IMAGES IN CLINICAL MEDICINE

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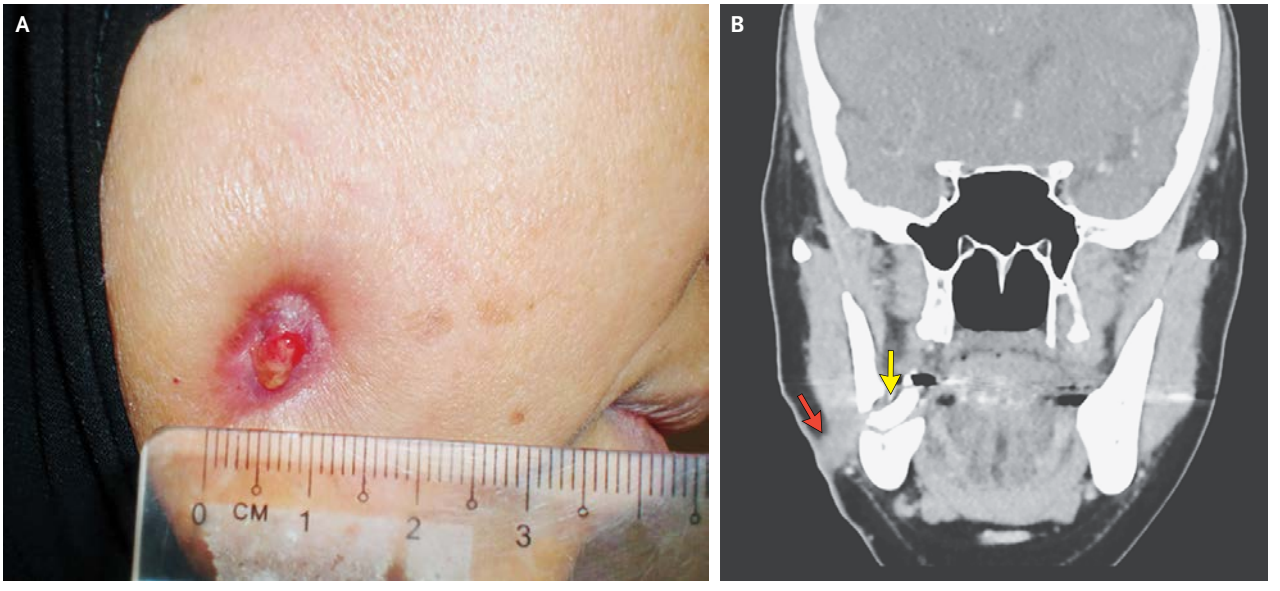
Discharging Dental Sinus Tract



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A 54-year-old woman was seen for a chronically discharging lesion on her right cheek that had been present for many years. She also said that she had a loose and painful lower right molar. She was otherwise well. On examination, there was a 1-cm pink area of skin retraction on the right cheek with seropurulent discharge (Panel A). Intraoral examination revealed grade 3 mobility of the lower right third molar (indicating that the tooth moved >1 mm in any direction and was depressible in the socket) and chronic periodontitis. A clinical diagnosis of cutaneous dental sinus tract was made. Computed tomography of the jaw revealed periradicular inflammation involving the lower right third molar, with sinus tract formation (Panel B, red arrow) originating from the lower right third molar and extending through the lingual cortex of the right mandibular ramus (Panel B, yellow arrow) and lower right masseter muscle to the overlying skin. Wound culture from the discharge grew *Streptococcus anginosus* that was sensitive to penicillin. The patient's condition improved after extraction of the chronically infected tooth and receipt of a 1-month course of oral amoxicillin–clavulanate. The sinus tract stopped discharging and eventually healed with a residual scar.

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