotics but can occasionally be therapy-resistant or even recurrent. In such cases, radiologic examination is often required to exclude an alternative aetiology or to facilitate other treatment options.

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Journal Reports

Influence of Qualification and Practice Settings of Dental Practitioners on Antimicrobial Prescribing in Delhi and National Capital Region, India

In dentistry, antimicrobials should be prescribed for the control of existing local or systemic infections and not for merely relieving pain due to inflammation. Prophylactic antimicrobials are required in only few associated systemic conditions.

Reference

- Wasan et. al., Influence of Qualification and Practice Settings of Dental Practitioners on Antimicrobial Prescribing in Delhi and National Capital Region, India. Journal of Natural Science, Biology and Medicine; 2017 Jul-Dec; 8(2): 229–234.

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Newsfeeds

What is risk of infection transmission in dental offices?

Transmission of infectious agents between patients and dental health care staff rarely occurs. However, breakdown in basic infection-control practices such as unsafe injection practices or failure to autoclave instruments between patients may lead to increased risk of transmission of infectious agents.

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When Maxillary Sinusitis Does Not Heal: Findings on CBCT Scans of the Sinuses With a Particular Focus on the Occurrence of Odontogenic Causes of Maxillary Sinusitis

Introduction

The most common cause of rhinosinusitis is virus induced upper respiratory tract infections (URTI) with a secondary bacterial infection in the sinuses. Rhinosinusitis is normally successfully treated with decongestants and sometimes antibiotics but can occasionally be therapy-resistant or even recurrent.

In such cases, radiologic examination is often required to exclude an alternative aetiology or to facilitate other treatment options.

The relationship between odontogenic infections and maxillary sinusitis is well established. Roots of the molars in the upper jaw are usually extremely close to or in direct contact with the maxillary sinus.

Cross Table of Proportion of Odontogenic Sinusitis Versus Laterality

	Odontogenic	Non-odontogenic	Total
Unilateral sinusitis	14*	21	35
Bilateral sinusitis	2	29	31
Total	16	50	66

*p-value= 0.0015

Odontogenic infections are either endodontic (caused by infections of the dental pulp) or periodontal, (involving a tooth's supporting tissues). Such infections require specific dental treatment that addresses their cause(s). If patients with these infections are treated with antibiotics alone, the infection often temporarily subsides but subsequently recurs.

It is therefore important to identify whether sinusitis is caused by an odontogenic infection to provide appropriate treatment.

“ Non-odontogenic sinusitis was detected in 42% of cases examined between January and March and in 66% of cases examined between January and June. ”

Discussion

In this study, 40% of cases of unilateral verified sinusitis had an odontogenic origin, a result comparable to the corresponding finding of 36% obtained by Bomeli et al. if fluid levels were used as a criterion for sinusitis. The criterion used to diagnose maxillary sinusitis and the selection of patients have critical effects on observed outcomes. Matsumoto et al. found that in patients treated in an ENT/oral surgery clinic, 70% of cases of unilateral sinusitis were of odontogenic origin.

Sixty of 67 (90%) patients with periapical or marginal pathology on radiographic examination had adjacent local mucosal swelling; this result was comparable to that obtained by Ariji, who found a corresponding percentage of approximately 89%. However, periapical and marginal destruction can cause basal mucosal thickening to varying degrees.

These findings therefore should be interpreted as indicative of a natural reaction to a low-grade infection from an adjacent tooth rather than sinusitis. Only 16 of these 67 patients had ongoing odontogenic sinusitis according to our definition.

“ Approximately 79% of the patients with odontogenic sinusitis were 40–69 years of age; this result was consistent with the fact that the teeth causing most of these infections had been present in the mouth for many years. ”

Grade 3 fluid levels were found significantly more frequently among patients with odontogenic sinusitis than among other patients. The significance of this difference is unclear. It can be speculated that compared with other sinusitis-related infections, odontogenic infections exhibit a different bacterial composition with more anaerobic flora, resulting in fewer clinical symptoms.

Such circumstances could lead to patients with odontogenic sinusitis being misdiagnosed for a long duration and therefore examined at later stages involving greater disease progression. Other studies have reported similar patterns and frequencies with respect to fluid levels in the presence of odontogenic sinusitis.

Conclusion

In the present study, we found that ongoing sinusitis had an odontogenic origin in 24% of cases. Moreover, this investigation indicated that up to 40% of cases of radiologically verified unilateral maxillary sinusitis involved an odontogenic origin; this result emphasizes that both radiologists and clinicians must be aware of this aetiology in such cases since appropriate dental treatment is often needed to permanently cure patients.

Reference

- Fredriksson V, et al. When Maxillary Sinusitis Does Not Heal: Findings on CBCT Scans of the Sinuses With a Particular Focus on the Occurrence of Odontogenic Causes of Maxillary Sinusitis. *Laryngoscope Investigative Otolaryngology*. 2, December. 2017. 442-446



Archive – Previous articles in case you missed them

Proton pump inhibitors and risk of fractures: a meta-analysis of 11 international studies

Tramadol/paracetamol fixed-dose combination in the treatment of moderate to severe pain

Paracetamol for pain relief after surgical removal of lower wisdom teeth

The analgesic pain ladder: a good concept gone astray

Increased cirrhosis mortality predicted by severe periodontitis

Periodontitis and incident type 2 diabetes: a prospective cohort study

Association between anxiety, obesity and periodontal disease in smokers and non-smokers; A cross sectional study

Periodontal infection may trigger rheumatoid arthritis

Prescribing patterns of dental practitioners in Australia from 2001 - 2012. Part 1: antimicrobials?

Periodontal abscess as a possible oral clinical sign in the diagnosis of undiagnosed diabetes mellitus of elderly in a dental clinic set up - a 7 year old cross-sectional study

Risk of coronary artery disease may be increased in people with untreated endodontic lesions

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IN/AIN/0003/18 | Date of Preparation: March 2018