Endodontic-periodontal management of a maxillary lateral incisor with an associated radicular lingual groove and severe periapical osseous destruction – a case report

Précis
Radicular lingual grooves are morphological defects that can create periodontal and pulpal pathology, but they may be difficult to identify as an aetiological factor. This article discusses their presentation and management.

Abstract
Radicular lingual grooves are morphological defects, which are found most frequently in maxillary anterior teeth and are a predisposing factor for periodontal disease. They are easily overlooked as aetiologic factors, as these grooves are covered by periodontal tissues. This case report presents a successful management of a case of a maxillary lateral incisor with an associated radicular lingual groove and severe periapical osseous destruction in a 30-year-old female patient. A combination of endodontic treatment, radiculoplasty to eliminate the radicular lingual groove, and periapical surgery to eliminate the periapical osseous defect was used. At two-year follow-up, the patient was comfortable and complete resolution of the periapical pathology was evident.

Key words: maxillary lateral incisor, periapical surgery, radicular lingual groove.
Outcomes from the first mouth cancer awareness and clinical check-up day in the Dublin Dental University Hospital

Précis
A total of 1,661 individuals attended the first Mouth Cancer Awareness Day in the Dublin Dental University Hospital in September 2010. Following the clinical check-up, five cancers were detected and scheduled for early treatment. Demographic, clinical and histopathological outcomes are presented.

Abstract
Purpose of the study: To increase public awareness about mouth cancer, the Dublin Dental University Hospital (DDUH) hosted an awareness day and free mouth check-up in September 2010. The messages of information, self-examination and risk management, and the importance of early detection, were available to all attendees. The role of general dental and medical practitioners in examination of the mouth was stressed.

Material and methods: A questionnaire regarding knowledge about the causes of and risk factors for mouth cancer, and a clinical check-up, were completed.

Results: A total of 1,661 individuals (675 male, 986 female) were examined. The mean age was 59.6 years. Just over one-third (36.5%) of those examined required no action, and slightly less (30%) were advised to return to their general dental or medical practitioner (GDP/GMP). Some 21% were advised about self-examination of the mouth, and 8% about smoking cessation. Of the remainder, 52 people (3.5%) were sent for a second opinion. Of these, 30 individuals were referred for further investigation, including biopsy in 27 cases. Following biopsy, five individuals were diagnosed with carcinoma in situ or carcinoma.

Conclusions: The diagnosis of five people with mouth cancers, who may not otherwise have been identified for early treatment, highlights the need for regular mouth examination. It is inappropriate that such an exercise would remain the preserve of the dental teaching hospitals, and it is vital that all dentists take on the responsibility for regular mouth checks for all of their patients. More should be done to encourage those identified as high risk to visit their dentist. There is a need for recognition of the additional resources required for the detection and timely management of such cancers.

The development of mouth, head and neck cancer awareness in Ireland and results of Mouth Cancer Awareness Day 2011