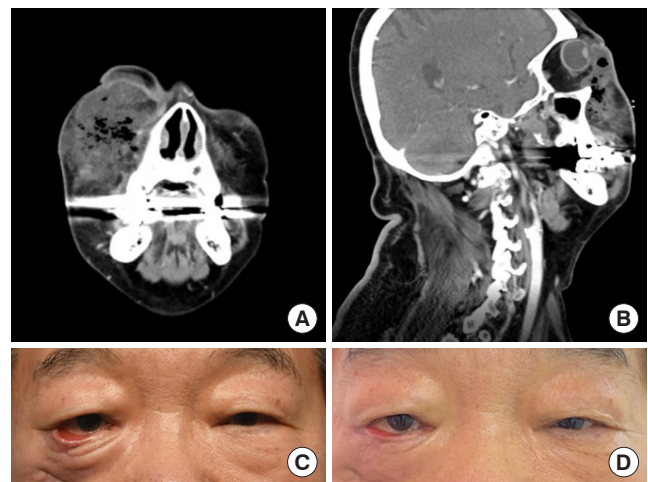


Ectropion of odontogenic origin

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A 77-year-old man with underlying diabetes mellitus was referred for a persistent odontogenic ectropion. Previously, he had visited the emergency department with pain in right maxilla. Craniofacial computed tomography revealed a gas-forming abscess extending from the right canine to the periorbital area involving the buccal space (Fig. A, B). The abscess was drained through subciliary and intraoral incision and empiric antibiotics (amoxicillin and metronidazole) were started. Sequentially, a cutaneous fistula developed which was treated with betadine irrigation twice a day. On the fourth day, wound culture revealed *Klebsiella pneumoniae* susceptible to amoxicillin. Antibiotics were changed to amoxicillin only, for another 4 days. The infection progressively subsided, and the fistula healed well. Eight months later, the patient underwent surgical treatment to correct cheek skin retraction and ectropion (Fig. C). The scar contracture was released in the preseptal plane by using the previous subciliary incision, followed by a lateral canthopexy for lower lid tightening. After 6 months, ectropion improved, and no other severe complications have been observed (Fig. D). Periodontal infection could spread beyond the buccal space causing periorbital infection. It may even invade the valveless cavernous sinuses, which may cause fatal complications. In this case, poor intraoral hygiene and uncontrolled diabetes mellitus were predisposing factors for periapical abscess.



NOTES

Conflict of interest

No potential conflict of interest relevant to this article was reported.

Ethical approval

The study was approved by the Institutional Review Board of Seoul National University Hospital (IRB No. H-2203-113-1308).

Patient consent

The patient provided written informed consent for the publication and use of his images.

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