

TRAUMATIC MENTAL NEUROMA. AN INJURY AFTER THE APPLICATION OF INFILTRATIVE LOCAL ANESTHESIA

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INTRODUCTION

A 23-year-old female patient is presented, who attends the Oral and Maxillofacial Surgery Clinic of the UNAM due to pain and increased volume in the fundus of the mandibular vestibular sulcus on the right side at the level of the premolars with a 5-month evolution.

The patient mentions that she is a dentistry student and that 1 year ago during an anesthesia practice she received a direct puncture on the mental nerve, which caused spontaneous burning pain with a frequency of 2 to 3 times a day with an evolution of approximately five months. She reports that infiltrative local anesthesia based on 2% mepivacaine with 1: 100,000 ppm epinephrine and a short dental needle (30 G) was used.



OBJECTIVE

Given the need to timely diagnose this type of low-frequency lesions and with few publications in our environment that contribute to understanding its etiology, clinical presentation, diagnosis and treatment, we consider the need to report a clinical case of the surgical management of a traumatic mental neuroma.

PREOPERATIVE EVALUATION



INTRAORAL PHOTO

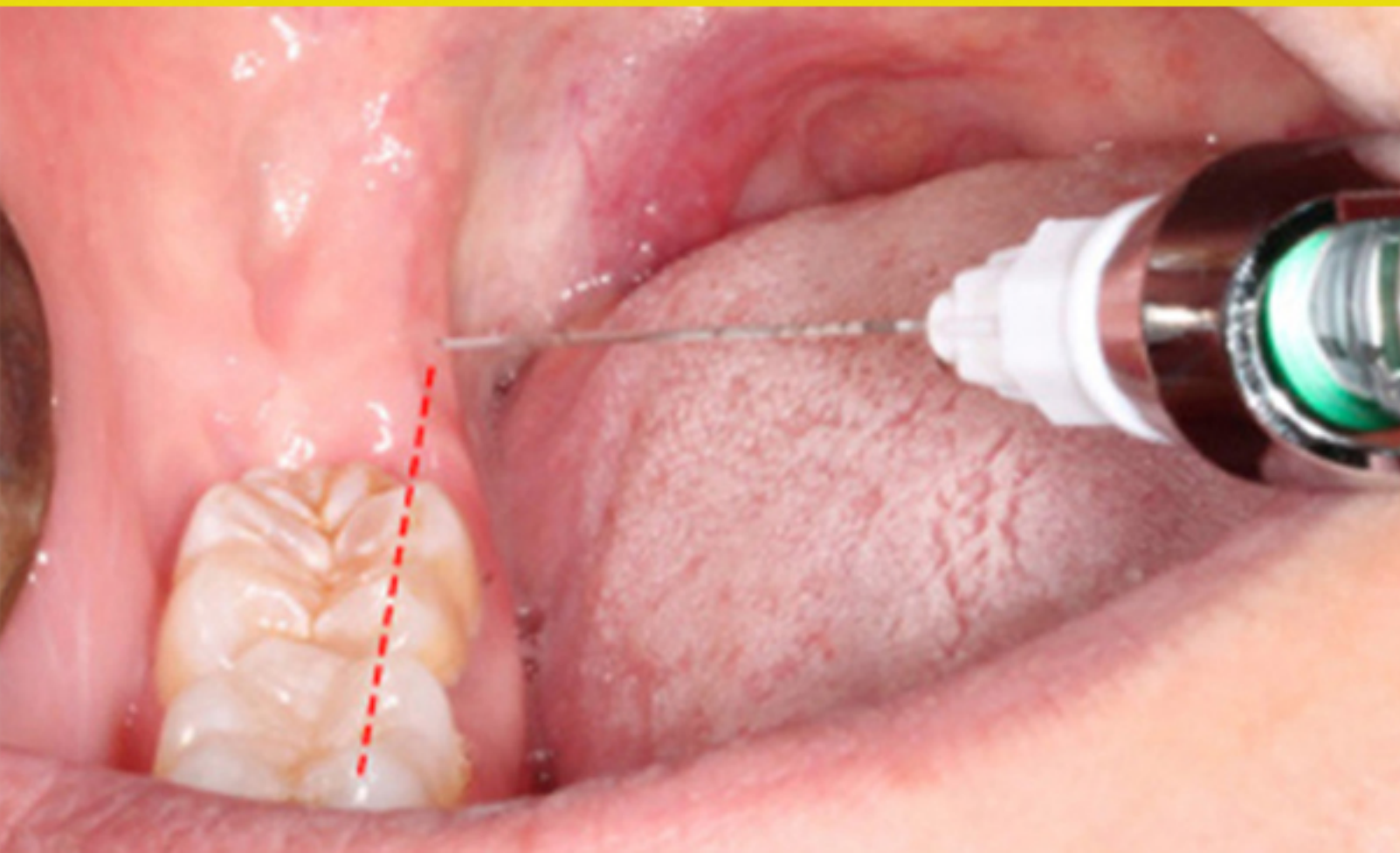


ORTHOPANTOMOGRAPHY

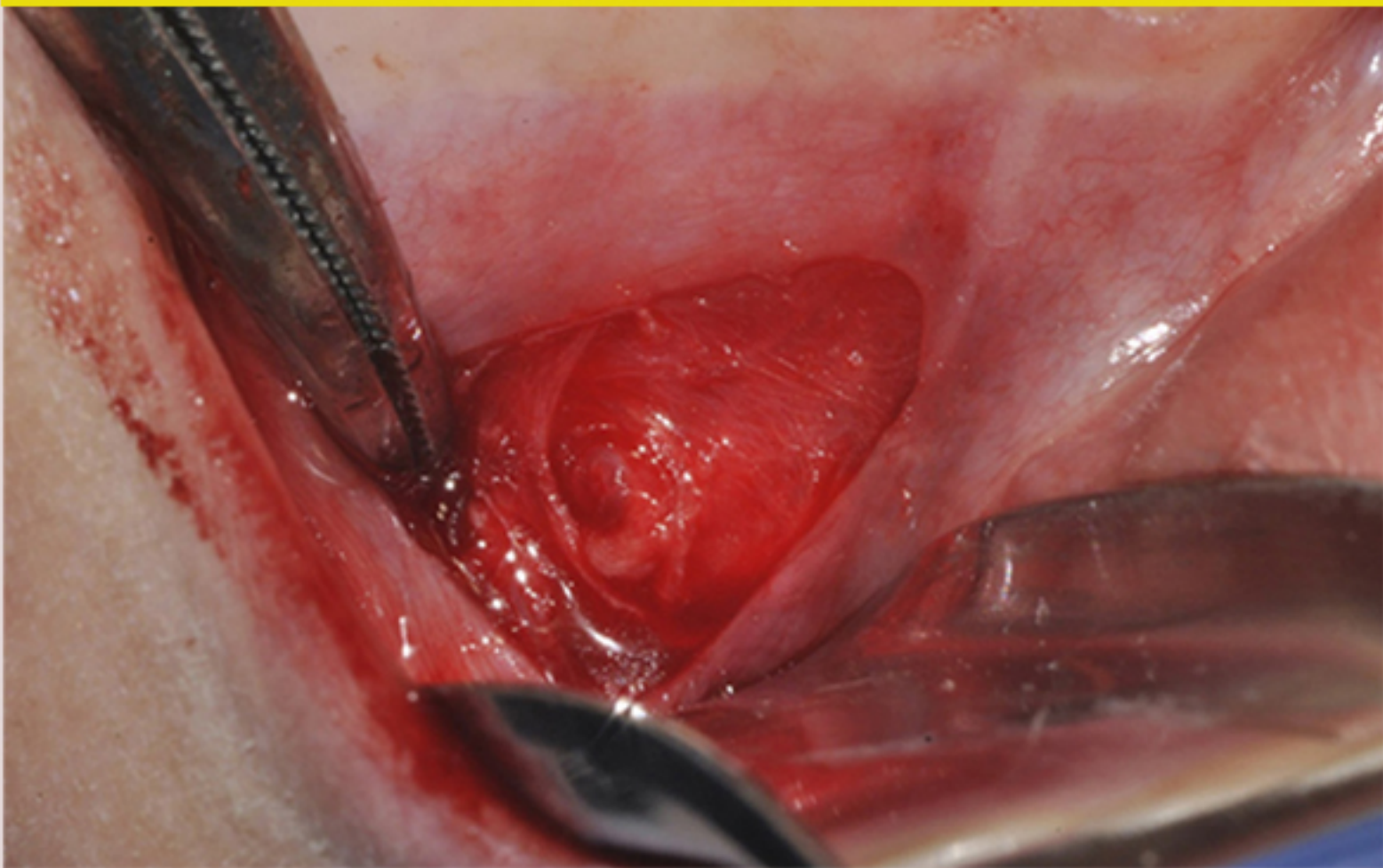
Intraoral clinical examination at the level of teeth 44 and 45 revealed elevation of the alveolar mucosa, pink in color, of firm consistency, approximately 0.5 cm in diameter and burning pain on palpation. In the orthopantomography no alteration was observed.

SURGICAL PROCEDURE

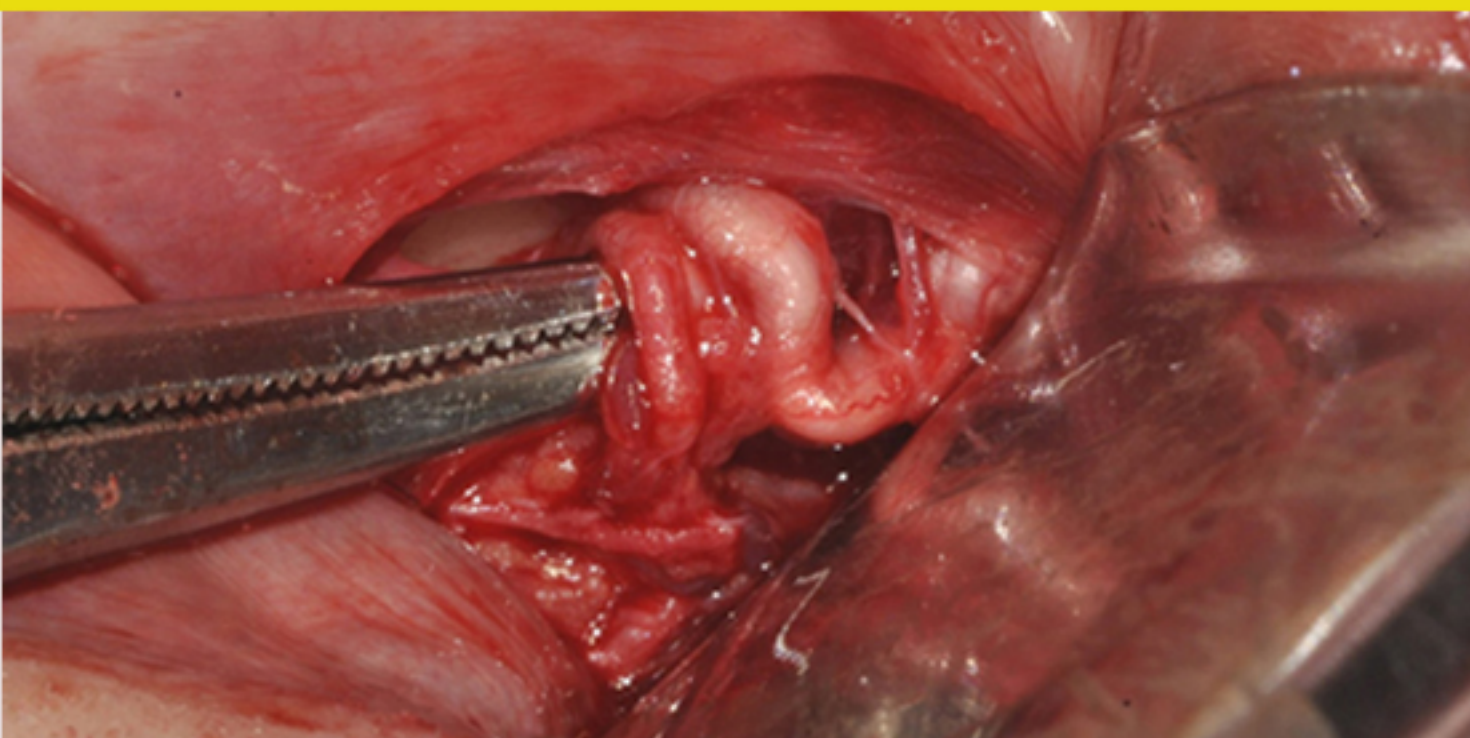
1. Anesthesia



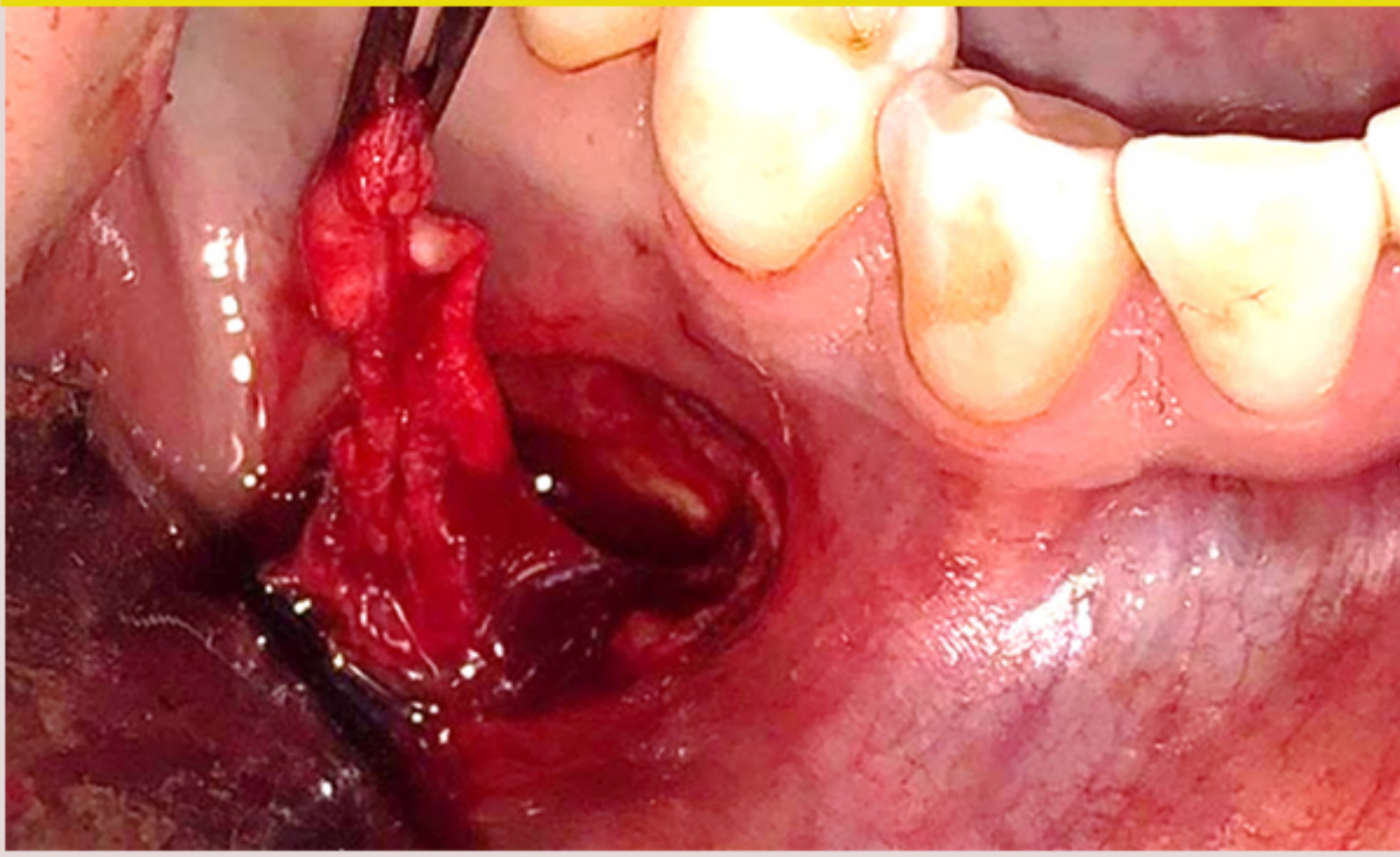
2. Incision



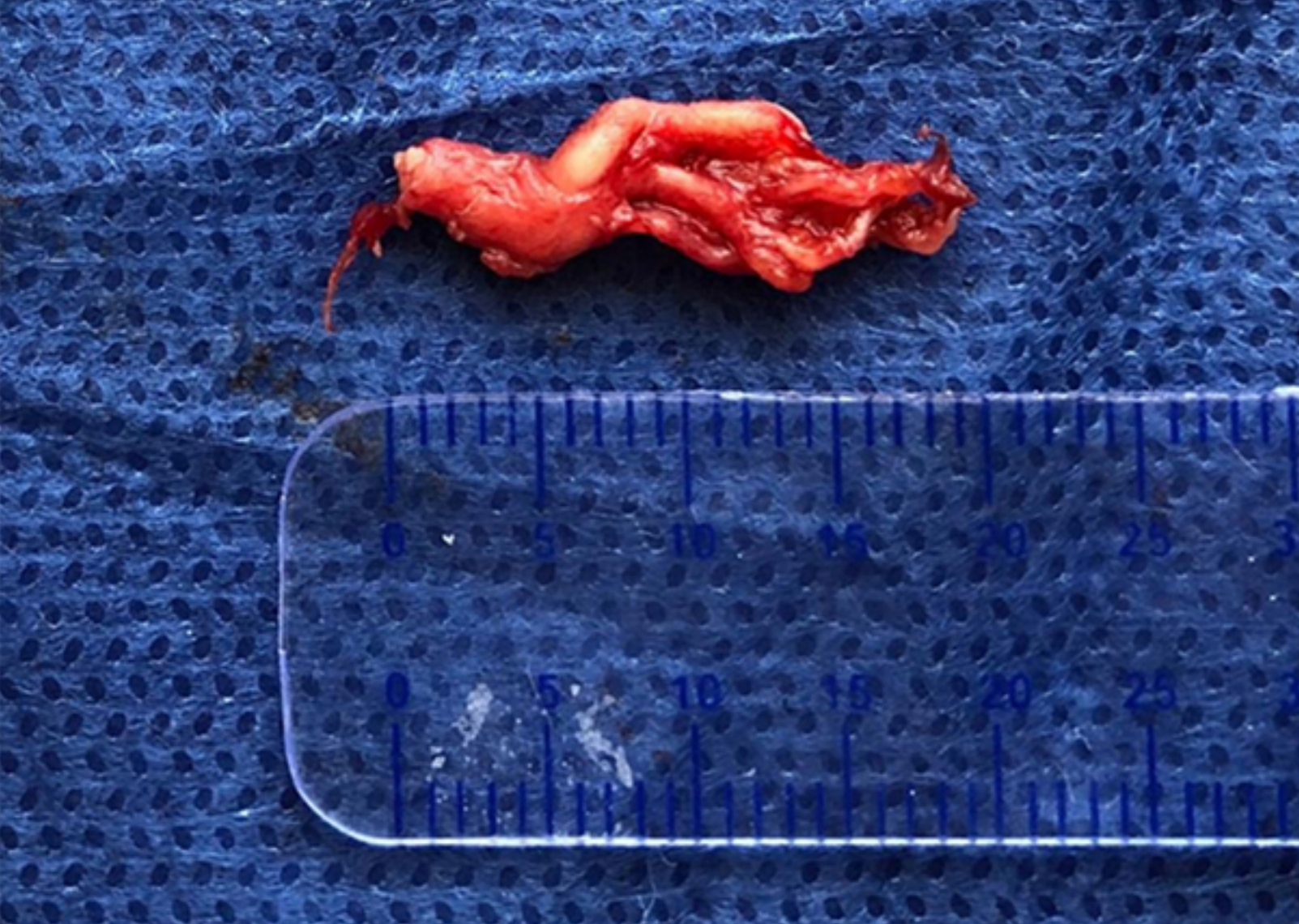
3. Presentation of injury: mental nerve



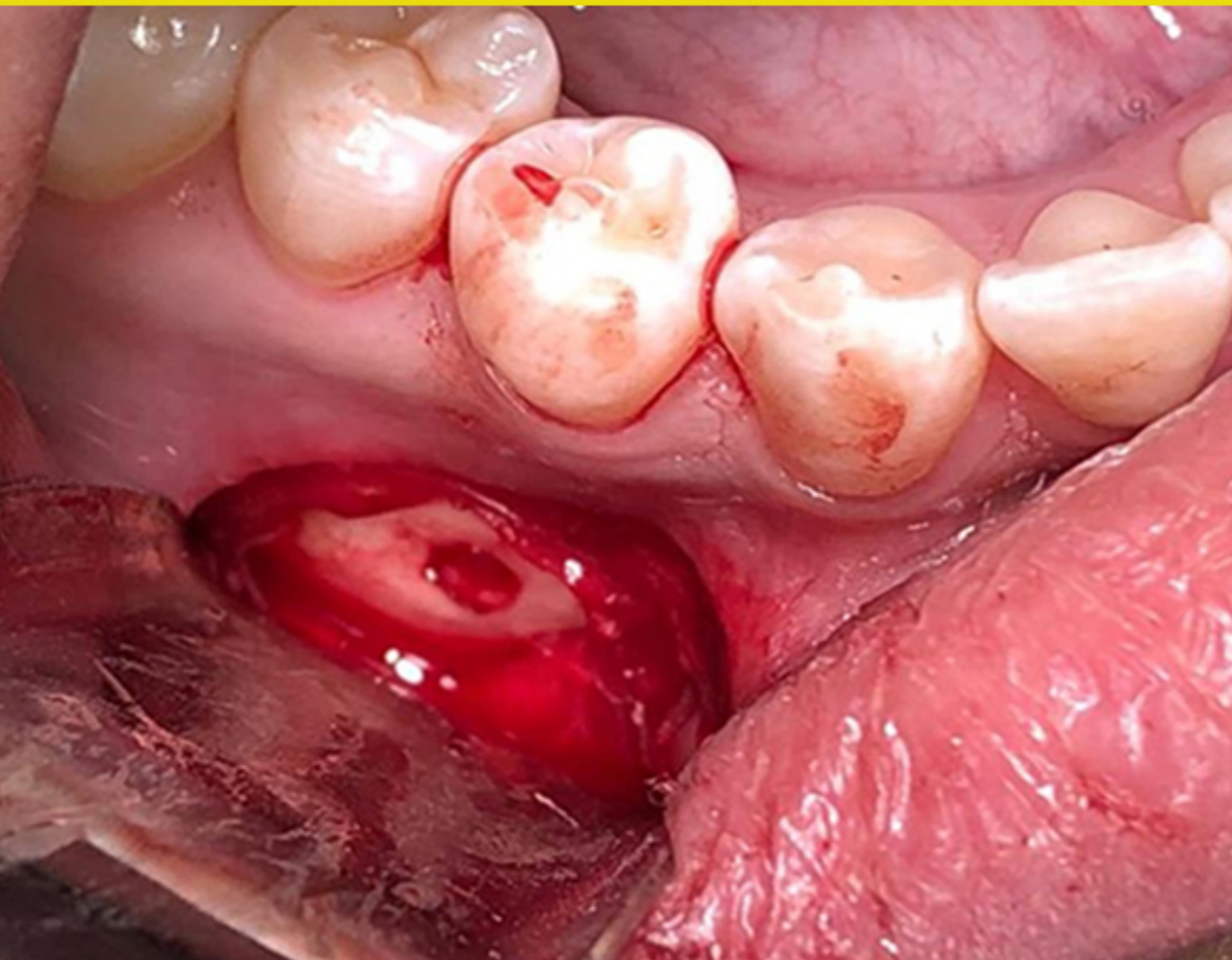
4. Excisional biopsy



5. Specimen for histopathological study



6. Surgical bed



7. Suture



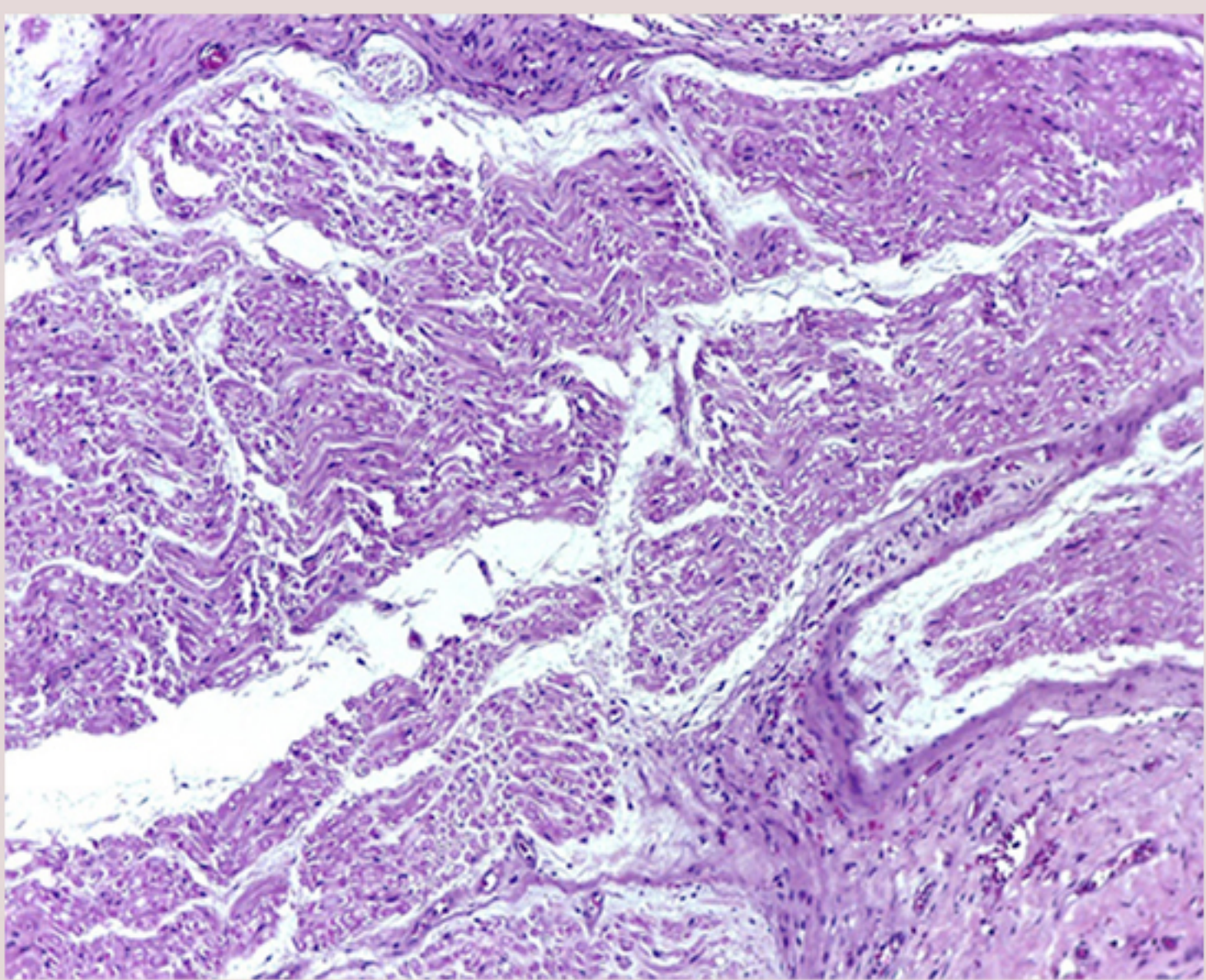
8. Compression chin guard confection



MACROSCOPIC VIEW



MICROSCOPIC VIEW



RESULTS

The extracted tissue is placed in 10% buffered formalin and sent for histopathological study to the Department of Pathology, Oral and Maxillofacial Medicine of the Division of Graduate Studies and Research of the Faculty of Dentistry of the National Autonomous University of Mexico. The definitive histopathological finding was encapsulated traumatic (amputation) neuroma.

POST SURGICAL CONTROLS

CONCLUSION

First control (7 days)



Second control (14 days)



Third control (21 days)



We must keep in mind in the medical history the history of trauma or surgery that the patient may have had; since they will be key points for the diagnosis. Asking about dental treatments that have required local anesthesia, can guide us to the possible etiology as in the case of our patient

REFERENCES

DECLARATION OF CONFLICT OF INTEREST

The authors declare no conflict of interest

1. Neville B, Allen C, Damm D, Chi A. Oral and Maxillofacial Pathology; 4th edition. Canadá: Elsevier; 2016. Chapter 12, Soft Tissue Tumors; p. 489-90.
2. Eguchi T, Ishida R, Ara H, Hamada Y, Kanai I. A diffusetraumatic neuroma in the palate: a case report. J Med Case Rep. 2016;10:116.
3. Amjadi S, Onn W, Rajak S, Morrissey D, Simon S, DavisG, Selva D & Psaltis A. A case of traumatic infraorbital neuroma. Oral Maxillofac Surg. 2017; 21(4):471-473.
4. Ngamsom S, Nakamura S, Kabasawa Y, Harada H, Tohyama R, Kurubayashi T. Imaging findings of intraosseous traumatic neuroma of the mandible. Oral Radiol. 2018;34(3):257-261.
5. Orr PM, Shank BC, Black AC. The Role of Pain Classification Systems in Pain Management. Crit Care Nurs Clin North Am. 2017;29(4):407-418.