Chairman : Ki-Woon Choi (Professor, KyungHee University)
Referee : Il-Young Jung, Seong-Ho Baek, Young-Bum Cho,
Sang-Hyuk Park, Ho-Kil Hwang
11:20~12:20 (Grand conference room, 3rd floor)

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Decision for treatment plan considering the size of periapical lesions

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I. Introduction

On the basis of histologic findings, chronic periapical lesions of pulpal origin are diagnosed as either periapical granulomas or cysts. It is generally accepted that periapical lesions cannot be differentially diagnosed on radiographic evidence alone.

When treating teeeth with apparent pulpal pathosis and an associated periapical radiolucent lesion, one comes to the dilemma: should they be treated nonsurgically or should they have routine surgical treatment? Current philosophy includes the initial use of nonsurgical endodontic treatment. When this treatment is not successful in resolving the periapical pathosis, additional treatment options should be considered.

Histopathologic information from 137 submitted periapical biopsy specimens over a 2 year period was compared. Among periapical lesions with an area greater than 10 mm in diameter, 68.2% or more were cysts. Furthermore the larger the periapical lesion, the greater the chance for it to be a cyst.

II. Case Presentation

1. Sex/age: M/28
2. Chief Complaint (C.C): Pain and swelling of #36
3. Past Dental History (PDH): Previous treatment in local clinic
4. Present Illness (P.I): Perforation in distolingual furcation area
   Palpation(+), Percussion(+)
5. Impression: Periapical cyst
6. Tx Plan: 1.Endodontic treatment
   2. Recall check for periapical surgery

III. Conclusion

When the lesion is big, there is a higher chance of cyst and the periapical surgery will be also more likely. But because periapical tissues have the potential to heal, treatment of periapical lesions should be directed toward only removal of the causative factors, regardless of whether the treatment plan involved nonsurgical endodontic treatment or surgery.