

> **WHEN IN DOUBT  
DON'T PULL IT OUT**

JUL  
2013

This month's newsletter is of a person I saw in February 2008. In the fall of 2007, a sinus tract in the attached gingiva buccal to tooth 14 was noted by the patient's dentist and endodontic treatment was done. There was no reported pre-operative pain or sensitivity. When the sinus tract failed to resolve despite the treatment and two rounds of antibiotics the patient was referred. The patient was a 22 year-old gentleman with no medical conditions; many years previously tooth 15 had been extracted for orthodontic reasons. I traced the sinus tract with a GP cone and it lead to an area equidistance between 14 and 16 (see photos to the right). The 16 responded normally to all tests and there was no evidence or history of sinus problems.

The diagnosis for 14 was previously treated with normal apical tissue and the sinus tract was of unknown origin. The site was surgically exposed and the soft tissue lesion biopsied. The pathology report identified the lesion as an acinic cell carcinoma (ACC), a type of adenocarcinoma. Although most common in the parotid gland this cancer can occur in minor salivary glands. This type of cancer occurs more commonly in young adults and because of its slow growth can go undiagnosed for years. Of all the salivary gland cancers, ACC is the least aggressive with the most favourable survival rate (70-85% at 10 years); it responds well to conservative surgical excision. The oral surgeon recommended a local excision while the ENT specialist recommended a radical excision (half of the maxilla). The patient proceeded with the recommendations of the ENT specialist.

Some of the important points this case raises are:

- Confirm the source of all sinus tracts /swellings before initiating treatment:
  - o Trace all sinus tracts with a GP cone and take a radiograph
  - o Not all sinus tracts are of odontogenic origin
- Pulp test all teeth in a quadrant:
  - o 14 may have had a healthy vital pulp in the fall of 2007
- If a sinus tract fails to resolve after endodontic treatment:
  - o Suspect a non-odontogenic source
  - o Do not assume multiple antibiotic prescriptions or an extraction will affect a cure
  - o Consider referring for a second opinion

By pulp testing the teeth in quadrant one and tracing the sinus tract I was able to avoid performing an unnecessary endodontic retreatment and micro-surgery. This helped avoid further delay in this young gentleman getting his cancer diagnosed and treated. Imagine the disservice to this patient if the dentist had not referred this young man and proceeded with an extraction and an implant.

Regards,



Dr. Joel N. Fransen  
BSc(OT), DMD, FRCD(C)  
Certified Specialist in Endodontics



**Richmond Endodontic Centre**  
Dr. Joel N. Fransen

**110-11300 No.5 Rd**  
Richmond, BC V7A 5J7  
office@endodonticcentre.com  
T 604.274.3499  
F 604.274.3477

**Office Hours**  
8am to 5pm - Monday to Friday  
Extended hours are also available

The Richmond Endodontic Centre Boardroom is open; it is available for meetings, lectures, and study clubs. Please come by and have a look at our new presentation centre!



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