

乳牙根尖周病变累及继承恒牙胚的临床观察和分析

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提 要 以X相征为主要诊断标准,对根尖周病变波及继承恒牙胚的57例下颌乳磨牙进行临床观察和分析。结果表明,患牙中63.6%有治疗史,59.6%有反复肿痛史,63.2%牙根出现明显病理性吸收。作者重点讨论了乳牙根尖周病变波及恒牙胚的诊断和处理等问题,强调不宜盲目保留病变乳牙,否则可能导致继承恒牙缺陷甚至丧失。

主题词 牙,乳;根尖周疾病/治疗;牙胚/损伤

中图分类号 R781.3;788

不少学者指出:乳牙牙髓根尖周病变及其治疗过程中的一系列因素有可能影响继承恒牙胚的发育^[1~3]。然而,对这一问题尚未见系统的临床研究,乳牙根尖周病变治疗方案的确定也一直是儿童牙科的临床难点之一。我国儿童乳牙龋患率高,多数患者在肿痛症状出现后始就诊,因此临床上乳牙病变累及牙髓、根尖周组织者占了很大比例,而目前临床医师普遍对已波及恒牙胚的严重根尖周病变认识不足,甚至盲目保留病变乳牙,导致继承恒牙发育缺陷甚至恒牙丧失。本文针对目前临床上存在的问题,通过对乳牙根尖周病变累及恒牙胚临床资料的初步分析,对其临床诊断、处理等问题进行探讨。

1 材料和方法

1.1 临床病例

本文病例为作者自1989年以来在年龄4~8岁的门诊患儿中所收集。鉴于上颌牙X相表现较复杂,本文仅对记录完整的57例下颌乳磨牙的资料进行分析,其中包括下颌第1乳磨牙38个,下颌第2乳磨牙19个。乳牙根尖周病变累及继承恒牙胚的诊断标准是:X片示乳牙根尖周或根分歧阴影,继承恒牙胚牙囊硬骨板不完整或牙囊间隙改变。

1.2 方法

患牙一经诊断,即进行下列处理及观察:①记录每例患牙的病史(包括治疗史)及临床体征。②拔除患牙,观察患牙牙根吸收情况,并于拔牙3、6、12个

月后追踪观察其继承恒牙胚的发育情况。③对小部分病例行保守治疗,观察其效果。选择根分歧阴影范围小,牙囊硬骨板仅小部分模糊,牙根无明显吸收而根管通畅的患牙,且能取得家长和患儿合作者,予行根管治疗。术后1、3、6个月复查X片,若病变未得到控制,即予拔除。

2 结 果

患牙临床表现及拔牙后恒牙胚情况分别见表1、表2。

有11个患牙行保守治疗,其中6牙于术后2~7个月间因病变未能控制而拔除。

表1 患牙临床表现

症状与体征	牙数	%
反复肿痛	34	59.6
初次肿痛	15	26.3
无不适	8	14.0
牙龈红肿/瘻管/叩痛	52	91.2
牙龈未见明显异常	5	8.8
牙根出现明显病理性吸收	36	63.2

表2 拔除患牙后牙胚情况

牙胚情况	牙数
牙囊骨板恢复完整	21
牙胚坏死或停止生长	2
恒牙早萌	7
特奈氏牙	6
失 访	16

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3 讨论

3.1 乳牙严重根尖周病变对恒牙胚的影响

一般认为,乳牙根尖周病变对继承恒牙胚的影响取决于病变程度和牙胚的发育阶段。牙冠发育完成前,损害可能表现为特奈氏牙,严重的损害甚至可能导致牙胚发育停止;牙冠发育完成后,损害可致牙齿萌出与替换异常,或含牙囊肿等。本文资料中,可见上述不同程度的恒牙缺陷(表2)。其中2例导致恒牙胚坏死死者均为下颌第2乳磨牙,患儿年龄分别为4岁和5.5岁,此时第1前磨牙尚未钙化完成,受影响也最大。因此,临床上准确判断乳牙根尖周病变与其继承恒牙胚的关系是十分重要的。一旦病变累及恒牙胚,则虽经治疗也不能得到恢复^[1]。尤其当继承恒牙牙冠未完全形成时,若盲目保留患牙,一味为了保持间隙,可能导致无可挽回的损害。

3.2 乳牙根尖周病变累及恒牙胚的诊断

临床上患牙多有反复肿痛史,但也有无明显自觉症状或初次出现自觉症状而就诊者(表1);在行髓治疗过程中,患牙常因牙根病理性吸收而出现异常的根管探痛或出血,易误为活髓而行失活术;患牙对治疗的反应较差,往往经多次就诊封药治疗,症状仍无改善。本文资料中63.6%的患牙有治疗史,主要是干髓术和变异干髓术。有些曾行髓治疗的患牙术前、后均无明显根尖周炎症的症状;有些则是经治疗后,症状(如瘻管)消失给人以“治愈”的假象。因此,对牙髓坏死或牙龈出现瘻管、脓肿等乳牙,在确定治疗方案前拍摄X片是必不可少的,而牙髓治疗后的X片追踪观察也是十分必要的。

X片是诊断乳牙根尖周病变是否累及恒牙胚的主要办法。在X片上,通常表现为恒牙胚牙囊硬骨板不完整,牙囊间隙增宽等改变。但值得注意的是,X片对病变仅是二维的描述形式,对治疗的反应差的患牙,虽然在X片上牙囊硬骨板完整,也应警惕恒牙胚受累的可能,治疗不宜太保守。

3.3 乳牙根尖周病变累及恒牙胚的处理

通常,一经X片诊断感染已及恒牙胚,原则上应拔除患牙^[4]。尤其是继承恒牙胚表面覆盖的骨质大部分已破坏者(图1)应尽快拔除,以免导致恒牙丧失。对一些牙囊硬骨板仅小部分模糊且根分歧阴影较小的乳牙(图2),作者观察到,虽经较完善的

根管治疗,成功率仍不足50%,且由于恒牙尚未萌出,釉质发育是否有缺陷尚未明了,因此,行保守治疗应十分慎重,及时采取拔牙术可能是更好的选择。

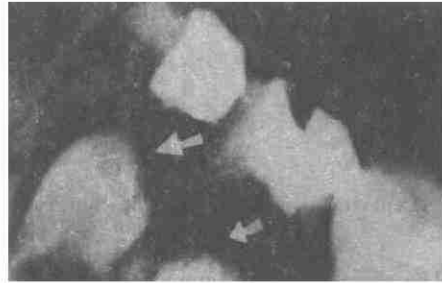


图1 下颌第1、2乳磨牙尖周病变,覆盖牙胚的骨质已破坏



图2 下颌第1乳磨牙尖周病变,继承牙胚牙囊硬骨板部分模糊、消失

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CLINICAL OBSERVATIONS AND ANALYSIS ON PRIMARY MOLAR'S PERIAPICAL INFECTION INVOLVING CRYPT OF SUCCEDANEUS TOOTH

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The clinical and radiographic records of 57 primary molars with periapical inflammation involving the succedaneous tooth germs were retrospectively reviewed. Among the molars studied, 63.6% were with history of receiving various pulp therapies, 59.6% with complaints of repeated occurrence of pain and swelling, and 63.2% with advanced pathological root resorption. The diagnosis and treatment of the molars were discussed. It is emphasized that conserving a primary tooth with severe periapical infection blindly may induce defects or loss of the succedaneous tooth.

Subject headings tooth, deciduous; periapical diseases/therapy; tooth germ/injuries

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ANALYSIS OF 21 CASES OF SECOND-LOOK LAPAROTOMY IN ADVANCED MALIGNANT OVARIAN TUMOR

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Between 1984 and 1994, second-look laparotomy of advanced malignant ovarian tumor in 21 patients who were clinically free of recurrent disease after primary surgery and chemotherapy scheme were done to evaluate the curative effect 8 patients (38.10%) were found to be positive. All of these patients received adjunctive chemotherapy for 4 courses of treatment after the second-look laparotomy. The survival time was 4~113 months, medium 26.38 months. The other patients (61.90%) were found to be negative in the operation, of them, 3 patients (23.00%) had recurrent tumor 2, 4, 17 months after second-look laparotomy, respectively. These patients undergone again cytoreduction and transabdominal and general adjunctive chemotherapy. Finally, they died of uncontrol of the tumor growing. The other 10 cases (apart from one patient died of heart disease) survived without recurrent tumor, one survived 120 months, average 63 months. The report demonstrates an obvious relationship between the result of second-look laparotomy and the size of residual tumor left after primary surgery, and the relationship among the results and histological classification of the tumor, mental and economic states of the patients.

Subject headings ovarian neoplasms/surgery; reoperation; Chemotherapy, adjuvant