A 50-year-old man was referred to dental hospital from the general surgery department in January 2012, with a 10-month history of draining lesion on left cheek (Figure 1). He had seen many different doctors, including physicians, dermatologists, general surgeons and plastic surgeons before reporting to our hospital. He had been given antibacterial, antifungal and topical corticosteroid treatment. He had also undergone surgical intervention twice. He also reported history of pain with molar tooth on the same side few years back. Physical examination was normal apart from skin lesion. A Cone Beam Computed Tomography (CBCT) after injecting a radio-opaque contrast in the lesion was performed (Figure 2). CBCT showed that contrast travelled from cutaneous surface to roots of molar tooth in maxilla. The condition was diagnosed as chronic suppurative odontogenic infection with facial cutaneous sinus tract.

We treated our patient with root canal treatment (removal of infected pulp of tooth). At a six-year follow-up in January 2018, the patient is doing well, with no cutaneous drainage. The lesion has healed with a minor scar formation (Figure 3).

Figure 1: Cutaneous lesion on the face.
Discussion

Cases of facial lesions of dental origin have been commonly reported in medical, dental and dermatology literature. They are frequently misdiagnosed due to wide differential diagnosis. Differential diagnosis includes actinomycosis, pustule, osteomyelitis, neoplasms, carbuncle, infected epidermoid cyst, pyogenic granuloma, chronic tuberculosis, salivary gland fistula and gumma of tertiary syphilis. The correct diagnosis of such lesions should be suspected by gross appearance of lesion. They present as erythematous, smooth and non-tender lesions of 1mm to 20mm in diameter, with crusty and periodic drainage in most cases. Patient may present with history of dental pain or trauma few years back. Of all such cases, approximately 80% are mandibular and 20% are maxillary in origin. A simple dental procedure like root canal therapy or extraction of involved tooth may lead to successful outcome.

Figure 2: Reconstructed image of CBCT confirming dental involvement.

Figure 3: At a six-year follow-up, the cutaneous lesion healed with a minimal scar formation.
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Nil.

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