

The Gambia 2017 – 2018



Republic of the Gambia

Odontogenic facial cellulitis. Management in Farafenni General Hospital



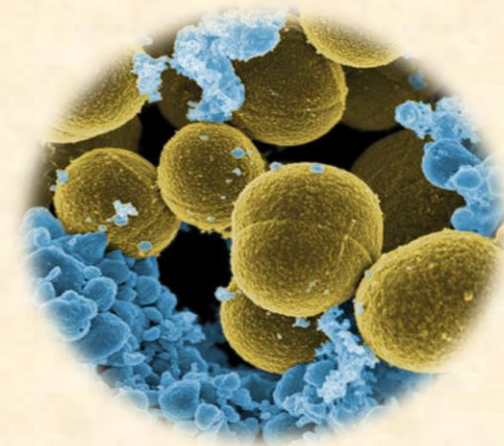
Farafenni General Hospital.

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INTRODUCTION

Early diagnosis and treatment of facial cellulitis are challenging because of its variable clinical presentations, including multiple potential sources of infections and multiple organisms within the head and neck area.

Odontogenic cellulitis accounted for approximately 50% of total facial infections in a hospitalized population over a 10-year period study. Despite a significant reduction in frequency and mortality in the post-antibiotic era, odontogenic infections can still be life threatening.

Odontogenic facial cellulitis refers to infections arising from the dentition and its adjacent supporting periodontal structure. The infection then disseminates beyond its source, e.g., dentoalveolar abscess, and into the surrounding connective tissues. They may require urgent surgical intervention and ICU management because of the potential for spread of infection into intracranial and peritracheal neck spaces and risk of airway compromise if appropriate management is not instituted.

Facial cellulitis is classified as nonodontogenic and odontogenic, depending on the source of the infection, and as upper or lower face, depending on the anatomical location.

OBJECTIVE

To determine epidemiological and clinical characteristics of odontogenic facial cellulitis in patients requiring hospitalization.

METHODS

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DESCRIPTIVE

TRANSVERSAL

29 PATIENTS

October 2017 – May 2018

Farafenni General Hospital

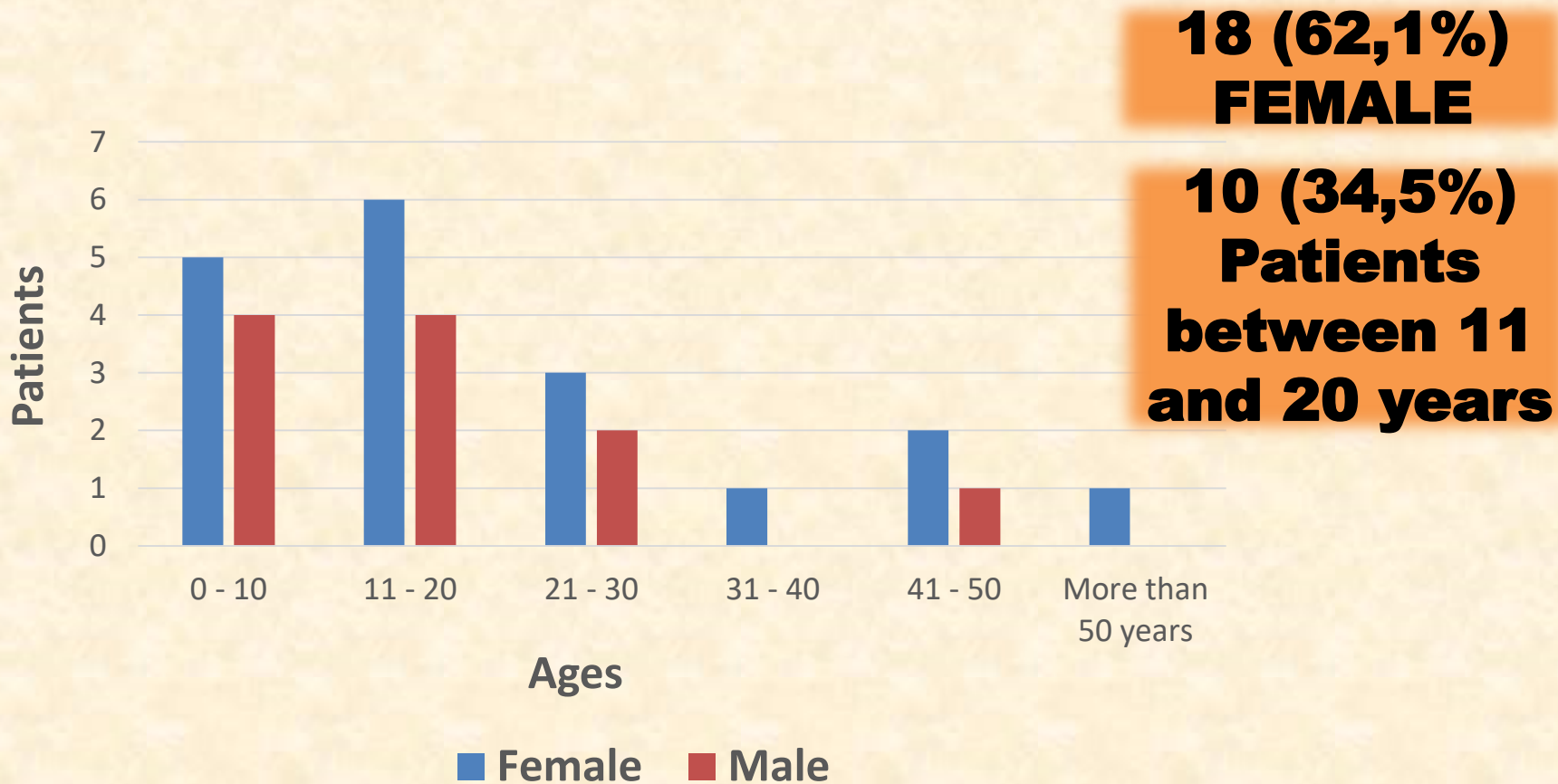
VARIABLES OF THE STUDY

- ✓ **Ages – distributed by decades**
- ✓ **Sex – male, female**
- ✓ **Clinical classification – circumscribed, diffuse, suppurated**
- ✓ **Dental groups affected – front teeth, canines, premolars, molars**
- ✓ **Infection's location – upper face, lower face**
- ✓ **External drainage – yes, no**
- ✓ **Delay to attend to the dentistry – 1 week, 2 – 4 weeks, more than 1 month**
- ✓ **Time for dental extraction – 1 week, more than 1 week, no extraction (refusal or death)**
- ✓ **Antimicrobial therapy**
- ✓ **Discharged Conditions – alive, deceased and causes of death**



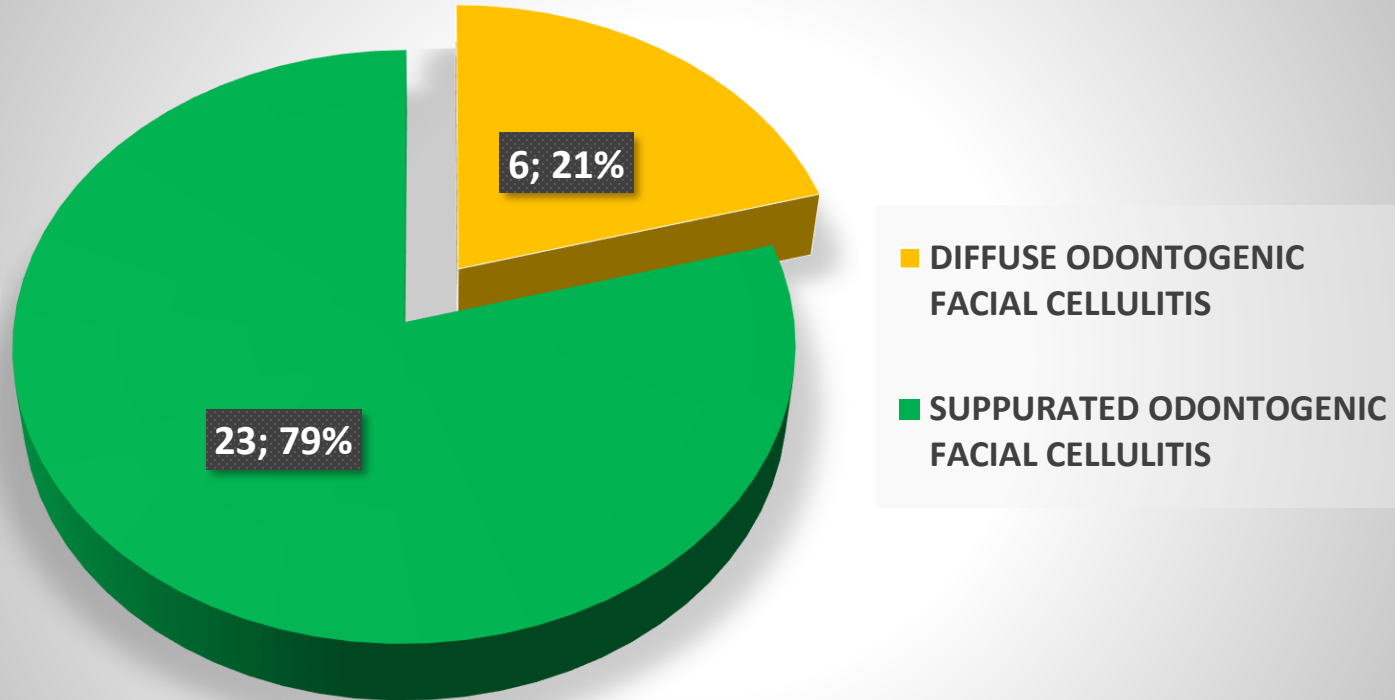
RESULTS

Grafic 1. Patients with odontogenic facial cellulitis. Age and sex.



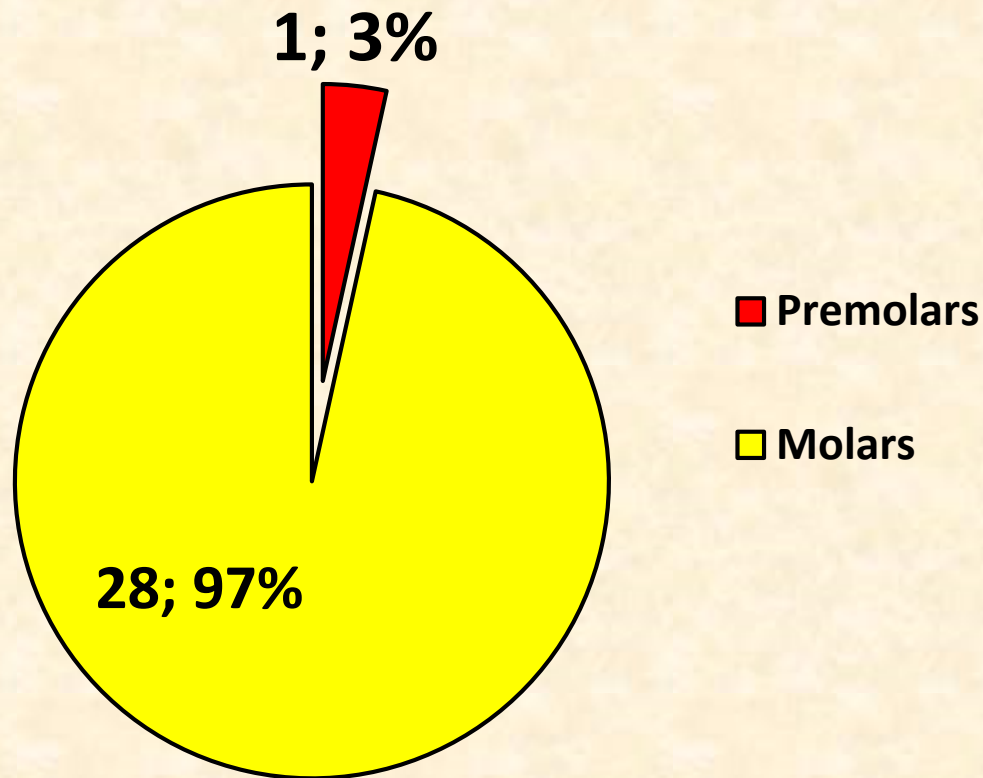
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Grafic 2. Clinical classification.



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Grafic 3. Dental groups associated with the origin of the infection.



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Table 1. Relation between location of the infection and necessity of external drainage.

Location of the infection	Necessity of external drainage				Total	
	Yes		No			
	<i>No</i>	<i>%</i>	<i>No</i>	<i>%</i>	<i>No</i>	<i>%</i>
Upper face	1	3,5	7	24,1	8	27,6
Lower face	5	17,2	16	55,2	21	72,4
Total	6	20,7	23	79,3	29	100

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Table 2. Relation between the delay to attend to the dentistry and the necessity of external drainage.

Delay to attend to the dentistry	Necessity of external drainage				Total	
	Yes		No		No	%
	No	%	No	%		
1 week	-	-	9	31,0	9	31,0
2 – 4 weeks	1	3,5	4	13,8	5	17,2
More than 1 month	5	17,2	10	34,5	15	51,8
Total	6	20,7	23	79,3	29	100

Source: folders

Table 3. Relation between the delay to attend to the dentistry and the time for dental extraction.

Delay to attend to the dentistry	Time for dental extraction						Total	
	1 week		More than 1 week		No extraction (refusal or death)			
	No	%	No	%	No	%	No	%
1 week	6	20,7	3	10,3	-	-	9	31,0
2 – 4 weeks	1	3,5	-	-	4	13,7	5	17,2
More than 1 month	-	-	13	44,8	2	7,0	15	51,8
Total	7	24,1	16	55,2	6	20,7	29	100

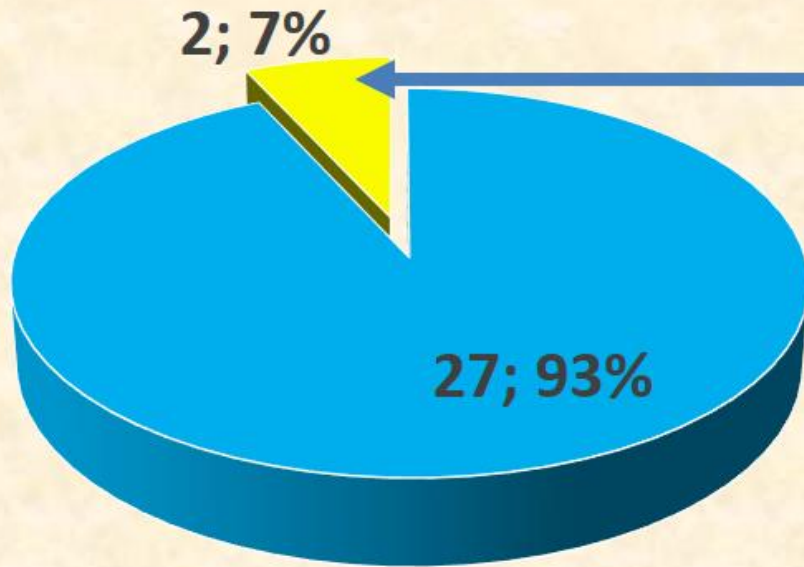
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Table 4. Antimicrobial therapy.

Antimicrobial therapy	No	%
Metronidazole	26	89,7
Gentamicine	24	82,8
Penicillin	18	62,1
Ampicillin	10	34,5
Ciprofloxacin	1	3,5
Cloxacillin	1	3,5

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Grafic 4. Discharged conditions.



■ ALIVE

■ DECEASED

CAUSES OF DEATH
-Septic embolism
-Septic shock

n=29 Source: folders

CONCLUSIONS

Odontogenic facial cellulitis prevail in female, childrens and young population and molars in mandibulary location are the most affected.

There is a closed relation between the delay of patients to attend to the dentistry and the proper time to perform the dental extraction, and also with de need of additional surgical procedures to solve complications such as external facial abscess.

Penicillin, metronidazole and gentamicine, as a combination, provides excellent bacterial coverage for most odontogenic infections.

RECOMENDATIONS

It is recommended to improve in promotion and prevention activities in Community Centers and villages in order to increase the knowledge and culture of the population about the importance of attending prematurely to the dentist in front of any symptom and sign of Odontogenic facial cellulitis.

Reference

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