IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)
e-ISSN: 2279-0853, p-ISSN: 2279-0861.Volume 19, Issue 5 Ser.6 (May. 2020), PP 52-53
www.iosrjournals.org

A rare large chronic fistula of the mandible from odontogenic origin: A case report from Kikungu in the rural sector of the health zone of Kasenga; Province of Haut-Katanga, DR. Congo.

Fabien Mukonki Kyungu[1], Philippe Mulenga Cilundika[2], Balthasar Cola Ngoy[3], Stéphane Kumwimba Mwilambwe[3], Eric Sompwe Mukomena[2], Oscar Luboya Numbi[2]

[1.] *Occupational Medicine Unit, Public Health Department, University of Lubumbashi, DR Congo.*
[2.] *Tropical Medicine Pathologies Unit, Public Health Department, University of Lubumbashi, DR Congo.*
[3.] *Internal Medicine Service, General Reference Hospital Jason Sendwe, Lubumbashi, DR Congo.*
Corresponding Author: Fabien Mukonki Kyungu

Abstract: *A misconception of the sickness by African traditional communities may constitute an obstacle to access quality healthcare and included the precarity of buccodental care in rural areas can facilitate the emergence of sicknesses and their evolutions to complications. The purpose of this report is to portray the first case of a rare large chronic fistula of the jaw of an adult patient who has precarious buccodental hygiene and has received no medical treatment for cultural reasons being observed at Kikungu in the health zone of Kasenga, Haut-Katanga Province, DR. Congo.*

Key-words: *buccodental hygiene, chronic fistula, DR. Congo.*

Date of Submission: 02-05-2020 Date of Acceptance: 16-05-2020

I. Introduction

A face skin fistula is oftentimes a sign of a localized infection around a sequestrum or from dental origin. It can be spontaneous or due to an incision drainage, on one hands[1.] On the other hand, according to African traditional culture, the sickness is due to a lack of respect of taboos[2] making it an obstacle to access healthcare, mainly in a rural sector. This report sets out to describe the first case of a rare large chronic fistula of the jaw of an adult who has precarious buccodental hygiene and received no medical treatment for cultural reasons being observed at Kikungu in the health zone of Kasenga, Province of Haut-Katanga, DR. Congo.

II. Case report

A 46 year-old Congolese man brought to the medical center of Kikungu complaining for chronical discharge from the left cheek since 7 years. The history reveals a sharp dental pain from the left mandible (November 2010) followed by a diffuse abscess a month later. Pushed by his mystical beliefs the patient went to consult a healer who would make an incision and extract a sequestrum**(Fig.1)**. Between 2011 and June 2017, the drainage of the matter was performed by the healer and he applied a powder obtained from drainage «Kifunga leaves ». Since gradual enlargement of the incision orifice was noted along with salivary discharge. His story indicates a precarious buccodental hygiene. Clinically, the patient lost weight (46 kg) with normal vital signs, a facial asymmetry **(Fig.2)**, an ovalary orifice of about 3.5 cm of large axis and 1.5 cm of small axis localized on the angle of the mandible **(Fig.3)** communicating with the mouth letting the saliva run out and uncovering a few teeth in respect to the angle of the mandible, a non-sensitive induration around the lesion with no cervical adenopathies**(Fig.4)**. The buccal examination revealed tartars, a yellowish coloration of the teeth, and a necrotic lower right molar **(Fig.5)** and an orifice on the internal face of the left cheek communicating with outside. The standard x-ray indicated radiolucency located in the root region of the two last molars suggesting abscess **(Fig.6)**. The treatment consisted of a buccal antiseptic, an antibiotic and an analgesic according to the availability of means in poor rural setting. The patient never came back for a follow-up.

Figure 1. Sequestrum

Figure 2. Facial asymmetry

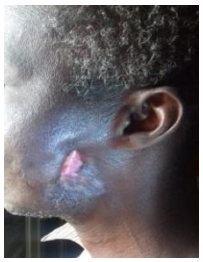

Figure 3. Ovalary orifice

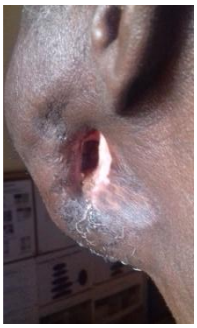

Figure 4. Orifice letting the saliva run out

Figure 5. Yellowish teeth, and a necrotic lower right molar

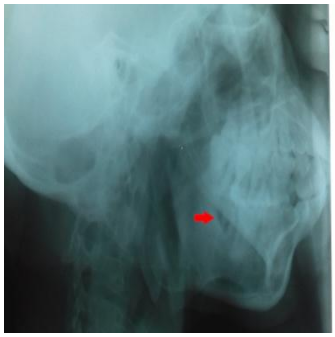

Figure.6 The radiolucency located in the root region of the two last molars suggesting abscess

III. Discussion

We have described a rare large chronical left mandibular fistula localized in the mandibular angle of a 46 year-old man without any particular history with any precarious buccal hygiene having a facial asymmetry, an x-ray showing radiolucency located in the root region of the two last molars suggesting abscess from a dental origin. According to the literature fistula are mostly located in the mandible and the cheek, women are most affected and the average age varies between 45± 26 years[3] which complies with the case recorded in the literature[1,4–6]. We could not opacify the tract of the fistula besides clinical and radiological as recommended for the diagnosis and treatment of facial fistulas[5,7]for lack of adequate materials. The patient pointed out that he did not see a doctor because according to his convictions or beliefs, the sickness has a spiritual origin. African traditional societies think that a transgression of customs would be the cause of various diseases[2], and this can lead to a flat refusal of access to quality healthcare in rural zone and thus contribute to the outbreak of sicknesses till their evolution toward complications. The strength of this observation lies in the fact that it is the first report published in this area in relation to buccal health. The limitation of this report is the lack of accurate knowledge of the history of the patient.

IV. Conclusion

An erroneous perception of the sickness in African rural area might be an obstacle to access healthcare and might favor the evolution of pathologies to complications. So it's urgent to raise public awareness of buccodental care in rural areas. An epidemiological study needs implementing to assess the amplitude of the problem of buccal health in this sector and to bring in a large scale solution.

Acknowledgement

Our thanks are addressed to Dr Daddy SAMBI and Mr Cécile BUPE for organizing the transportation of the patient from Kikungu to Kaboka for x-rays and sending the images to Lubumbashi.

References

[1]. Newby JD, Aitken WJ. Chronic Fistula of the Mandible. Can Med Assoc J. 15 févr 1964;90(7):492‑ 3.
[2]. The Perception of Illness in Traditional Africa and the Development of Traditional Medical Practice : International Journal of Nursing [Internet]. Disponible sur: http://ijnnet.com/vol-1-no-1-june-2014-abstract-5-ijn
[3]. Guevara-Gutiérrez E, Riera-Leal L, Gómez-Martínez M, Amezcua-Rosas G, Chávez-Vaca CL, Tlacuilo-Parra A. Odontogeniccutaneousfistulas: clinical and epidemiologiccharacteristics of 75 cases. Int J Dermatol. janv 2015;54(1):50‑ 5.
[4]. Brown RS, Jones R, Feimster T, Sam FE. Cutaneous sinus tracts (or emerging sinus tracts) of odontogenic origin: a report of 3 cases. Clin Cosmet Investig Dent. 2010;2:63‑ 7.
[5]. Giménez-García R, Martinez-Vera F, Fuentes-Vera L. Cutaneous Sinus Tracts of Odontogenic Origin: Two Case Reports. J Am Board Fam Med. 11 janv 2015; 28(6):838‑ 40.
[6]. Samir N, Al-Mahrezi A, Al-Sudairy S. Odontogenic Cutaneous Fistula. Sultan QaboosUniv Med J. févr 2011;11(1):115‑ 8.
[7]. Johnson BR, Remeikis NA, Van cura JE. DIAGNOSIS AND TREATMENT OF CUTANEOUS FACIAL SINUS TRACTS OF DENTAL ORIGIN. J Am Dent Assoc. 1 juin 1999;130(6):832‑ 6.

Fabien Mukonki Kyungu, et. al. "A rare large chronic fistula of the mandible from odontogenic origin: A case report from Kikungu in the rural sector of the health zone of Kasenga; Province of Haut-Katanga, DR. Congo." *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)*, 19(5), 2020, pp. 52-53.