Lower Lip Numbness Due to Peri-Radicular Dental Infection

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Summary

Lower lip numbness has always been a sinister symptom. Much has been written about it being the sole symptom of pathological lesions and metastatic tumours in the mandible. It may also be a symptom of manifestations of certain systemic disorders. A case of lower lip numbness resulting from the compression of the mental nerve by a peri-radicular abscess is presented because of the unusual nature of this spread of infection.

Key Words: Lower lip, Mental nerve, Paraesthesia, Peri-radiccular abscess

Introduction

Loss of sensation in the lower lip is a common symptom. Frequently, it can be ascribed to surgical procedures carried out in the region of the inferior alveolar nerve or its mental branch. In addition, trauma, haematoma or acute infections may cause the problem. Localised and metastatic neoplasms, systemic disorders and some drugs are other causes responsible.

Although benign in appearance, mental nerve neuropathy is frequently of significance. Most often it is associated with malignant diseases. Breast cancer is the most common cause. Other common causes include malignant blood diseases which may include Burkitt’s lymphoma, Hodgkin’s lymphoma and multiple myeloma.

This report emphasizes the need to consider local dental cause in the differential diagnosis of lower lip numbness.

Case Report

A fit middle age English lady was referred to the Department of Oral and Maxillofacial Surgery of the Queen Victoria Hospital for the management of lower lip numbness. She complained of a toothache on her lower left first premolar and had seen her dentist who performed emergency root canal treatment. Following that, she felt numbness of her lower lip.

Clinical examination revealed a mandibular left first premolar with a dressing. The tooth was slightly tender to percussion. Other neighbouring teeth reacted normally to percussion. No swelling could be seen at the buccal sulcus of the premolar. Her lower left lip looked normal, but she could not distinguish sharp pain when pricked with a dental probe.

Radiographic examination revealed a radiolucency at the peri-radicular area of the mandibular left first premolar and another radiolucency just slightly away from the peri-radicular area of the mandibular left canine tooth. These radiolucencies indicated peri-radicular dental infection and the latter radiolucency was believed to have spread from the mandibular first premolar (Figure 1).

A decision was made to remove the dressing to leave the tooth open to drain for a few days. When the dressing was removed, the scent of cresol placed into the canal was present. On follow-up, the patient claimed that the