

Dental infections

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Publication date: May 2017

Review date: May 2019

See also: [Dental injuries / lymphadenopathy and lymphadenitis](#)

Background

- Treatment of dental abscesses in children almost always involves tooth extraction +/- incision and drainage.
- Usually secondary to dental caries or trauma

Assessment

History

- Toothache
- Dental caries
- Recent trauma
- Primary or permanent teeth
- Fever

Examination

- Facial swelling and erythema
 - upper or lower jaw?
 - Extent of swelling?
- Dental caries
- Gum swelling (abscess)
 - Associated with which tooth?
- Mouth opening and swallow

Imaging

- OPG if child cooperative

Differential diagnosis of facial swelling

- Lymphadenitis (see lymphadenitis guideline)
- Parotid or submandibular salivary gland infection



Management

▶ Treatment usually involves tooth extraction +/- incision and drainage ◀

Mild – no fever, minor swelling or cellulitis

- Can be discharged from CED
- Soft diet, analgesia (NSAID)
- oral co-amoxiclav 7 days
- Follow up with own Dentist ASAP

Severe – fever, facial cellulitis / swelling

- **Refer to Maxillofacial (Max Facs) team** (in hours: bleep 8787 or via switchboard; out of hours: via Trauma Co-ordinator at QVH in East Grinstead tel: 01342414000 ext. 6635 or bleep 375)
- Admit for I.V co-amoxiclav +/- I.V fluids
- Will need tooth extraction as in-patient
- May need admission to QVH out of hours