

Managing Acute Apical Abscess

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INTRODUCTION

- The primary treatment for an acute apical abscess is drainage.

TYPES OF DRAINAGE

Intracanal Drainage

- Not very common, but in wide-open abscesses or in younger patients it is possible to get a substantial amount of drainage through the canal, which will bring some relief to the patient.

Intraoral Drainage

- Drainage by incision. A good option if the tooth has been previously treated and would otherwise require disassembly of a post.

Intraosseous Drainage

- Not very common and more challenging.

ANESTHESIA

- Sometimes the abscess itself can interfere with the anesthesia.
- Upper Teeth – can use different techniques to block the whole area. For example, a posterior superior alveolar block to block the upper molars.
- Lower Teeth – inferior alveolar block should be successful.
- When the abscess is localized, sometimes it is better to just anesthetize around the area you are going to drain. Often a large ischemia will develop indicating that it is okay to make incision and drain.

POST-TREATMENT FOLLOW UP

- Usually place a penrose drain to keep the area open, unless it is uncomfortable for the patient (for example if it is in the palatal area).

- Drain must be removed after 24-48 hours, otherwise there will be an accumulation of plaque that will be detrimental to the patient.
- Ask patient to mouth wash with warm salt water and disinfectant (chlorhexidine or listerine) to keep area clean.
- Telephone call to patient after 24 hours.
- Removal of drain after 48 hours.

ANALGESICS

- Advil and Tylenol every 4-6 hours for the first 24/48 hours.
- Patient can alternate between acetaminophen and ibuprophen or take both at the same time.

ANTIBIOTICS

- Antibiotics should be considered an adjunct to the drainage treatment.
- Prescribe antibiotics if:
 - The patient is immunocompromised
 - The patient has any indication for prophylactic antibiotics
 - The abscess is causing malaise, cellulitis or fever