

Prevention of complications after surgery to remove the radicular cyst

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Abstract: To date, in terms of prevalence among benign tumors and other formations of the jaws, cysts are in the first place. A radicular cyst is a cavity formation filled with fluid and having a membrane. In maxillofacial surgery and surgical dentistry, cyst removal surgery is one of the most common surgical interventions. In the structure of dental diseases, patients with odontogenic cysts and cyst-like benign formations occupy a certain place, and their number does not tend to decrease. Key words: radicular cyst, cystectomy, osteoplastic material, bioplast dent, orthopantomogram.

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Timely cured diseases of the pulp and periodontium can prevent the appearance of a tooth cyst. You should also monitor the health of the ENT organs. Compliance with these measures is not a guarantee of the complete absence of a cyst, but it will help prevent the appearance of cysts resulting from inflammatory processes in the teeth, or to identify the disease at an early stage, when therapeutic treatment is still possible.

Surgical interventions in the oral cavity are carried out in conditions of an increased risk of inflammatory complications. In addition, the inflammatory process in the maxillofacial region is always accompanied by pain sensations of varying severity, which negatively affects the patient's well-being.

Therefore, measures to prevent inflammatory complications in patients during outpatient surgical operations in the oral cavity should be aimed at eliminating pathogenic microflora, tissue inflammation and pain in the area of the surgical wound, as well as correcting local immunity factors. Prophylactic use of antimicrobial therapy in the perioperative period is aimed at reducing the risk of developing a wound infection, and adequate pain relief is also required.

A cyst that has not festered has its own signs, which are revealed during a dental examination. The tooth that is the cause of its formation usually has a darker shade than healthy teeth, and may even turn black. As a rule, signs of caries are visible. When examining the canals of the tooth with a probe, the patient does not feel pain, but the doctor states the presence of yellowish discharge. If the cavity is large, it affects the position of adjacent teeth. As the formation grows, they gradually deviate

from their physiological position. A characteristic feature is the symptom of "parchment crunch", which is determined by palpation of the jaw in the affected area. Often, the cyst does not cause discomfort to the patient and is an accidental finding during dental treatment. An inattentive dentist can miss this pathology, which will lead to complications. That is why the specialist should approach the inspection process comprehensively. These signs allow the dentist to suspect a radicular cyst. X-ray examination allows to confirm the diagnosis and determine the size and localization of the formation. The image clearly visualizes the contours of the formation, their connection with the root apex is visible. If there are foci of bone tissue destruction, they can also be seen on the x-ray. Another technique that is used in the diagnosis of radicular cysts is electroodontometry. This study allows you to establish whether the viability of the pulp is preserved or not. In the presence of a cyst, the results of the study indicate pulp necrosis. If, according to the X-ray examination, it is not possible to examine the cyst in detail or there is a suspicion of its germination in the maxillary sinus, computed tomography is additionally prescribed, which allows you to examine all the structures in detail.

The radicular cyst must be differentiated from other types, as well as neoplasms of the jaw. If a malignancy is suspected, a needle biopsy is performed. Cytological examination of the obtained material allows to exclude an oncological diagnosis or to establish the histological type of the tumor, if any. If a cyst forms around a wisdom tooth, it is called an ameloblastoma. Its appearance is not preceded by an inflammatory process. Such a formation is located in the corner of the jaw, and the figure eight is visible on the x-ray, which is located inside the cavity. Malignant neoplasms are characterized by more blurred contours. The roots of the teeth located in the area of tumor growth are usually destroyed.

Treatment of a radicular cyst is exclusively surgical. The tactics of surgical intervention is chosen depending on the stage and characteristics of the course of the disease. The first technique is cystotomy. Such treatment is advisable in cases where the pathological focus is of impressive size, or there is destruction of the maxillary sinus. In the projection of the cyst, an incision is made in the oral mucosa and periosteum, a hole is made in the bone. This allows access to the cavity. The entire contents of the cyst are removed, antiseptic treatment is performed, and a swab soaked in iodoform is placed. The success of the operation depends on the quality of the revision of the cystic cavity. If the contents and necrotic tissue have been completely removed, no recurrence is observed. The disadvantages of such treatment include a long rehabilitation period after surgery. The tampon installed during the operation after a week needs to be changed to a new one, and you will have to go to the dentist regularly for dressings. The second tactic that has been successfully used in the treatment of radicular cysts is cystectomy. If the membrane is not affected

during cystotomy, with this technique, the formation is radically removed along with the capsule. This tactic is used to treat small cysts with little bone loss. In the postoperative period, it is necessary to rinse the oral cavity with antiseptic solutions and preventive visits to the dentist to monitor the condition. In some cases, surgical treatment of radicular cysts combines both methods. A competent dentist-surgeon after examining a patient will always choose the optimal treatment tactics for a particular patient. During the operation, it is important to observe the rules of asepsis and antisepsis. This reduces the risk of postoperative complications. The goal of surgery is to remove the site of infection from the body. The further condition of the patient depends on how carefully the pathological contents of the cyst are removed. The dentist takes into account these nuances and treats the radicular cyst, which does not give the disease a single chance of recurrence.

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