


Dentists should be more familiar with systemic management [Response To Letter]

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Dear editor

Thank you for valuable comments. Since this case was experienced before the COVID-19 pandemic, the effects of COVID-19 are not addressed. However, if the effects of COVID-19 remain after the COVID-19 pandemic, the problems you pointed out are quite possible.

In this case, trismus was not observed as the patient could not eat due to swelling and pain in the buccal region. While this is mere speculation since the focus of this report is the maxilla, it is unlikely that the infection route leading to SIRS resulted in a deep cervical abscess from the submandibular space, sublingual space, and submental space and further to the mediastinum. We speculate that SIRS may have been caused by the spread of bacteria directly from the periodontal abscess to the blood. Furthermore, a CT image taken after the transfer revealed pulmonary infiltration and the physician commented on the possibility of lung cancer; however, there was no particular comment about the spread of inflammation to the mediastinum. Previous reports have indicated that maxillary infection rarely spreads to deep cervical abscesses.¹

The patient underwent dental treatment at the Department of Prosthodontics for 5 days without visiting our hospital, and we at the Department of Dental Anesthesiology only provided the emergency response to shock on the last visit. Unfortunately, at present, most dentists in Japan are not proficient in systemic management and it is very rare for dentists to be able to evaluate general condition, including SIRS score, SOFA score, and NEWS. Therefore, we hope this report provides a warning for dentists to focus on systemic management.

Disclosure

The authors report no conflicts of interest in this communication.

Reference

1. Kubo Y, Kohzaki H, Oe Y, et al. Deep neck abscess caused of maxillary odontogenic infection. *J Jpn Soc Infect Aerosol Otorhinolaryngol.* 2020;8(3):259–262.

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