SOCIETIES' PROCEEDINGS

ROYAL SOCIETY OF MEDICINE—SECTION OF LARYNGOLOGY

President: VICTOR LAMBERT, F.R.C.S. (Edin.)

May 6th, 1955

Discussion: "Oro-antral Fistula"

MR. E. D. D. DAVIS said that the co-operation both of the Dental Surgeon and the Ophthalmic Surgeon with the Oto-Laryngologist was in the best interests of the patients. When these Dental Surgeons sent cases to the Oto-Laryngologists it was important to send a full report and to invite them to see any operation performed on their respective cases and above all to return the cases to them after the Oto-Laryngologist's treatment was completed. When a patient with an antro-oral fistula as the result of the extraction of a tooth is seen it is essential to parry any suggestion from the patient that the dentist was careless or unskilful. It should be explained to the patient that provided the dentist took out a sufficient number of molar teeth an occasional fistula was unavoidable. A large number of antral fistulae closed within six weeks and did not require any operation. Sometimes the fistula failed to heal because a closely contiguous tooth prevented its closure.

A fistula following an operation on a large dental cyst of the molar region which encroached on the antrum is always difficult to close as it is necessary to remove the party wall between the antrum and cyst. This fistula can be avoided by making the operation incision to expose the cyst as high up as possible in the cheek sulcus.

When the root of a tooth has been lost and believed to be in the antrum stereoscopic X-rays should be taken a few hours before the operation for its recovery. Sometimes such a root may be found between the gum and the alveolus and not in the antrum. Syringing the antrum through the fistula was undesirable and nearly always failed to recover the root.

MR. ERIC PEET said that he had treated many cases of oro-antral fistula at Oxford and other places and had described his operation at length in the *British Journal of Plastic Surgery*, Vol. VI, No. 1 of April, 1953. He continued to use the operation he had described with excellent results and did not look upon the problem now as a complicated one.

He summarized his views as follows: If at the time of a dental extraction, it was realized that the antrum had been opened the gum margins should be approximated by sutures after nibbling away sufficient alveolar bone to make this suture possible.

If the opening into the antrum made by tooth extraction is not recognized

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the fistula may become lined by epithelium and if so it is permanently established and could be closed only by operation.

The operation began by opening the antrum through the canine fossa and inspecting its contents so that foreign bodies such as pieces of food which may not show on X-rays and grossly diseased portions of the lining could be removed.

A counter opening was made into the inferior meatus of the nose. The epithelium lining the oro-antral fistula was removed with a curette and the canine fossa incision closed.

The fistulous opening was then closed by a flap of mucoperiosteum from the hard palate. Mr. Peet illustrated his operation on the blackboard. He continues to use it with satisfactory results. He and his dental collaborators did not use any dental appliances as adjuncts to the operation and he considered these to be quite unnecessary.

MR. RAYMOND HINDE did not think that the dental surgeon should make any attempt to close an oro-antral fistula without the co-operation of the rhinologist whose help should be sought as soon as possible.

MR. S. W. ALLINSON said it was inadvisable to add adrenaline to the local anæsthetic when extracting teeth as this tended to prevent bleeding into the tooth socket and as a consequence infection was more liable to occur.

MR. LAWSON, speaking as a "renegade dental surgeon", said that he felt the dentist should, if he felt himself competent to do so, and if he thought that a fistula had occurred, place sutures in the alveolar gum. He wished to add, however, that he felt that a large proportion of these cases healed without any surgery at all. He would not agree with Mr. Hargrove that two weeks was a sufficient time to wait before a fistula was described as chronic; he thought one should wait for two or three months. He had had cases that had healed after three months. He mentioned one case in particular. This was the wife of a surgeon who had a tooth extracted which was adjacent to two good standing teeth, and the dentist unfortunately succeeded in causing a fistula. She came to him and told him in the first place that she would not have an operation on the maxillary sinus or the palate, and yet she wanted the fistula closed. He watched it for two months and it did begin to close, and closed down to a very fine point indeed so that he could only put in a very small probe, after which it ceased to contract any more. She would not have anything done to the fistula and would not have a general anæsthetic. He then looked into the nose and found an acutely deflected septum on the side in question, and persuaded her to let him resect it under a local anæsthetic. After that the fistula closed without any further trouble.

He felt that any infection in the antrum should always be dealt with. Foreign bodies did enter the antrum during dental procedures and cause infection.

He had a case recently of a woman who had her teeth ankylosed through her jaw. The ankylosis showed plainly in the X rays. The teeth were causing her a lot of pain, and no alveolar infection or change was shown in the antrum radiologically. He attempted to remove one tooth surgically and got it away except for one root, which broke, and after removing that root he found that it communicated with the antrum. He accordingly opened the antrum and found the mucous membrane was polypoid and infective, removed it, and completed the

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Caldwell-Luc operation, a good result following. It must not always be supposed that the antrum was healthy because there was nothing to be observed radiologically.

MR. NEVILLE YOUNG said that a number of these cases healed spontaneously. Actually whilst they were awaiting operation, three out of 27 cases in his records had done so—and six others following a simple antrum operation only. He added that none of the series was of less than nine weeks duration. He therefore had some doubts as to when to operate in this condition.

MR. S. W. G. HARGROVE, also in reply, said that there must be a number of people going about their ordinary business with fistulae in the mouth, and the majority of cases which had been referred to him for treatment were chronic and following a talk which he gave to the Shropshire Branch of the British Dental Association in 1950 a considerable number of cases had been referred to him. He felt that he could get better results if he had them by the 14th-21st day and in that event he could close them with far greater ease. After the 14th-21st day the mucous membrane of the antrum and buccal mucosa had become fused and although there may have been a large hole in the mucosa at the time, when examined, there was only a small opening present and in the majority of cases beneath the fistula in the mucosa there is invariably a large bony dehiscence.

MR. C. B. CARTLEDGE replying to the question as to whether the use of a local anæsthetic for the extraction of teeth, increased the risk of a fistula becoming established, said that, the risk of an alveolar osteitis were greater when a local anæsthetic was used. This risk diminished somewhat when a local anæsthetic was used containing a minimum quantity of adrenaline, and if the wound was treated after operation with penicillin-sulphathiazole powder. Personally he preferred to use 2% Xylocaine without adrenaline.

GENERAL NOTES

OLD ILLUSTRATION BLOCKS

IT is our custom to destroy blocks after three years. It may be that some authors would like to have their blocks for possible future use. In such case would they write Headley Brothers, Ashford, Kent, as soon as possible, and in any case within three years of their first being used.

THE attention of members is drawn to the *EXCERPTA MEDICA* Section XI which is a most valuable international abstracting service as it gives each month abstracts of all the important papers in Oto-Rhino-Laryngology. The subscription is £4 8s. od. a year and the agents for Great Britain, the Dominions and the Commonwealth (excluding Canada) are E. and S. Livingstone Ltd., 16 and 17 Teviot Place, Edinburgh. We regret that in previous issues the price was incorrectly stated as five dollars or the equivalent.

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