INTRODUCTION

Uveitis, as the inflammation of the structures that are part of the uveal tract, can be localized to the anterior or posterior side of the uvea, determined by the distinct anatomical structures involved in vascularisation. The demarcation of both vascular areas, iridociliary (above), choroidal (posterior) (1), determines the location of the inflammation in the two separate areas, although there are cases where the inflammatory process includes both territories simultaneously or sequentially.(2)

CASE REPORT

The patient, B.G., aged 42 years old was admitted to the Department of Ophthalmology within Sibiu Clinical County Emergency Hospital with a diagnosis of recurrent anterior uveitis in the right eye.

In order to establish the etiology, there were made complementary and interdisciplinary examinations.

After dental examination, the following issues were found:

Exobucal examination:

a). Inspection - symmetrical face, right face profile, normal skin colour, normal ratio between the three floors of the face, normal mouth opening, normal chin opening.

b). Palpation – normal local temperature, palpable and painless nodes, temporomandibular joint (TMJ) without changes, painless sinus points (frontal, maxillary).

The endobucal examination revealed: normal lip appearance in colour and volume; integral and normally coloured labio-jugal mucosa; supple and painless buccal and maxillary vestibule with normally coloured mucosa, without the presence of lesions, fistulae, inflammation; painless buccal flour without pathological formations; normal shape of the arches.

Odontal examination:

At the periodontal examination, there was revealed the presence of supragingival tartar in the cervical third part, at the level of the teeth 3.2., 3.1., 4.1., 4.2.

Complementary examinations:

a). Radiologically: in view of diagnosis:

- at retroalveolar level: there was revealed the presence of the remaining root of tooth 1.5 (figure no. 1). The patient history reveals that the remaining root is old, which is confirmed by radiological image, on which periapical granuloma could be noticed. At the level of 3.6 (figure no. 2), there is an incomplete root canal, which is a potential endodontic outbreak. At the level of 4.5 (figure no. 3), there is an increased radiotransparency, proving the presence of a periapical process.

- Orthopantomogram was not performed.


The patient was treated in the Department of Ophthalmology, after previously accomplishing mouth remediation as follows:

Treatment:

- Remaining root extraction at the level of 1.5. tooth after plexus anesthesia with Septanest 1/200000, followed by apical curettage.
- Apical resection at the level of 4.5.
The patient was under observation, came to regular check-ups and presented no recurrences of iridocyclitis. This patient confirmed the data obtained statistically, regarding the frequency of dental etiology focal diseases in anterior uveitis, most of them being periapical focal diseases (remaining root at the level of 1.5. tooth and periapical granuloma at the level of 4.5.).

DISCUSSIONS

The detection of the etiology of uveitis is difficult under the current conditions. However, in those in which the cause could be determined, dental focal diseases played an important part. The confirmation of the involvement of the dental focal diseases was also accomplished by the therapeutic trial, after removing the focal disease, a favourable outcome could be reported.(3)

In order to find out which were the most common focal diseases within anterior uveitis, there was performed in each patient a thorough dental examination, thus establishing the degree of pathogenicity of each focal disease in the etiology of uveitis.(4)

For the therapeutic success to be as long as possible, it is imperative that, in addition to the symptomatic treatment, immediately (5) to perform the dental examination, removing any possible dental focal disease which could have been possible to trigger anterior uveitis.(6)

CONCLUSIONS

1. To establish the etiology of anterior uveitis, it is indicated to perform a dental examination.
2. The most active dental focal diseases are the encapsulated periapical ones (old root remnants and apical periodontitis).
3. Removal of dental focal disease leads to a favourable evolution.
4. The cleaning of dental focal disease is mandatory to prevent relapses.

REFERENCES