Paresthesia of the mental nerve

To the editor:

I was very interested in the article by Di Lenarda et al (Oral Surg Oral Med Oral Pathol Oral Radiol Endod 2000;90:746-9) and wish to make a few comments based on some professional experiences.

An article regarding a similar problem was published in a medical journal more than 2 years ago.1 The interesting thing about that case, of course, was the rate at which sensation returned after open drainage. The tooth concerned had a periapical lesion and before that had an endodontics procedure performed. After that, numbness set in until open drainage was performed. As in the case presented by Di Lenarda et al, the author suggested periapical infection as the cause of paresthesia.

I had come across a case of paresthesia of the lower lip due to acute alveolar osteitis of the extraction socket of the left mandibular second premolar. Sensation returned once the extraction socket started to heal.

I believe paresthesia of the mental nerve, as highlighted earlier in this letter, was more likely to occur in conjunction with periapical infection of the premolars because of the close proximity of the apices of these teeth to the mental nerve foramen. In fact, studies have shown that the location of the mental nerve foramen most commonly occurred along the longitudinal axis of the second premolar tooth.2,3 Thus, any spread of infection could easily reach the mental nerve merely by the pull of gravity.

It is interesting to note that paresthesia caused by periapical infection is not restricted to the mental nerve area. It can also occur in the infraorbital nerve after endo-antral syndrome. Endo-antral syndrome describes the infection of the maxillary antrum, which results from periapical infection.4 For example, in a case that I recently discovered, my patient complained of numbness of the left infraorbital region and on examination was discovered to have acute left maxillary sinusitis, which was caused by the spread of infection from the upper left premolars and first molar. Sensation returned a week later, after the teeth were removed (he was not interested in root canal treatment) and the antrum drained.

Wei Cheong Ngeow, BDS, FFDRCSI, FDSRCS, AM
Department of Oral and Maxillofacial Surgery
University of Malaya
Kuala Lumpur, Malaysia

REFERENCES
