DEPARTMENT OF ORAL SURGERY AND SURGICAL ORTHODONTIA

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AN OPERATION FOR AN UNERUPTED TOOTH AND THE RESTORATION OF THE PARTS BY ARTIFICIAL DENTURE, WITH PRESENTATION OF A CASE*

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COLORÉD female, age thirty, married, with two children, about two years ago began suffering with a severe pain about the face; this was followed with a swelling of the face on the left side, the pain continuing all the time. When the patient presented herself to me I found a dense, hard, bony mass; the growth was slow. Upon examining the mouth I found an abscessed tooth and concluded that the swelling was due to this abscess. The tooth was extracted. I thought this would have explained the condition. The socket was curetted and the abscess drained. The patient was discharged and I thought that the trouble would be relieved. She came back a few weeks later, with no improvement in her condition; the pain still very severe, especially at night.

I might mention that I had an x-ray picture taken before I extracted the tooth, as it is my custom never to proceed with any unusual condition without one. The skiagraph gave no indication of anything unusual. I made a further investigation and found the swelling to be an enlargement of the bone. I then concluded that it might be an odontoma adentigerous cyst, as both the bicuspid and cuspid were missing and in the arch, and had not been erupted. I had another skiagraph taken, with no better result than the first. The patient complained so much that it was necessary for me to make an attempt to relieve her. I concluded that I would chisel into the bony mass, through the alveolar process and superior maxillary bone. I found the bicuspid tooth embedded in the bone. Position of the crown: The lower part at about the ala of the nose, extending upward towards the inner canthus of the eye; the position of the tooth is shown in the piece of bone which has been removed. The operation was performed on

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the 25th of last February, the wound healed up, and she has been free from any discomfort since, except the loss of bone in the mouth, which left a large hole in the upper jaw. Her phonation and mastication were interfered with; she ate with difficulty and could hardly speak. Being responsible for her condition, it behooved me to make her comfortable, so I have restored the removed parts with the missing teeth by an artificial denture. Her future existence will be without trial and tribulation, as she can now phonate and masticate and swallow as well as she ever did.

One of the most surprising things about all operations on the jaw and face is the fact that the surgeon who operates seems to give very little attention to the deformities which they occasion as the result of the operation. They seem to be satisfied whenever they operate and remove the cause of the trouble; no matter what may be the resulting deformity, they consider their effort a great success. In amputation of the limbs, they would consider themselves poor surgeons if the resulting stub was not of a character to make the use of the artificial limb practicable.

You would be surprised, in operating on the jaw, how seldom it is necessary to make external incisions. I contend that whenever an operation is contemplated upon the face or jaw the resulting deformity should be considered, and the incision should be so arranged as to occasion the least disfigurement. One of the most pitiful evidences of this was a case of removal of the superior maxillary. This patient was a man of refinement. The loss of tissue occasioned such a deformity that, being a man of an extremely sensitive nature, he shrank from society, would not even go back to his family, and finally drifted to a crosstie camp. As he expressed himself, he was hardly human and was forced to eat like an animal. His phonation was difficult, he could hardly speak above a whisper, and his disfigurement was very pronounced. He came to my clinic in the hospital, suffering with a lesion from a tooth on the opposite side, with the story above related. He told me that life had become a burden to him, that he had about reached the limit of his endurance, and he did not believe that life would be worth living if his condition could not be relieved. The lost maxillary was restored by an artificial appliance, his face deformity relieved, his phonation, mastication and deglutition restored. He was a happy man.

This operation (removal of maxillary) was performed by a surgeon of prominence in Buffalo. This unfortunate man had suffered for five years before I saw him, and what appeals to me as most remarkable is the fact that this matter was allowed to go on so long, apparently unconscious that he could have obtained relief. This case occurred about twenty-five years ago. I could call attention to a great number of instances, but it would be but an iteration of the same story. You see a number of deformities walking around the streets of this city; these people must have some friend in our profession that could advise them, and, should they not be able to get the necessary attention anywhere else, at least send them to the Charity Hospital.

The literature of the profession is full of the many wonderful restorations of lost parts and in relieving the mutilations occasioned by injuries in this war. Even if you have not read about them you could not help but hear of them, so there can hardly be any reason why such conditions could exist with the present lights before us.

DISCUSSION

Dr. Provosty.—Emphasizing the necessity of having such pictures taken correctly, I would recite a case occurring some years ago in my service at the Charity Hospital. A young woman had come in with an enormous tumor of the upper jaw. On inspection I made a diagnosis of sarcoma, and the x-ray taken at the Charity Hospital confirmed the diagnosis. I was unwilling to do a disfiguring operation without better evidence of the existing condition. I had a picture taken again outside of the hospital, and the new picture showed an enormous tooth in the antrum, which was removed, and the patient recovered rapidly without disfigurement.

Dr. Gessner.—I should like Dr. Friedrichs to explain why the impacted tooth did not show in the skiagraph he had taken. Further, I should like to know whether impaction is more common in the upper than in the lower jaw. Some twenty years ago I removed an upper-jaw osteoma in which was embedded a cuspid tooth; the gap made was filled with an obturator made by a student of the New Orleans College of Dentistry.

Dr. Guthrie.—The question is not put to me to answer. However, I will undertake to tell Dr. Gessner the reason why the radiograph did not show the unerupted tooth. The reason is that the radiograph was not taken at the proper angle. There is no reason why the picture should not show an unerupted tooth. If the radiograph is taken at the right angle it will show very well the shadow of an unerupted tooth.

Dr. Friedrichs (closing).—In answer to Dr. Guthrie, I would say that possibly the angle in which the picture was taken may explain why it did not show the two impacted teeth.

In reference to Dr. Provosty's case, he need not have feared the resulting deformity, as any deformity occasioned by the removal of any of the fixed part of the face can readily be corrected.

In reference to the frequency of impacted or unerupted teeth in the lower and upper jaw, the relative frequency, I would suppose the lower wisdom tooth represents the most frequent tooth in which this condition occurs; with this exception, the lower jaw seems to be free from complications of this kind. In the upper jaw all the teeth, centrals, laterals, cuspids, bicuspid, and molars, are all at times involved, the cuspid leading in frequency. I do think the dental plate would not have shown the bicuspid tooth in my case, as it was above the alveolar process and in the maxillary bone. The dental film did show the cuspid.

FISTULA OF THE PAROTID IN WAR WOUNDS OF THE FACE AND JAWS*

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WITH A NOTE ON RADIATION TREATMENT BY ROBERT KNOX, M.D.

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FISTULA of the parotid gland or its duct is a relatively rare complication of facial wounds. Throughout a period of nearly four years, during which time wounds of every grade of severity have come under my care, only some 16 cases have been noted. These fistulae may be conveniently classified thus:

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