



ODONTOGENIC INFECTIONS

Episode 30.1

DENTAL INFECTIONS

- Bacterial infection (typically polymicrobial) arising from periodontium > 4 layers of soft tissue surrounding teeth: gingiva, periodontal ligament, cementum and alveolar base
- Oral microbes:
 - GRAM + COCCI: staph, strep* (50-65% of cases)
 - GRAM + BACILLI: lactobacilli
 - GRAM - COCCI: neisseria
 - GRAM - BACILLI: bacteroides, fusibacterium
 - ANAEROBES: actinomyces

SIGNS & SXS



- Tenderness, cellulitis or walled off abscess near culprit tooth
- Fevers, leukocytosis
- Dysphagia, odynophagia, decreased oral intake, otalgia
- Possible trismus and voice changes

- Mandibular infection spreads to floor of mouth and buccally
- Maxillary infection spreads to buccal mucosa
- ****Possible airway compromise in 10-20% of patients****

OROFACIAL SPACES

Potential for infection to spread to deep neck / orofacial spaces

BUCCAL	SUBMANDIBULAR
MASTICATOR	SUBLINGUAL
PAROTID	SUBMENTAL

WORKUP & MANAGEMENT

- Lateral plain films have poor sensitivity to diagnose deep neck space abscess. CT scan has 100% sensitivity. Identifies ring enhancing collection(s). May be skewed by dental artifact
 - ABCs, stabilize airway if needed (intubate vs. tracheostomy)
 - IV antibiotics: piperacillin, clindamycin, ceftriaxone. Can consider antibiotics alone if phlegmon or cellulitis
 - Surgical drainage if no improvement within 48 hours
- EXTERNAL (transcervical) vs. TRANSORAL vs. ASPIRATION

COMPLICATIONS

- Airway obstruction
- **Mediastinitis** (14-40% mortality)
- Lemiere's disease (IJ thrombus)
- Pleural effusion, pneumonia
- Sepsis, osteomyelitis



TRACHEOSTOMY