 

**Oral Pathology**

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**Lecture 5 Pulp disease**

**( Dental Granuloma)**

**Lec. 5 ORAL PATHOLOGY Dr. Muna**

**Pulp disease ( Dental Granuloma)**

***Periapical-periodontitis***

***Periapical- periodontiti***s is usually due to spread of infection following death the pulp.

Causes:

**1)infection**:

A- spread from chronic infection of gingival margins

B-sequence of caries ,pulpits ,death of pulp and periodontitis .

**2)trauma**: A-blow causing damage of the apical vessels B- High filling or biting suddenly on hard object

**3) chemical irritant :**

**A- irritant antiseptics used to sterilize root**

canal (escape through the apex )

**B-**root canal instrument or filling may also extend beyond the apex causing damage to periodontal tissue

**There are 3 common lesions that may follow pulpitis namely**

1-Periapical granuloma (p.a.g.)

2-Periapical cyst (p.a.c).

3-Periapical abscess (p.a.a.)

**PERIAPICAL GRANULOMA (CHRONIC APICAL PERIODONTITIS)**

The term periapical granuloma refers to a mass of chronically inflamed granulation tissue at the apex of a nonvital tooth.

**Clinical and Radiographic Features**

**Clinical Features**

1. Most periapical granulomas are asymptomatic
2. Pain and sensitivity can develop if acute exacerbation occurs
3. The involved tooth does not demonstrate mobility or significant sensitivity to percussion.

4-The soft tissue overlying the apex may or may not be tender.

5-The tooth does not respond to thermal or electric pulp tests .

**Radiographic Features:** Most lesions are discovered on **routine radiographic** **examination**

1-A radiolucency of variable size is present, and the affected tooth shows loss of the apical lamina dura.

2-The lesion may be circumscribed or ill-defined. The size is variable, ranging from small to radiolucency exceeding 2 cm in diameter

3-Root resorption is not uncommon

**Treatment and Prognosis**

1) Either extraction of the tooth or R.C.T.

2) If left without treatment it can transfer into an apical periodontal cyst.

