Periapical diseases Dr. Győrfi Adrienne





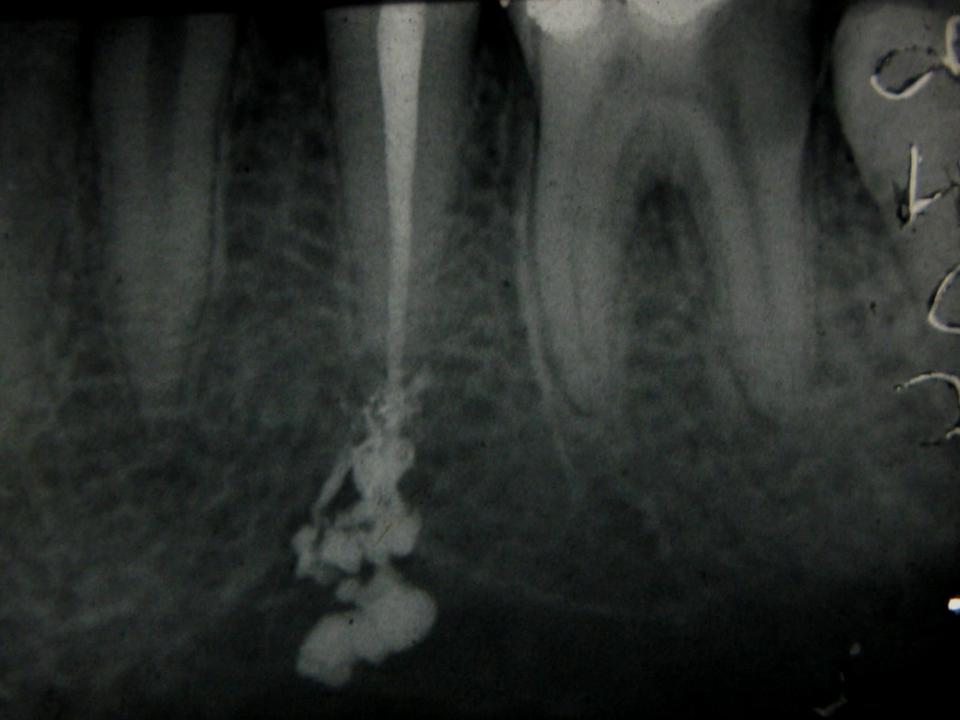
1. Microbial irritants: Streptococci, Lactobacilli, Actinomyces viscosus

2. Mechanical irritants:

inadequate cooling during cavity or crown preparation, trauma or orthodontic movement, deep scaling and curettage

3. Chemical irritants:

alcohol, chloroform, hydrogen peroxide, acid etching, overfilled root canal!!!!



Classification of periapical diseases

1. Acute apical periodontitis

- 2. Chronic apical periodontitis
- 3. Condensing osteitis
- 4. Acute apical abscess
- 5. Chronic apical abscess (Suppurative apical periodontitis)

1. Acute apical periodontitis

Etiology:	extension of pulpal inflammation into periapical tissue, endodontic treatment
Symptoms:	excruciating pain uppon contact of opposing teeth if sequal irreversible pulpitis: symptoms of irreversible pulpitis if result of necrosis: symptoms of necrosis
Vitality test:	no respond to vitality tests
Radiograph:	depending on how long time was the process: normal or thickening of periodontal ligament space
Histology:	PMN leukocytes, macrophages; bone and root resorption
Treatment:	release of periapical exudate and root canal therapy, to close!!!!

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2. Chronic apical periodontitis

Etiology: pulp necrosis, acute apical periodontitis

Symptoms: asymptomatic, or slight discomfort, slight percussion sensitivity

Vitality test: no respond to vitality tests

Radiograph: destruction of periapical tissues

Hystology: periapical granuloma: granulomatous tissue, macrophages, histiocytes, plasma cells apical cysts: the central cavity filled with eosinophilic fluid, connective tissue, the caracteristics cells of the granuloma

Chronic apical periodontitis (granuloma) Chronic apical periodontitis (cyst)

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3. Condensing osteitis

Etiology:	the irritants diffus from the root canal into
	periapical tissue (pulp necrosis, pulpitis)

Symptoms: discomfort or pain

Vitality test: may not or may respond to thermal or electrical stimuli

Radiograph: diffuse concentric radiopacity around the root of the tooth

Hystology: irregularly arrenged trabecular bone

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4. Acute apical abscess

Etiology: is a localised and severe inflammatory response (pulp necrosis)

Symptoms: pain, swelling, systemic maniestations (fever, malaise, leukocytosis)

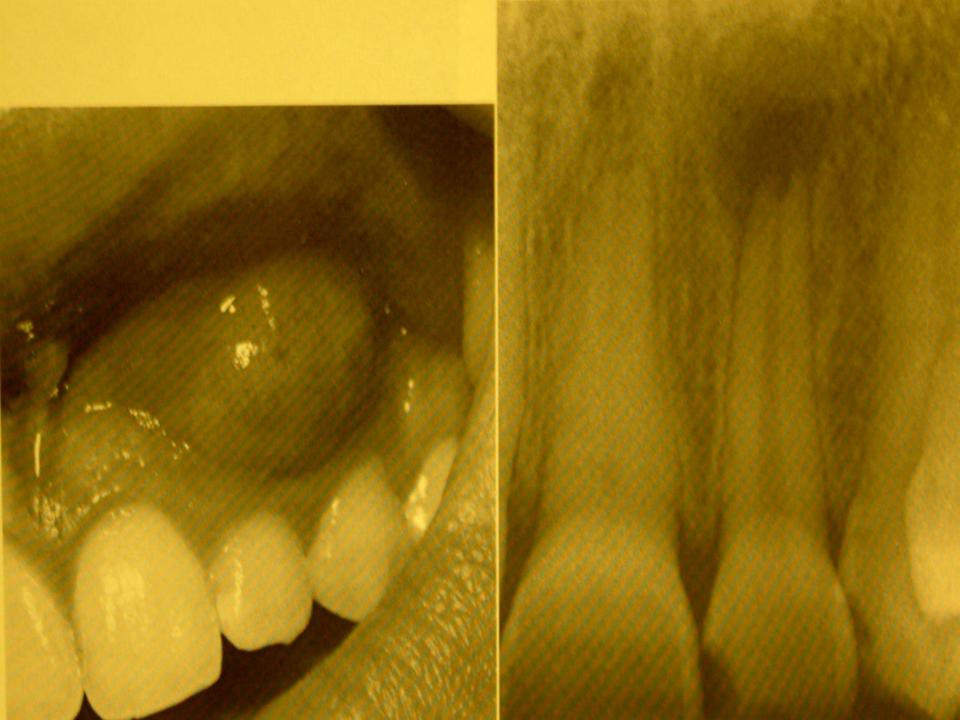
Vitality test: no response to thermal or electrical stimuli, pain on percussion!!!!

Radiograph: thickening of the periodontal ligament space, frank periapical lesion

Hystology: liquefaction necrosis, PMN leukocytes, granulomatous tissue

Treatment: drainage, root canal therapy, to close!!!

Acute apical abscess



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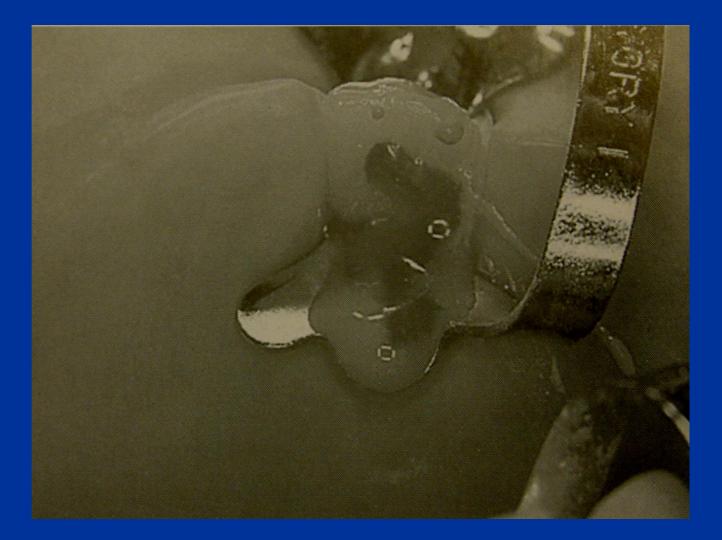
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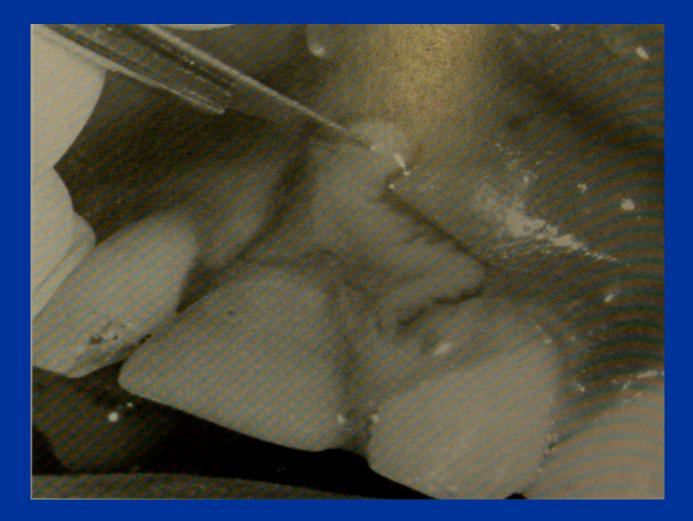
Hystology: liquefaction necrosis, PMN leukocytes, granulomatous tissue

Treatment: drainage, root canal therapy, to close!!!









5. Chronic apical abscess (Suppurativ apical periodontitis)

Etiology:	pulp necrosis,
	chronic apical periodontitis

Symptoms: sinus tract stoma, asymptomatic or closure of the sinus pathway causes pain

Vitality test: no response to thermal or electrical stimuli

Radiology: similar as in chronic apical periodontitis

Hystology: similar to that of chronic apical periodontitis





5. Chronic apical abscess (Suppurativ apical periodontitis)

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	chronic apical periodontitis

Symptoms: sinus tract stoma, asymptomatic or closure of the sinus pathway causes pain

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Radiology: similar as in chronic apical periodontitis

Hystology: similar to that of chronic apical periodontitis

Differential diagnosis

Normal structure (anatomic variations): canalis mandibulae, foramen mentale, sinus maxillaris, foramen incisivum, dental papillae of developing teeth etc.

Nonendodontic pathosis:

benign lesions: cementoma, monostatic fibrous dysplasia, traumatic bone cyst, ameloblastoma, central hemangioma etc.

malignant lesions: chondrosarcoma, myeloma





Sinus maxillaris

Dental papillae

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